

# JUSTICE ACCOUNTABILITY AND SUPPORT

ESSENTIAL SERVICES FOR SURVIVORS  
OF GENDER-BASED VIOLENCE



A META-ANALYSIS OF SERVICES THAT RESPOND  
TO GENDER-BASED VIOLENCE IN BANGLADESH



# **Justice Accountability and Support**

## **Essential Services for Survivors of Gender-Based Violence**

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# ACRONYMS

<b>BBS</b>	Bangladesh Bureau of Statistics	<b>OCC</b>	One-stop Crisis Centre
<b>BDPFA</b>	Beijing Declaration and Platform for Action	<b>PTSD</b>	Post-traumatic Stress Disorder
<b>CAPO</b>	Child Affairs Police Officer	<b>RGA</b>	Rapid Gender Assessment
<b>CSO</b>	Civil Society Organisation	<b>SGBV</b>	Sexual and gender-based violence
<b>CSW</b>	Commission on the Status of Women	<b>SDG</b>	Sustainable Development Goal
<b>COVID-19</b>	Coronavirus disease 2019	<b>SOP</b>	Standard Operating Protocol
<b>DRR</b>	Disaster Risk Reduction	<b>UHC</b>	Upazila Health Complex
<b>EGM</b>	Expert Group Meeting	<b>UNFPA</b>	United Nations Population Fund
<b>GAP</b>	Gender Action Plan	<b>UNICEF</b>	United Nations Children's Fund
<b>GBV</b>	Gender-based violence	<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>IEC</b>	Information, Education and Communication	<b>VAWG</b>	Violence against women and girls
<b>LGBTQI+</b>	Lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex and others	<b>VAWC</b>	Violence against women and children
<b>MOWCA</b>	Ministry of Women and Children Affairs	<b>VSC</b>	Victim Support Centre
<b>MOHFW</b>	Ministry of Health and Family Welfare	<b>WCRPA</b>	Women and Children Repression Prevention Act
		<b>WRO</b>	Women's Rights Organisation





# EXECUTIVE SUMMARY



## Context

The COVID-19 crisis has intensified the risk factors associated with gender-based violence (GBV).<sup>1</sup> It is, therefore, crucial to ensure that critical, life-saving services are provided to women and children vulnerable to different forms of GBV. According to a 2021 UN Women report, 93% of women in Bangladesh reported having experienced or knowing another woman who has experienced violence against women and girls (VAWG).<sup>2</sup> Despite the high prevalence of violence, many victims may not seek help due to social stigma and inadequate support, especially in cases of sexual and domestic violence. However, delivering victim/survivor-centred and trauma-informed justice, health, and social services can encourage women and children to seek help and prevent child marriage, trafficking, and other forms of GBV and harmful practices.

It is important to note that services that do not factor into the victim's needs may hinder their ability to seek support, report violence, seek

justice, receive physical care, and recover from the trauma associated with violence. This meta-analysis presents a summary of the key findings from UNICEF, UNFPA, and UN Women's rapid assessments conducted between 2021 and 2022 and complements it with secondary desk research. The summary of the findings from the rapid assessments highlights the gaps in existing services for GBV survivors in Bangladesh and offers concrete recommendations to government agencies and decision-makers, civil society organizations (CSOs), women's rights organizations (WROs) and UN agencies on ways to address these gaps across the policing, justice, health, and social sectors by implementing mutually-reinforcing policy interventions and programmes.



## Objectives

The objectives of the meta-analysis are to:

- Examine whether the health, police, justice and social services meet the standards of care and fulfilment of rights of women and children who have experienced GBV.
- Understand the strengths, gaps and factors influencing the quality of essential services for GBV survivors that can inform concrete actions for further improvement.
- Assess the extent of the impact of the COVID-19 pandemic on essential health, police, justice and social services and strategies to address the escalation of risk factors to GBV.
- Offer a set of recommendations that can serve as a strategic direction for policy development on GBV services in Bangladesh.



## Methodology

The meta-analysis includes a summary of rapid assessments conducted by individual consultants commissioned by UNICEF, UNFPA and UN Women examining the availability, accessibility and quality of health services, police, justice and social services delivered to GBV survivors.

The rapid assessment of justice services included a desk review of existing literature, 29 Key Informant Interviews (KIIs) conducted online covering Dhaka and Jamalpur districts and an expert consultation held in Jamalpur with members of the judiciary, officials from government referral services such as the One Stop Crisis Centres and paralegals. The assessment was complemented with a study of

20 judgements from the WCRP Tribunals in Dhaka for cases tried between 2006 and 2021. The rapid assessment of policing services included 16 KIIs and four Focus Group Discussions (FGDs). The rapid assessment of health services carried out in four districts, included 47 KIIs with health officials at 12 health facilities in Kurigram and Manikganj districts. The rapid assessment of social services included KIIs with 10 social workers.

These assessments were complemented by a desk review of recent literature covering GBV data from Bangladesh and services rendered to survivors that enable data triangulation and thereby validate the findings of the rapid assessments.



## Results from the analysis and gaps identified

The rapid assessment of justice services highlighted gaps in the legal framework and services for addressing sexual and GBV in Bangladesh. For instance, child marriages and marital rape are exempted from the definition of rape under Section 375 of the Penal Code 1860, and laws addressing child marriage contradict the age of consent. The assessment also examined existing policing and justice services in Bangladesh, including One Stop Crisis Centres, government helplines, and victim support centres that respond to GBV, comparing them to the minimum standards outlined in the Essential Services Package for Women and Girls Subject to Violence developed by UN agencies in 2015.<sup>3</sup> The assessments point to a greater need for training and capacity building of police officers to ensure coordination with community members and CSOs/WROs, encourage reporting of GBV by ensuring that police services are accessible and available through generating increased awareness

about the 999 police hotline, the 1098 children's helpline and the 109 women's helpline. The nature of interaction between service providers and GBV survivors upon initial contact determines future reporting of GBV, prevention of violence and access to justice. It is, therefore, important for service providers at One-stop Crisis Centres (OCCs), police stations, Victim Support Centres (VSCs) and the national helplines to adopt a survivor-centred and trauma informed approach when engaging with survivors. From pre-trial, trial and post-trial processes, protection measures should be enforced to prevent backlash against survivors or their family members and witnesses. Lower conviction rates highlighted by a study conducted in 2016 by Justice Audit Bangladesh points to the need for stronger investigations and for justice outcomes to be commensurate with the gravity of the crime committed and its impact on the victim (s) and their families.

The rapid assessment of health services complements the justice sector assessment by emphasizing on the need for coordination between medical and justice service providers to ensure an appropriate response to GBV and the preservation of evidence for court proceedings. The report also examined the current responses of the health sector to essential health services, such as the process for identification of survivors of intimate partner violence (IPV), providing first-line support, treating injuries, performing forensic examinations, and providing medico-legal documentation. The assessment pointed to the need for the need to establish standard operating protocols (SOPs) to ensure confidentiality and anonymity of survivors when they interact with healthcare systems, mandatory reporting when there is a risk of self-harm identified, for collecting forensic evidence and emergency treatment. One of the gaps identified in the health

services assessment report was of instances where mental health support is provided by a nurse who lack training or skills in psychosocial care and counselling. Specialised mental health support systems are needed to identify signs of post-traumatic stress, depression and anxiety in survivors and helping them develop positive coping mechanisms and social support systems.

Social services play a critical role in shifting harmful social norms that perpetuate GBV and providing life-saving crisis counselling and helplines for women and children experiencing abuse. The rapid assessment of social services evaluated key essential social services delivered in Bangladesh for its adequacy, appropriateness, accessibility, and effectiveness. The assessment report highlighted the need for increased investment to create a social service workforce in Bangladesh who can carry out community outreach, lead awareness campaigns, facilitate psychosocial support, deliver information about rights to women and children and facilitate legal representation.

## **Way Forward**

The report's final section presents recommendations for government, civil society, women's rights organisations, the media, and UN agencies based on the gaps identified across policing and justice, health, and social services. The recommendations include capacity strengthening of health human resources, law enforcement and other key stakeholders that come directly into contact with survivors including children, improving accessibility of information related to GBV services, measures to ensure safety of survivors and improving quality of data collection and management.





# I. INTRODUCTION

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## Background

In 2020, with the emergence of the COVID-19 pandemic, governments worldwide implemented various public health measures, such as lockdowns and travel restrictions, to curb the spread of the virus. These measures hindered the provision of essential health, justice and policing, and social services for women and girls who experienced GBV globally, including in Bangladesh. As hospitals faced a huge influx of patients and healthcare workers were overwhelmed with COVID-19 cases, urgent support services such as clinical management of rape, mental health evaluations and care, and psychosocial support

for survivors were disrupted. Additionally, access to critical sexual and reproductive health services was limited during this time.<sup>4</sup> Although services like emergency helplines, police and justice sector response, healthcare, psychosocial support, and shelters existed before the pandemic, they were typically underfunded, understaffed, uncoordinated, or not of sufficient quality. Law enforcement agents, such as the police, shifted priorities to enforce quarantine and prevent other crimes, and access to justice was also affected with court closures and postponed hearings, resulting in an increased backlog of cases, particularly GBV cases.<sup>5</sup>

The public health emergency of COVID-19 brought to global attention the ‘shadow pandemic’ of gender-based violence that intensified as economies collapsed, and unemployment increased, exacerbating existing social inequalities and violence against women and girls.<sup>6</sup> A survey from 2015 highlighted that 54.2 per cent ever-married women aged 15+ have experienced physical/sexual violence at least once in their lifetime.<sup>7</sup> UN Women’s Rapid Gender Assessment from 2020 showed that globally, one in four women felt that violence increased in the household and over 50 per cent of the women reported that problems of coexistence in the household increased and they did not feel safe in the household.<sup>8</sup> At 93 per cent, Bangladesh had the highest percentage of women who reported ever having experienced a form of VAWG or knowing another woman who experienced it.<sup>9</sup>

In Bangladesh, UN Women’s Rapid Gender Analysis from 2020 also noted that COVID-19 disproportionately affected women and girls, for instance, by increasing their burden of care and making them more vulnerable to various forms of GBV like domestic violence, trafficking and harmful practices, such as child marriage. 51.4 per cent of women in Bangladesh aged 20-24 years were first married or in union before age 18.<sup>10</sup> The COVID-19 pandemic led to further social exclusion of indigenous women, women with disabilities, transwomen and the hijra community. Women domestic workers struggled to make a living and were pushed to extreme poverty. In Dhaka alone, 8000 sex workers became homeless as they could no longer make ends meet and could not access any shelters and experienced physical violence from law enforcement and the local community.<sup>11</sup>

Women and girls experienced a number of barriers in accessing services, including stigma and shame associated with GBV, lack of family support or other community-based support systems, lack of adequate information about their rights and avenues to seek justice and the widespread normalisation and acceptability of violence. Evidence shows that in a majority of countries, less than 40 per cent of women who experience violence seek help of any sort<sup>12</sup>. Among those who did, most lean on family and friends as opposed to police and health services.<sup>13</sup> One out of five women in Bangladesh believe that a husband is justified in beating his wife for reasons ranging from arguing with him, refusing to have sex with him, burning food, neglecting children or going out without telling him.<sup>14</sup> These deep rooted harmful social norms and beliefs perpetuate GBV. Essential services that respond to such violence are critical for survivors’ to access justice, cope and recover. Therefore, it is important for these services to build a survivor-centred approach for a more effective outreach and delivery of services. In the context of the COVID-19 pandemic, while there were efforts to maintain basic essential services, there was a collapse in a coordinated response between different sectors, i.e., health, police and justice, and social services.<sup>15</sup> A 2021 report from the International Rescue Committee revealed that in the face of new barriers posed by COVID-19, reported rates of GBV among Rohingya refugees in Cox’s Bazar, remained high and a 94 per cent of recorded GBV incidents were perpetrated by intimate partners. The report notably highlighted a clear linkage between the availability of GBV services and the ability of women and girls to report GBV incidents.<sup>16</sup>

Climate-induced disasters are also a serious aggravator of different forms of GBV and a failure



to address GBV poses a serious risk to mitigation, adaptation and resilience-building efforts to combat the climate crisis.<sup>17</sup> In the aftermath of climate-induced disasters, women and girls experience a heightened risk of rape, sexual assault, intimate partner violence, child marriage and trafficking for sexual exploitation and forced labour. Displacement owing to natural disasters and other forms of crises can expose women staying in camps or temporary settlements to different forms of sexual violence due to the lack of physical security and lack of adequate infrastructure and services. The complex web of COVID-19, Climate Change and Conflicts increased structural inequalities, and its impact on women and girls must be understood by leaning onto evidence, so that response measures and services correspond to the needs of survivors of GBV. In the aftermath of the tropical cyclone Amphan, which made landfall on the southern coast of Bangladesh in May 2020, a Rapid Gender Analysis carried out by the Gender in Humanitarian Action (GiHA) Working Group in Bangladesh, observed that women and girls were subjected to greater food insecurity and were at an increased vulnerability to GBV. Displaced women experienced greater barriers like lack of safe transportation and finances in accessing GBV-related health services.<sup>18</sup> Field research conducted in Bangladesh after cyclone Sidr in 2007 demonstrated an increase in trafficking in affected districts, predominantly for sexual exploitation and forced labour.<sup>19</sup>

The UN Secretary General's policy brief on the impact of COVID-19 on women highlighted that provision of SRHR services, including maternal health care and GBV-related services are central to health, rights and well-being of women and girls, and that the diversion of attention and critical resources away from these services may lead to

exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and STDs. It recommended that national responses to COVID-19 should include health care services for survivors of GBV, designate domestic violence shelters as essential services and increase resources to shelters and to CSOs on the front line of the response, designate safe spaces for women to report abuse without alerting perpetrators, move services online and step-up advocacy and awareness campaigns on GBV.<sup>20</sup>

In this backdrop, rapid assessments on the policing, justice, health and social services were jointly undertaken by UNICEF, UNFPA and UN Women in 2021 and 2022 to evaluate how law enforcement, justice systems, health infrastructure and social services interact with GBV survivors, to measure its effectiveness and limitations, and to pave the way for improved and effective quality essential services to address GBV. These assessments were aligned with UNICEF's Gender Action Plan (GAP) 2022-2025<sup>21</sup>, UNFPA's transformational agenda on ending GBV and harmful practices<sup>22</sup> and UN Women's 2022-2025 Strategic Plan<sup>23</sup> that focuses on Ending Violence Against Women as a key impact area.



## Policy context

The Programme of Action adopted at the International Conference on Population and Development in 1994, brought about a fundamental shift in global perspectives on population and development issues. Its principles include advancing gender equality and equity and the empowerment of women, and the elimination of all forms of violence against women, and ensuring women's ability to control their own fertility. Its principles also advocated for appropriate legislative, social and educational

measures to protect children from physical or mental violence, sexual abuse, negligent treatment and exploitation. While the ICPD primarily advocated the provision of universal access to reproductive health services, including family planning and sexual health, it also called upon Governments, NGOs and community organisations to develop innovative ways to offer assistance to families and individuals affected by domestic or sexual violence, dowry, child abuse or abandonment.<sup>24</sup>

The Beijing Declaration and Platform for Action of 1995 provided the roadmap for achieving gender equality and remained the most comprehensive global policy framework for action to realise the rights of women and girls everywhere. Violence was identified as one of the 12 areas of concern and strategic objectives and actions to be taken by Governments and other stakeholders at the national, regional and international level. The BDPFA called upon Governments to provide women who are subjected to violence with access to the mechanisms of justice and to promote a visible policy to mainstream a gender perspective in all policies and programmes related to VAWG. This would include increasing the knowledge and understanding of VAWG among law enforcement officers, police personnel and judicial, medical and social workers and to ensure revictimisation does not occur because of gender-insensitive laws or practices. The BDPFA called for strengthening institutional mechanisms for women to report acts of violence in a safe and confidential environment, protected from retaliation or further abuse and ensure inclusion and accessibility, especially for women with disabilities and others who experience multiple intersecting forms of discrimination and violence. It urged upon governments and community organisations to provide well-funded

shelters and relief support for women and girls subjected to violence as well as medical and psychological support along with free or low-cost legal aid assistance. It urged upon international organisations to provide financial and other resources to address the needs of refugee women, for their protection and assistance and their equal access to food, water, shelter, education, social and health services.<sup>25</sup>

The Committee on the Elimination of Discrimination against Women established through CEDAW, in its observations on the eighth periodic report of Bangladesh welcomed the country's progress in undertaking legislative reforms including Prevention and Suppression of Human Trafficking Act, 2012, Gender Equity Strategy 2014, National Action Plan to Prevent VAWC 2013-2025, NAP for Combatting Human Trafficking 2012-2014, Domestic Violence (Prevention and Protection) Rules in 2013 and for ratifying the UN Convention against Transnational Organised Crime. The Committee, however, expressed concern that many discriminatory laws and provisions remain in the national legislation in Bangladesh, such as definitions of "girl child" and "boy child" in various Acts or the restrictive scope of marital rape in the Criminal Code and urged the State party to review and repeal all discriminatory laws and provisions. In line with its General Recommendation No. 33 on women's access to justice, the Committee recommend that Bangladesh should ensure that all women and girls, including stateless women, refugee women and women from ethnic minorities have effective access to justice by raising their awareness on human rights and legal remedies, providing judiciary and law enforcement officers mandatory capacity-building programmes on women's rights and ensuring women and girls have access to a Legal Aid Fund to secure their legal representation. The Committee, in

the context of harmful practices, recommended that Bangladesh must take immediate measures to end the harmful practice of child marriage by addressing the root causes and raising awareness among families and communities about its negative effects. Reiterating the importance of addressing GBV urgently, the Committee urged the State party to adopt legislation criminalising all forms of VAWG, including marital rape irrespective of the age of the victim, criminalising sexual harassment of women at the workplace and girls in school, effective investigation of all reports of GBV against indigenous women and establishing a database to track incidents of GBV.<sup>26</sup>

The Generation Equality Forum's Action Coalition on Gender Based Violence advocated action to scale up comprehensive accessible and quality services for survivors of GBV against women and girls in all their diversity. Providing governments, private sector, UN agencies, women's rights organisations, civil society organisations and youth networks the opportunity to make financial, advocacy, policy or programmatic commitments, the Action Coalition set out bold targets and tactics to bring a transformative change in the lives of women and girls everywhere. This report provided an opportunity for the government and NGOs to become commitment makers to progress on essential service provisioning for GBV survivors.

The Commission on the Status of Women in its 67<sup>th</sup> Session, recognised the reported surge in all forms of violence including sexual and gender-based violence as a social fallout of the COVID-19 pandemic. It expressed deep concern about women and girls being particularly vulnerable to violence because of multigenerational poverty, disability and limited or lack of access to legal remedies, psychosocial services and healthcare

services. The Commission urged member states to ensure universal access to sexual and reproductive health and reproductive rights (SRHRR) services and provide support to victims and survivors of GBV, including comprehensive social, health and legal services.<sup>27</sup>

Based on her official visit to Bangladesh in 2013, the then UN Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, observed that domestic violence, dowry-related violence and child marriage were among the most prevalent forms of VAWG in the family. She also noted that high levels of violence among women from religious and ethnic minority communities, with Dalits, Hindus and indigenous women being most at risk. Rape, acid attacks and sexual harassment were reported to be the prevalent forms of VAWG in the community. The former UN Special Rapporteur highlighted that despite having enacted a law on domestic violence in 2010, which includes provisions for shelter homes, medical and legal aid services for victims, and grants judicial magistrates the power to award interim orders such as protection orders or safe custody orders, challenges remained in its implementation because of lack of awareness of its existence. She expressed concern over the quality of shelters and the living conditions under which women and their children were expected to stay, including limited freedom of movement. She noted that for responding to acid violence, that there was only one burn unit in Dhaka Medical College and Hospital, making it difficult for victims outside the capital to receive emergency medical treatment and subsequent surgeries, leaving many to live in pain, social stigma and permanent disfigurement.<sup>28</sup> Ten years since Rashida Manjoo's report on the situation of VAWG in Bangladesh and with a renewed focus on eliminating IPV and other forms of GBV in the context of COVID-19, there is

a real opportunity for governments, UN agencies, the private sector, civil society organisations, women's rights organisations and the media to work together for bringing this endemic human rights violation to an absolute zero.



## Objectives

The objective of the meta-analysis is to:

- Examine whether the health, police, justice and social services meet the standards of care and fulfilment of rights of women and children who have experienced GBV.
- Understand the strengths, gaps and factors influencing the quality of essential services for GBV survivors that can inform concrete actions for further improvement.
- Assess the extent of the impact of the COVID-19 pandemic on essential health, police, justice and social services and strategies to address the intensifying risk factors to GBV.
- Offer a set of recommendations that can serve as a strategic direction for policy development on GBV services in Bangladesh.



## II. METHODOLOGY

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A meta-analysis was conducted to examine the health, police, justice and social services responding to GBV in Bangladesh. The meta-analysis utilised rapid assessments conducted by UNICEF, UNFPA and UN Women which drew primarily from the GBV services assessment tool developed by the UN agencies in 2020.<sup>29</sup> The health, police, justice and social service delivery sectors were assessed for their availability, accessibility, adaptability, appropriateness, prioritisation of safety, informed consent and

confidentiality, effective communication and participation by key stakeholders, data collection and information management and coordination among the different sectors and agencies. The core principles that must define essential services for GBV survivors includes a human rights-based approach meeting national legislations and international conventions ratified by the State party, a victim/survivor-centred approach, prioritising the needs and rights of the victim/survivor(s).



## Analytical framework

The meta-analysis explores the interaction between laws and policies, social norms that perpetuate violence against women and children and the quality of essential services delivered to prevent and respond to GBV. While the rapid assessments commissioned by the UN agencies bring to light the gaps and areas for improvement in delivering the policing, justice, health and social services sectors in Bangladesh especially in the wake of the COVID-19 pandemic, additional literature reviewed pointed to a nexus between the existence of laws and policies that address GBV and impunity, programmes and initiatives at the community and national level that challenge gender stereotypes and harmful social norms and women and children's access to quality, life-saving essential services that protect them from

violence and harm. I have synthesised the findings of these assessments and identified additional literature to complement the geographical scope of the rapid assessments, delving deeper into the standards for the essential services against which the various sectors were assessed, and identify concrete actions that the relevant departments under the Government of Bangladesh, UN agencies, Civil Society Organisations and Women's Rights Organisations can take to improve the delivery of services. While the meta-analysis provides a broader overview of the status of essential services on GBV in Bangladesh and a strategic policy direction in this area, it also raises important research questions and lines of inquiry. This may be probed through a comprehensive study by the UN with a wider sample and geographical scope, capturing voices of survivors and their families.

# III. JUSTICE AND POLICING SERVICES FOR GBV SURVIVORS



## Key issues in the legal framework to address sexual and gender-based violence in Bangladesh

State parties that have ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984 are required to adopt appropriate legislative and other measures to prohibit all discrimination against women and establish legal protection of their rights, and take measures to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against women.<sup>30</sup> Bangladesh has formulated a set of laws to prevent and respond to violence against women and children. However, an examination of its effectiveness through the justice services assessment carried out in 2022 showed the need for a comprehensive review of laws and carrying out amendments. Some of the key issues highlighted in the justice services assessment report are captured below:

Legal definition of rape: Rape under Section 375 of The Penal Code, 1860 includes instances

where a man has sexual intercourse with a woman against her will, without her consent, with consent that is obtained by threat of physical hurt, where a woman gives consent believing it is a man to whom she is lawfully married, with or without her consent if she is under 14 years of age. The definition states that penetration is sufficient to constitute the offence of rape. It also states an exception that if a man has intercourse with his wife who is not less than 13 years of age, then it is not rape. This definition, in its current form, leaves room for ambivalence around child marriages and exempts marital rape. This definition does not include situations where consent is obtained where the woman/girl is intoxicated and is unable to give consent. The definition of rape is also limited as it covers only penetrative sexual intercourse and does not include insertion of penis or any object(s) into the vagina, mouth, urethra or anus of a woman/girl. The definition of rape adopted by the Women and Child Repression and Prevention Act (WCRPA), 2000 draws from Section 375 of the Penal Code, and therefore, excludes instances where a woman may be sexually assaulted using an object, but

it is not treated as a rape case. For instance, in the Begumganj case, a woman was raped using a wooden rod. However, the First Information Report (FIR) was registered under section 9 of the WCRPA for “attempt to rape” instead of the offence of committing rape itself.<sup>31</sup>

**Age of consent:** The age of consent under Section 375 of the Penal Code is contradictory where an offence of rape is understood to have been committed if the girl is under 14 years of age. However, if she is 13 or older but married to a man, then the intercourse between them is not considered to be rape. A legal ambivalence such as this may be used in instances of child marriages and make young girls vulnerable to different forms of violence and discrimination. The WCRPA states 16 years as the age of consent but since the definition of rape draws from the Penal Code, this remains a legal ambiguity. This is further complicated with The Child Marriage Restraint Act, 2017 which defines a minor girl as one under 18 years of age and minor boys as those under 21 years of age, and child marriage where one or both of the contracting parties are minor.<sup>32</sup> Thus, there is a need to harmonise the age of consent under the penal code and the Women and Children Repression Prevention Act 2000 (WCRPA) with the Child Marriage Restraint Act 2017 to ensure the prevention of child marriages and protection of children from rape and other sexual offences.

**Mandatory DNA testing:** The Deoxyribonucleic Acid (DNA) Act 2014 has made DNA reports admissible as evidence in court proceedings. An amendment to the WCRPA under Section 32A makes DNA testing mandatory for all offences under the Act. However, police officers, judges and public prosecutors interviewed for the rapid assessment expressed concern over the

amendment, stating that DNA evidence does not always become a part of the investigation or court evidence as it is difficult to collect it in all rape cases, delaying the investigation and justice processes further. Generating awareness around the importance of DNA collection among law enforcement agents and healthcare providers is pertinent to evidence collection and corroborating the victim/survivor’s statement.



## **National Accountability mechanisms for protecting women and child protection**

### **National Action Plan to Prevent Violence Against Women and Children 2013-2025**

The NAP to prevent VAW aims to put in place an effective institutional arrangement for preventing violence against women and children. Bangladesh’s Ministry of Women and Children’s Affairs plays the coordination role in implementing the NAP and for this purpose, an Action Plan Support Unit was established to build a network with different ministries, organisations, development partners, NGOs and CSOs.<sup>33</sup>

### **National Action Plan (NAP) to end child marriage (NAPECM) 2018-2030**

The NAPECM passed by the Government of Bangladesh’s Ministry of Women and Children’s Affairs aims to end the marriage of girls below the age of 15 years and to reduce by one-third the rate of marriage for girls between 15-18 years of age by 2021 and to completely eliminate child marriage by 2041. The NAPECM’s objectives include increasing the scope of girls to realise their rights and have access to quality education, health and reproductive rights, nutrition, protection and safe water and sanitation facilities, increasing the awareness of the harmful



consequences and legal remedies pertaining to child marriage, empowering adolescent girls to acquire life skills and ensure modern facilities and decision-making in family and community and scale up safety-net programmes to eliminate child marriage.<sup>34</sup>

The two NAPs provide UN agencies and CSOs the police infrastructure to advocate for the elimination of child marriage and VAWC and monitor progress at the national level.



## Essential policing and justice services for responding to GBV

### 1. Prevention

**a) Promotion and support of organisations and initiatives seeking to end violence and increase gender equality:** The ESP guidelines for policing and justice services highlight the importance of supporting initiatives and support organisations that seek to ensure gender equality. Justice service providers may seek out and establish relationships, and work collaboratively with organisations like universities and WROs/CSOs on long-term strategies to end VAWG, demonstrate

gender responsiveness and ensure there is a zero-tolerance policy against VAW for all employees of the organisation. The policing services assessment report highlighted that several NGOs coordinate with the VSCs to offer specialised services.<sup>35</sup> E.g., BLAST offers legal assistance, Marie Stopes International provides SRHR services like contraception and family planning. NGOs refer various cases to the VSC if the nature is that of a cognizable offence. However, the human rights organisations that the rapid assessment team engaged, highlighted that currently there is no training of the police workforce to ensure coordination with the NGOs and they do not have any specialised training on GBV. From their viewpoint, this is an area where NGOs can meaningfully support by facilitating training sessions to police officers and community members on GBV services and reporting mechanisms.

**b) Support efforts to raise awareness and promote the unacceptability of men's and boys' violence against women:** Justice sector providers and its agencies need to be engaged in developing and implementing strategies to challenge harmful cultural and social norms that perpetuate GBV and its



acceptability. Efforts need to be made to engage men and boys as part of the solution to ending GBV. Justice and police actors play an important role in building the confidence of survivors in the justice system. The policing services assessment report showed that greater investment is needed in the area of awareness generation to challenge harmful social norms and implement laws made to protect women and girls from GBV. The police and justice actors may consider doing this through effective collaboration with WROs and CSOs that have a meaningful presence in the communities and experience in running campaigns and advocacy.

### **c) Stopping violence and preventing**

**future VAWG:** It is important to maintain accurate records and analyse records of reported incidents of VAWG to identify trends of reporting to police services. The ESP guidelines state that justice actors should promote collection of accurate data on VAWG in the country and in local jurisdictions and analyse national data to understand ways to address underreporting. This data would be pertinent in understanding the barriers women and girls face in seeking help. Police officers interviewed for the assessment assured that confidentiality is maintained while collecting information from GBV survivors.

### **d) Encourage women to report violence perpetrated against them:**

It is important for justice sector stakeholders to encourage reporting of violence through the provision of information to the community on police commitment, by ensuring police can be contacted 24 hours a day, 365 days a year. They may coordinate with other service providers and the community to ensure that whoever the survivor first reports the incident to, be it directly to the police or to health service providers to social workers, their cases

are treated with utmost care and prioritised. By responding quickly and effectively to reports of GBV, the justice actors can increase the confidence of women and girls in those systems. However, the decision to engage the justice systems by reporting an incident should lie with the survivor (except for cases where there is mandatory reporting based on national laws), as there may be dangers associated with reporting that can put the survivor at a greater risk of harm or put her through further violence. In Bangladesh, 999 the main police hotline, 1098 the children's helpline and 109, the women's helpline are all available 24/7 and provide crisis intervention in cases of violence against women and children and referrals to other essential services.

Case illustration from India of the use of law to respond to child-sexual abuse, including the role of bystanders and primary caregivers/ guardians

In a case of child molestation reported in the South Indian state of Kerala, a 60-year-old man was caught sexually abusing a 10-year-old girl child in a movie theatre in the presence of the mother. Both the man and the girl's mother were charged under various sections of POCSO Act.<sup>36</sup> The CCTV footage formed a clinching piece of evidence in this regard and the theatre owner rightly reported the incident to ChildLine who involved the police authorities.<sup>37</sup> The Kerala State Human Rights Commission also ordered an inquiry into the delayed action by the police in registering a case against the man, a wealthy businessman and the mother of the child for not intervening. This is one of the rare and unique laws which places responsibility on bystanders for their failure to prevent child sexual abuse or for being complicit.

## 2. Initial Contact

The ESP highlights that the initial contact demonstrates to the survivor that the justice system and all other systems, be it health or social services are committed to her safety and well-being. This can be measured by the accessibility and responsiveness of these services.

**a) Availability:** Globally, less than 40 per cent of women who experience violence seek help of any sort. Of those seeking help, less than 10 per cent seek help from the police.<sup>38</sup> The service providers should ensure that justice and policing services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, language and level of literacy, sexual orientation, disability and so on. In Bangladesh, the following key services are rendered through justice actors:

**One-stop crisis centres (OCCs):** According to the ESP, there should be one rape crisis centre for every 200,000 women and one women's advocacy and counselling centre for every 50,000 women that offers crisis intervention for victims.

In Bangladesh, One Stop Crisis Centres have been established in Medical College Hospitals providing health care, police assistance, DNA test, social services, legal assistance, psychological counselling and shelter service to GBV survivors. Bangladesh has 13 OCCs in total, one each in Dhaka, Rajshahi established during the pilot phase, Chittagong, Sylhet, Barisal and Khulna established during the first phase, Rangpur and Faridpur set up during the second phase and in Cox's Bazar, Pabna, Bogura and Cumilla Medical College Hospitals set up during the fourth phase of the project.

The number of OCCs per the population of women in the various divisions of Bangladesh is

significantly lower than the model number based on the ESP. For instance, there are over 21 million women in Dhaka city<sup>39</sup> who are being served by one OCC, which is 100 times less than the best practice of having at least one crisis centre per 200,000 women.<sup>40</sup> This underscores the need for greater investment in infrastructure and technical resources that can provide services of OCC to a larger number of women per division and ensure accessibility to women and girls living in remote locations within that division.

With the establishment of 67 One-stop Crisis Cells across 47 district Sadar hospitals and 20 Upazila health complexes, the uptake of GBV services has increased.<sup>41</sup>

### **Women Support and Investigation Division:**

WSID is an initiative of the Dhaka Metropolitan Police and Bangladesh police which commenced in February 2009 as part of the Police Reform Programme in partnership with 10 NGOs:

- i. Ain-O-Shalish Kendra
- ii. Association for Community Development
- iii. Association for Correction and Social Reclamation
- iv. Aparajeyo Bangladesh
- v. Acid Survivors Foundation
- vi. Bangladesh National Women Lawyers' Association
- vii. Bangladesh Mohila Parishad
- viii. Bangladesh Legal Aid and Services Trust
- ix. Dhaka Ahsania Mission
- x. Marie Stopes

**Victim Support Centres:** The VSCs provide legal assistance to women and children who are survivors of violence. It represents a unique partnership between the Bangladesh police and 10 NGOs and plays a critical role in safeguarding the rights of GBV survivors. The Assistant Police Commissioner is in-charge of the VSC. The VSC is mandated to provide shelter services for up to a maximum of five days, emergency support

like medical treatment or counselling and a safe environment. The survivors can directly reach the VSC, or through the police station, referred by an NGO or contact the VSC through email or phone.<sup>42</sup> The policing services assessment report indicated that the VSCs are available only in the Divisional areas and are inaccessible to victims in remote areas who may not even be aware of its existence.

**999 National Emergency Service helpline:**

The 999 helpline is the main hotline for police services for any nature of crime to be reported or emergency services needed, including that of GBV and SVAWG. Three important services are available 24 hours a day from the National Emergency Service Centre and they include ambulance service, fire service and police service.

**Service Desk for women, children and persons**

**with disabilities:** Service desks for women, children and persons with disabilities have been set up in every police station of Bangladesh. Trained women police personnel led by a sub-inspector have been deployed to manage the desk. The desk officer facilitates legal action for those that approach the Service Desk.

**Police cyber support for women:** It is an all-women cyber support service by Police Headquarters, Bangladesh Police promoting awareness on cyber security. The Bangladesh police initiated this service in 2020 to provide assistance to women victims of cyber-crime and cyber-bullying.

**Divisional DNA Screening labs:** As a part of the Multi-Sectoral Programme on violence against women (MSPVAW), the Ministry of Women and Children Affairs has set up seven Divisional DNA Screening laboratories in Rajshahi, Chattogram, Sylhet, Barisal, Khulna, Rangpur and Faridpur Medical College Hospitals where the OCCs operate.

**National Forensic DNA Profiling Lab:** Under the MSPVAW, Bangladesh's first ever forensic DNA profiling laboratory was set up in the Dhaka Medical College Hospital. The laboratory provides services to various investigating agencies to solve violent crimes such as rape and murder. DNA analysis can also help resolve disputes around paternity, maternity, inheritance and determining the identity of missing children, victims of disasters or mutilated bodies.

**b) Accessibility:** Effective access to police services would mean it is available 24/7, 365 days a year, it is geographically accessible and for remote areas, there is a mechanism in place to enable survivors to safely contact or access police through other means. Procedures and directions need to be made available in multiple formats to maximise access and the signage should meet the needs of different target groups. Police services should be free of charge and undue financial and administrative burdens should not be placed on the victims. The police assessment found that if the survivors are economically disadvantaged, it becomes a barrier to access police or medical services, critical not only for their own wellbeing, recovery and access to justice, but also for evidence gathering and investigation.

**c) Responsiveness:** It is important to ensure a victim can lodge a report at any time and at a location that is safe, private, and agreeable to her. Efforts should be made to limit the number of people a victim/survivors must deal with and to minimise the number of times a victim has to relay her story and reduce secondary victimisation. Both adults and children who are victims of GBV must have the opportunity to decide whether to engage in the justice processes and is provided with the resources to make informed decisions and is not reprimanded or punished for failing

to cooperate when her safety cannot be guaranteed or secondary victimisation cannot be prevented. Service providers assisting the survivors should be trained professionals. The information and reports related to GBV should be stored in a secure location to ensure confidentiality. Immediate action should be taken when a survivor reports an incident of violence. The services should be delivered in a non-judgemental, empathetic and supportive manner, respectful of the survivor's privacy. The service providers should provide the survivors the chance to tell their story and have it accurately recorded. The Hague Institute for Innovation of Law (HiIL) along with its local partner BRAC Human Rights and Legal Aid Services (HRLS) conducted a Justice Needs and Satisfaction survey in Bangladesh in 2018. This report highlighted the need for gender sensitivity among service providers as there is a mistrust of women in their journey of justice. The report also emphasised that compared to men, women are slightly less likely to seek legal information and advice (61 per cent versus 57 per cent).<sup>43</sup> The factors affecting women's willingness and ability to avail legal services can be investigated further through a comprehensive study.

### 3. Assessment/Investigation

Investigations into crimes of IPV and SVAWG should be initiated in a timely manner and meet evidentiary and investigative requirements. Throughout the investigation process, women's and children's safety, security and dignity must be carefully considered and maintained.

**a) Cases of violence against women are given high investigation priority:** It is important to have a policy to ensure that justice service providers receiving a report of violence are required to explain to the victim the investigative and justice processes, their rights and the

services available to her. The investigation should be initiated as soon as the incident is reported and justice actions should entail a do-no-harm approach by factoring in the victim's context and the physical and mental trauma she has undergone. Justice service providers should ensure that the suspects are arrested as soon as practically possible and they are required to submit to measures implemented for the protection of victims. The police assessment found that the police departments of Bangladesh attach a high priority to GBV cases as these are to be investigated in a time-bound manner and the justice processes are fast-tracked. The investigations into GBV cases are closely supervised. The justice services assessment report noted that following a writ petition by Naripokkho regarding the delay in medical examination of a rape survivor, the Supreme Court of Bangladesh issued a series of guidelines directed at police and other justice actors. It requires the police to document in writing every information relating to the commission of a cognizable offence and be read to the informant, for police stations to have women police officers and have them present when an offence of SVAWG is being reported, and following documentation of the information from the victim/survivor, in the case of rape the woman police official should accompany the Investigating Officer in escorting the victim for medical examination. It also directed justice service actors to prevent the disclosure of the name of the victim publicly in the media and maintain confidentiality throughout the justice process.<sup>44</sup>

#### **b) Survivor medical and psycho-social needs**

**are addressed:** As highlighted previously, the victim's needs, her context and physical and mental trauma should be understood sensitively by justice providers. They should respond appropriately to problems that require immediate medical response and facilitate access to medical services and medico-legal examinations. The

police personnel interviewed for the assessment stated that training is provided to officers at the VSC, especially on child-friendly support services; however, they have no training on survivor-centred approaches for dealing with issues like IPV.

**c) Relevant information and evidence are collected from the survivor and witnesses:**

The service providers should ensure that a victim statement is taken promptly in a survivor-centred and non-judgmental manner. A medico-legal examination, if appropriate based on the nature of violence, should be arranged as soon as possible and a justice sector provider should accompany the survivor to the medical facility for the examination, where possible, or ensure proper coordination with the health service providers. All evidence that lends credibility to the allegation should be collected. The crime scene must be visited and forensic evidence must be gathered and stored to meet the chain of evidence requirements. In instances where there has been a case of child sexual abuse, it is important that the parents/guardian/legal representatives are involved and in case a parent or caregiver is the alleged offender, then to make sure the non-offending parent is involved. The rapid assessment of justice services highlighted that in Bangladesh there is no clear protocol for investigations of VAWG cases and a substantive lack in regular and comprehensive training of law enforcement officers on investigations of GBV, including collection of forensic evidence and preservation of DNA samples etc. The rapid assessment identified gaps in implementing the appellate Court's guidelines in the Nariphokko petition advising that a woman police officer and the investigating office (IO) together should accompany a GBV survivor to a medical facility for the examination. Some of the difficulties in getting a medical report is largely to do with accessibility to a health facility at the upazila level and the district level. This shows the interconnectedness of processes across the health, policing and justice services sectors and how gaps in the health

sector services have serious implications on the investigation and evidence collection process, thereby affecting the strength of the case made in court and impeding survivors' access to justice and reparations. The other important procedural issue in terms of medical examination of rape victims highlighted by the rapid assessment is the failure to implement the ban on the unscientific and deeply gender-biased "two-finger" test that is insensitive and retraumatizing for rape survivors. In Bangladesh, the sexual history of the survivor and the absence of bruises or marks as proof of resistance are often brought up to prejudice courts.<sup>45</sup>

**d) A thorough investigation is conducted:** It is critical that a suspect of a GBV-related crime is identified, interviewed and when appropriate, arrested. A thorough and well documented report should be drafted detailing the investigation and actions taken.

**e) Professional accountability is maintained throughout the investigation:** Throughout the justice sector's response to GBV, organisational accountability should be established and maintained. There should be oversight mechanisms in place to supervise the investigators, and ensure the investigations are transparent, well-coordinated and the findings are monitored and evaluated.

#### **4. Pre-trial processes**

a) Coordinated and integrated approaches to criminal, civil, family and administrative law cases: It is important to seek information on any other ongoing justice procedure relevant to the case including outstanding protection orders and share information as appropriate within the justice system. The rapid assessment of policing services underscored that the police personnel interviewed believe there needs to be greater coordination among the various justice sector actors and



organisations and identified this as a gap. The rapid assessment of justice services also validates this finding by noting that due to ambiguities in law, a bail hearing for an offender accused of GBV can take place through the invocation of Section 497 of the Code of Criminal Procedure, prior to the submission of a police report and before investigations are completed.

#### **b) Primary responsibility for initiating**

**prosecution:** It is important to ensure that the primary responsibility for initiating prosecution should rest with the justice service provider and not with the survivor. Justice providers should also ensure to reduce barriers that place undue pressure on the survivor to withdraw charges. A survey done by Transparency International Bangladesh in 2017 revealed that 60 per cent of the households surveyed were victims of corruption from the judiciary and 72 per cent of the households were victims of corruption from law enforcement. Such high levels of corruption negatively affect GBV survivors who want to pursue their cases and end up having to give bribes to the police and public prosecutors to advance their cases.<sup>46</sup>

#### **c) Accessible, affordable and simplified**

**procedures to access justice:** Ensure that civil, family and administrative law procedures are affordable, simple and easy to use. There should be provision for a broad range of free legal aid for GBV survivors. Gender and child sensitive procedures (making sure the examination, cross-examination is not re-victimising). The justice services assessment report stated that WCRP Tribunals are only situated at district levels which burden survivors with additional logistical expenses to travel to courts and reliance on male relatives to accompany them. The assessment also observed that Courtrooms do not have ramps or elevators, making them inaccessible for people with disabilities.<sup>47</sup> The report also observed that hearings in upper courts are usually conducted

in English which becomes a barrier for survivors who do not speak or understand the language. BLAST's submission to the UN Special Rapporteur on VAW, its causes and consequences noted that many women seeking to file complaints regarding domestic violence were turned away by police stations whose focus shifted to providing emergency services as part of the COVID-19 response.<sup>48</sup> Citizens' Initiative Against Domestic Violence (CIDV), a coalition of 25 CSOs working on the implementation of the Domestic Violence (Prevention and Protection) Act, 2010 appealed to the Chief Justice to permit the Virtual Courts to issue protection orders, residence orders, safe custody orders and compensation orders on an emergency basis in relation to domestic violence cases, in accordance with the 2010 Act.<sup>49</sup> Access to justice, therefore, require services to be adaptable to different contexts, including emergencies and designed to keep the survivors' needs at the centre.

**d) Prioritisation of cases:** In criminal justice matters, justice actors should develop fast track procedures that can identify cases involving VAWG and prioritise them in court dockets, including bail hearings and for trial. The justice services assessment highlighted that the absence of a central case management system limits access to information regarding the case and the ability of the court staff to track them and monitor timelines and requirements such as notifying witnesses when to attend hearings, deadlines for document filings etc.

**e) Survivor-centred empowerment oriented and rights-based pre-trial processes:** The ESP guidelines require that service providers should be non-judgmental and supportive, ensure that the victims have a safe and friendly environment when dealing with justice service providers and have the opportunity for full participation to have their stories heard and to narrate how the violence has impacted them. Victims should be treated

respectfully and the engagement should be age-appropriate. Human rights groups interviewed as part of the policing services assessment emphasised that one of the main areas of concern that remain is that the police responses to GBV survivors are not sensitive to survivors. They strongly held that the issue with access to justice for GBV survivors, lies more in the proper implementation of laws rather than an absence of comprehensive legal frameworks.

The ESP also indicates that pretrial release or bail hearings should take into account the risk to the victims and consider her safety and she should be informed of any pretrial release or bail conditions and given information on whom to contact in case there is any breach in the conditions. In Bangladesh, there have been instances in which courts grant bail to a rape accused if he promises to marry the victim, which stems from a gendered social norm of saving the honour of the woman or girl survivor and her family.<sup>50</sup>

**f) Readiness for trial:** Justice service providers should ensure coordination of all service providers (police, healthcare providers etc.) and ensure attendance of key witnesses. Statements, analyses and evidence collected and compiled should be made available to the Court. Justice service providers should be competent to present evidence in court in an ethical, objective and professional manner, focus on credibility of the allegation and ensure that survivors are familiarised with court procedures. The justice services assessment report observed that the lack of coordination among key sectors like health and justice services may result in loss of evidence and impact the victim/survivor's case.

**g) No forced mediation, alternative dispute resolution in VAWG:** Mediation and restorative justice should be allowed only when there are procedures in place to guarantee no force, pressure or intimidation has been used. The

process should factor into the survivor's safety in an equal measure as the criminal justice system, ensure perpetrator has accepted responsibility, a validated risk assessment to determine whether the woman survivor is at any risk of her life or safety and she is fully informed of the process and approves of the mediation. The justice services assessment report found that GBV victims often experience intimidation and threats from the accused to pressure them into withdrawing the case, which leads to out-of-court settlements in many cases at the WCRP tribunals. At times, the settlement would mean the victim/survivor is offered monetary compensation and has to withdraw her case, or marry the accused in rape cases, both of which are detrimental to deterrence of VAWG and re-traumatising for the victim. The justice assessment report also noted that in cases related to GBV, frequent adjournment, lack of protection to victims and witnesses, the release of the accused on bail and lack of financial support dissuades the victims from pursuing the case. Additionally, social pressure to settle the case through Salish, the informal justice mechanism that mediates at the village level. Salish is influenced by patriarchal norms, and therefore, oftentimes the decisions made by the institution, is in the best interest of the alleged offender who can get away with a GBV crime, with a nominal compensation to the victim and avoid getting a criminal record. These informal justice mechanisms also lead to delays in critical procedures like the First Information Report (FIR) and medico-legal evaluations, which in turn weakens the evidence that can support a GBV victim's case in the court of law. In 2020, the human rights group Ain-o-Salish Kendra (ASK) filed a writ petition with the High Court of Dhaka to take legal action against out of court arbitrations in rape incidents. The Court directed law enforcement agencies to take steps to cease the use of Salish arbitration in rape cases.<sup>51</sup>



## 5. Trial processes

### **a) Safe and friendly courtroom environment:**

It is important to allow for the survivor to be accompanied by a friend, family member or a professionally trained support person. In case of children, measures should be taken to appoint specialists and family members/ guardians to accompany them to protect the child's legal interests. The court environment should be user-friendly and whilst the survivor gives her evidence, all unnecessary persons should be removed from the court, including the alleged offender. Appropriate measures should be taken to ensure there is no direct contact between the survivor and the accused using court-ordered restraining orders or pre-trial detention.

### **b) Protection of privacy, integrity and dignity:**

Personal information of survivors should be restricted for publication by the media and identifying details like names and addresses should be removed from the court's public record. Where permitted by national law, the public and media should be excluded from the courtroom.

### **c) Opportunity for full participation of the victim/survivor and to give details of the impact of the crime:**

Justice processes should allow for measures that can facilitate the survivor's testimony during trial, ensure that proceedings do not re-traumatise or re-victimise the survivor, and allow the survivor a short recess, when they are stressed out. In the case of children who are survivors of GBV, it's important to have child-sensitive procedures, including interview rooms and modified court environments. The survivor should be given the opportunity to provide details of the impact of the incident and different modalities to submit this information at trial. In Bangladesh, instances where defence lawyers may use the sexual history of a survivor or discredit their experience of abuse were highlighted in the justice services

assessment as important issues to be addressed. In Evidence (Amendment) Act 2022 seeks to precipitate a change in this practice, by barring asking questions about the previous sexual behaviour of the rape victim.

**d) Non-discriminatory interpretation and application of evidentiary rules:** Any kind of unfair, discriminatory, unnecessarily repetitive and aggressive line of questioning by the defence, including those that relate to the survivor's sexual history unrelated to the case, should be disallowed. Prejudicial line of questioning, shaming and victim-blaming of rape survivors by defence lawyers should be discouraged by judges. The newly passed Evidence (amendment) Act 2022 in Bangladesh seeks to put an end to this practice and as such, justice service providers should ensure its full implementation to ensure a victim/survivor-centred approach during trials.<sup>52</sup>

## 6. Perpetrator accountability and reparations

### **a) Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor:**

The sentences should be commensurate with the gravity of the crime and deter VAWG/GBV, be helpful in stopping violent behaviour, take into account the impact on the victims and their families and promote victim and community safety. In civil, family law and administrative matters, timely, effective and gender sensitive and age-appropriate civil remedies are important to address the harm suffered by women and children. Case data collected from 71 police stations by Justice Audit Bangladesh in 2016 revealed that out of over 16,000 cases of VAW under investigation, only about 3 per cent resulted in a conviction.<sup>53</sup> Low conviction rates may be attributed to weak investigations, power/ influence of the offenders, informal justice systems like Salish resulting in withdrawal of cases or tampering of witnesses.

**b) Available and accessible options for reparations that cover harms suffered by victims and enforcement of remedies:**

Restitution and financial compensation for harms done to the survivor should be prioritised ahead of fines and penalties and should not preclude the victim in pursuing civil or other remedies. The application processes of civil suits should be made simple and legal aid and other forms of assistance should be made available. The calculation of the survivor's damage and costs incurred should aim to be transformative and redress the inequalities that made them vulnerable to that form of violence. It is also important to ensure enforcement of remedies and monitoring its effective enforcement. In Bangladesh, the WCRPA includes a provision under Section 15 to convert an order of fine imposed for an offence under the Act, which includes rape and sexual assault, to be awarded to the victim as compensation. This amount can be recovered from the current or future inheritable property of the convict. However, such a compensation is left upon the discretion of the Tribunal and in the absence of clear guidelines or rules around it, the compensation from fines remains ambiguous. A report from BLAST revealed that even though fines were imposed on all convicted rapists under the WCRPA, in only 3 out of 44 rape cases included in their study, a compensation was awarded to the survivor or their families.<sup>54</sup>

**c) Redress when essential justice services are denied, undermined, unreasonably delayed or lacking due to negligence:**

Justice systems should account for the damages caused by the denial, undermining or unreasonable delay of justice factoring in the emotional, psychological harm and loss of enjoyment of life caused by the delay or denial of justice. The delay may have also led to additional violence suffered by the victim and could have led to loss of wages and other expenses. Justice processes should factor these elements and make provisions for

the survivors to seek redress with the assurance that the complaint would not hinder their access to justice. According to the Justice Audit, for the period 2018-2022 out of the total caseload, 77 per cent cases related to women and children were pending in Bangladesh.<sup>55</sup> A UNDP report found that 16 per cent of the victims in criminal trials experience adjournments more than 30 times, leading to significant delays in arriving at a verdict.<sup>56</sup> The justice assessment report identifies "Case Coordination Committees" at district levels and the Supreme Court Backlog of Pending Cases Monitoring Committees as positive developments.

## **7. Safety and protection**

**a) Access to immediate, urgent, and long-term protection measures:**

Justice service actors should ensure immediate and urgent protection measures are available to all GBV survivors free of charge through simple application procedures and access to appropriate courts are fast-tracked. Protection measures should not be dependent on the initiation of criminal, civil or family law proceedings. The justice services assessment report highlights that Bangladesh is yet to introduce comprehensive witness and victim protection laws, leaving GBV survivors and the witnesses to a high degree of vulnerability to various forms of backlash, including a threat to their physical safety. Although the Women and Child Repression Prevention Act, 2000 and the Prevention and Suppression of Human Trafficking Act, 2012 entail protective measures for victims and witnesses, they are limited in their scope and applicability.

**b) Risk assessment, safety planning and coordinated protection measures:**

Justice service actors should ensure risk assessment is supported by timely gathering of intelligence from multiple sources and includes the survivor's perspective on potential threats and develop strategies to eliminate or reduce the risk to

survivors. The risk assessment should at a minimum include an assessment of the risk of repeated violence, lethality risk, level of extent or harm to the survivor or her family, prior history and threats to which she/they are exposed to. Based on the risk-assessment, it is important to have a safety plan developed closely with the victim/survivor to identify the options and resources available. These should be reviewed and updated on an on-going basis. Any decisions pertaining to the arrest, detention, terms of release, probation or parole of the perpetrator should factor the history of violence, survivor's fear of future violence and any threats of or escalation of violence. Based on the risk-assessment, it is important to have a safety plan developed closely with the victim/survivor to identify the options and resources available. These should be reviewed and updated on a regular basis. The justice services assessment report noted that although the Penal Code in Bangladesh includes an offence of criminal intimidation, it is insufficient in practice to address threats and risks faced by GBV survivors and witnesses.

## 8. Assistance and Support

**a) Practical, accurate, accessible and comprehensive information:** Survivors should be given a broad range of information on justice processes in languages and formats they are able to use, including the roles and responsibilities of relevant justice sector actors, on rights and remedies, including restitution and compensation and information regarding the survivor's case. The signages at all justice sector offices should meet the needs of various target groups and be accessible e.g., to women with disabilities. In Bangladesh, since the higher courts use English as the medium of communication, it acts as a barrier for women who do not understand the language. The justice services report mentions the lack of adequate infrastructure in court rooms for GBV survivors with disabilities.

**b) Legal Services:** Legal services should be affordable and provided pro-bono and if the eligibility of pro-bono legal aid depends on the household income of the survivor, then only her income should be counted in for the purpose if the perpetrator is her partner/ family member or if the survivor does not have equal access to the family income. The justice report observed that although in the year 2000, Bangladesh introduced the Legal Aid Services Act 2000 and the Legal Aid Services Policy 2014 included women and children who are victims of violence as eligible for legal aid, the absence of disaggregated data on legal aid services rendered and lack of a national monitoring mechanism for the empanelled lawyers, calls for greater accountability.

### **c) Victim and witness support services:**

Survivors of GBV should have access to a broad range of support services including information and advice, emotional and psychological support, practical assistance like transport to and from Court etc. However, in Bangladesh, as noted earlier in this chapter, GBV survivors are expected to incur costs towards travel and arrange other logistics to go to Courts that are situated at the district level.

### **d) Referrals to health and social service**

**providers:** Justice actors should work with other service providers like health and social services to ensure that effective referral networks are in place, in the interest of the survivor's needs. In Bangladesh, there is a need to develop protocols on effective coordination among the different service providers across the police and justice, health and social services sectors and an oversight mechanism should be in place to ensure compliance and identify areas of strengthening.

## 9. Justice sector coordination

### **a) Coordination among justice sector agencies:**

This includes broad stakeholder involvement, shared framework on GBV among the multi-

agencies involved, privacy and confidentiality requirements on sharing information and ensuring a consistent and coordinated approach to case management, risk assessment and safety planning.

### **Global promising practice on justice services**

To address the issue of low reporting by survivors of violence and the low capacity of law enforcement officials to adequately investigate cases of gender-based violence, the Office of the High Commissioner for Human Rights in collaboration with UN Women has developed a Model Protocol, ("The Femicide Protocol") to guide investigations and prosecutions in the Latin American and Caribbean region.



# IV. HEALTH SERVICES FOR SURVIVORS OF GBV



Medico-legal services are at the intersection of medical and justice processes and appropriate response to GBV warrants an effective coordination between a range of stakeholders across different sectors including health, social services, forensic medicine, forensic lab services, police investigation and the legal system.

Health care service providers are uniquely positioned to provide a safe environment to GBV survivors to disclose if they are experiencing domestic violence or if they have been raped. Whilst they can offer a range of support services in the realm of health, they can also offer other kinds of support by providing referrals to specialised services such as psychosocial support or legal aid. If the service provision to GBV survivors remain siloed in its delivery, women and children cannot make use of available legal

provisions if they are not aware of their rights and entitlements, and cannot access urgent mental health support after being traumatised by rape or abuse by an intimate partner. This would inhibit them from seeking help and set them further behind in realising their rights and could potentially put them at the risk of further harm and more aggravated forms of violence, including homicide. Evidence shows that on an average, a woman or girl is killed by someone in her own family every 11 minutes<sup>57</sup>. In 58 per cent of all killings perpetrated by intimate partners or other family members, the victim was a woman or girl<sup>58</sup>. This necessitates health care service providers to have the right training and gender sensitisation to respond appropriately to the needs of GBV survivors as they have a critical role in preventing further harm from happening to those that have approached them for support.

The health sector assessment for service provision to GBV survivors, carried out under the technical leadership oversight of UNFPA, measured essential health services in Bangladesh against nine key characteristics that the Essential Services Package developed by UN agencies define as necessary: Availability, Accessibility, Adaptability, Appropriateness, Prioritisation of safety, Informed consent and confidentiality, effective communication, data collection and information management, and lastly, coordination among the sectors and agencies<sup>59</sup>.



## Essential health services that respond to GBV

### Essential Service 1: Identification of Survivors of Intimate Partner Violence

**a. Information:** The ESP guidelines prescribe that written information on intimate partner violence and non-partner sexual assault be available in healthcare settings in the form of posters, leaflets etc. The health services report observed that in the vast majority of the facilities observed, there is no written information or instructions at the premises on where the GBV survivor should go for to seek health services. Most often, survivors accompanied by their parents or relatives go to the Emergency Department first where the doctor on duty attends to them and when the police accompany the survivors, they are taken to the Gynaecology Department. In Cox's Bazar district hospital, the survivor, regardless of whether she comes alone or is accompanied by a police officer, is sent directly to the OCC. This may mean that the critical medical history and clinical examination necessary for evidence is not collected at this stage and may affect prosecution of the crime.

#### **b. Identification of women suffering from IPV:**

The ESP guidelines state that health service providers should ask about exposure to IPV

when assessing conditions that may be caused by it, in order to improve diagnosis, identification and subsequent care. Asking about IPV should be linked with an effective response such as medical treatment or referral for mental health support. Such engagement should be done in a private setting by trained healthcare providers and should have SOPs in place. The research team observed that the emergency rooms do not have any privacy which may deter women and girls from disclosing if they are experiencing IPV. The healthcare providers may identify survivors by examining signs and symptoms associated with physical violence. Since the identification relies heavily on signs of physical violence, this may mean that women experiencing other forms of domestic violence, such as economic abuse or emotional abuse, may not be identified as victims of IPV. This ties back to the earlier observation about information. Raising awareness on the forms of IPV e.g., through IEC materials or community campaigns is therefore important. The assessment indicated that if a survivor does not disclose IPV, the healthcare provider does not pressure her to share. It is important to note that if healthcare providers suspect violence and if the woman chooses not to disclose, she can still be provided with information regarding available services, the impact of IPV on women and children's health and safety, and be asked to come for a follow-up visit.

### Essential Service 2: First Line Support

**a. Women-centred care:** The ESP states that while providing first line support to a woman who has suffered violence, her immediate and ongoing, emotional, psychological and physical health needs deserve special attention<sup>60</sup>. Healthcare providers should be non-judgmental, empathetic and validate the woman when she discloses

IPV. They should offer her practical care, mental health support that responds to her concerns without intruding on her autonomy and agency, and assist her to increase safety of herself and her children. The health service providers shared with the research team that the survivor's privacy and confidentiality is protected. The Emergency Rooms (ER) in most hospitals except Cox's Bazar do not have a separate room for conducting initial check-up or discussing the experience of a survivor privately. In some cases, if the ER is full of patients, the nurses' duty room is used to examine a survivor. The Health Assessment report indicated that anonymity and confidentiality is difficult to practise, if the survivors are kept in the same ward as other female patients where they are easily identifiable. The onus of protecting her privacy and anonymity, is upon the women survivor, who in some instances, uses a veil to hide their faces. Engagement with the news media industry would be important to ensure that the coverage of GBV, or the way information is collected for a story, does not increase harm or jeopardise the safety of the victims. The agency and safety of the victim (s) should be respected under all circumstances and journalists should balance the public's need for information against potential harm or discomfort to the victim.<sup>61</sup>

**b. Mandatory reporting:** According to the WHO guidelines, mandatory reporting of violence against women to the police by health service providers is not recommended. However, child maltreatment and life-threatening incidents should be reported to the relevant authorities by the health service provider, where there is a legal requirement to do so.<sup>62</sup> This means that when giving survivors an assurance of confidentiality, women should be informed of the limits of confidentiality e.g., in case it comes under mandatory reporting, or if a mental

health evaluation reveals that they are at a risk of harming themselves or anyone around them and the healthcare provider is legally obligated to share that information. The Health Assessment report highlighted that Moulvibazar district hospital informs the police based on set procedure, while the Cox's Bazar district hospital does not inform the local police unless requested by the victim/survivor.

### Essential Service 3: Care of injuries and urgent medical issues

**a. History and Examination:** The ESP guidelines state that history taking should follow the standard medical procedures, obtain informed consent for medical examination, treatment, forensic evidence collection and for the release of information to third parties like the police and courts. The Health Assessment report noted that the nurse on duty obtains the history and informed consent from the survivor and the gynaecologist conducts the physical examination. In instances of sexual violence, there needs to be a shared understanding among healthcare professionals that the absence of physical injuries does not mean that rape did not occur.<sup>63</sup> The nurse documents the details of the incidents in a register and fills up the required forms. However, the research team observed that those registers were, at times, incomplete or inaccurate.

**b. Emergency treatment:** The ESP guidance states that if a woman has suffered life threatening or severe conditions, she should receive emergency treatment. The Health Assessment report indicates that despite receiving the PEP kits, some hospitals like the Kulaura UHC healthcare workers have not received training on ways to use it, and hence they have not administered those kits to survivors.



#### Essential Service 4: Sexual Assault Exam and Care

**a. Complete history:** According to the ESP, in cases of sexual violence, a complete history recording events and a complete physical examination, head-to-toe including genitalia is important to be documented. The history should include the time and type of sexual assault, assessment of the risk of pregnancy, risk of HIV and other STIs and mental health status. The Health Sector assessment carried out in Bangladesh noted that although history and details of the incidents are documented, challenges remain in terms of the quality of the information gathered and loss of critical forensic evidence due to delay in the survivor's timely access to a health facility. This may stem from a lack of awareness around how medical examination is linked to justice processes and the difficulty in travelling to a health facility from remote rural areas to the district hospitals. These point to the increased need for generating awareness in the community and looking at measures to facilitate reach for women living in remote areas.

**b. Emergency contraception:** The ESP recommends offering emergency contraception to survivors presenting within five days of sexual assault, to maximize effectiveness. If a woman presents after the time required for emergency contraception (five days) or if emergency contraception fails, or if the woman is pregnant as a result of rape, she should be offered safe abortion, in accordance with the national law. The assessment report found that in some cases, within the same health facility there would be disagreements on the use of emergency contraceptives for rape survivors. This establishes a need for clarity and protocols on medical response to sexual assault and rape in hospitals at all levels.

**c. HIV post-exposure prophylaxis (PEP) and PEP for Sexually Transmitted Infections:** The ESP recommends offering HIV PEP for women presenting within 72 hours of a sexual assault. The recommendation also factors in shared decision-making with the survivor to determine whether HIV PEP is appropriate, following national guidance. The ESP recommends offering survivors of sexual assault, prophylaxis for the most common STIs and hepatitis B vaccine, following national guidance. The assessment report indicated that the Kulaura UHC in Moulvibazar and Ramu UHC in Cox's Bazar have received the GoB-UNFPA "Survivor kits" but are yet to receive training on its use. During the research team's visit to the Moulvibazar district hospital, they found that the Survivor kits ran out of stock.

#### Essential Service 5: Mental Health Assessment and Care

Many women who are subjected to IPV or sexual violence have emotional and mental health issues as a consequence.

A UN report from 2020 links psychological and physical abuse that children may experience at different settings including their own homes to mental health outcomes including depression, anxiety, low self-esteem, slower cognitive development, lack of empathy and substance abuse.<sup>64</sup>

There are specific ways in which health service providers can offer support and help women in their recovery and healing.

**a) Mental health care for survivors of intimate partner violence:** Women experiencing violence should be assessed for symptoms of PTSD, depression, self-harm or suicidal thoughts, alcohol and drug abuse etc. The assessment and care should be done by trained mental health



professionals who have a strong understanding of GBV. The assessment report indicates that the psychosocial counselling services are offered by a nurse and that the care providers do not have the skills or training in psychosocial counselling. The lack of professional psychosocial care and support to survivors of GBV is a lacuna and should be addressed through increased financial resources and appointment of licensed mental health professionals.

**b) Basic psychosocial support and support for severe mental health issues:** Basic psychosocial support would include helping the survivors strengthen positive coping mechanisms, exploring the availability of social support and providing regular follow up. As noted earlier, a lack of trained mental health professionals would render this critical support undelivered. Women with PTSD and depression would benefit from first-line support and learning stress management but in the absence of therapists, it would remain undiagnosed and thereby unaddressed.

## Essential Service 6: Medico-legal documentation

**a) Comprehensive and accurate documentation:** The ESP guidelines require that any health complaints, symptoms and a description of injuries should be documented. It would be important to get the patient's consent to document the suspected cause of injuries and other conditions, including who injured her. The health services assessment report noted that the service providers in two of the districts were not aware about GBV and any protocols associated with it. Data collection formats varied from one health centre to another and it is most often the nurses who fill up the survivor registers and the research team found them to be at times incomplete or inaccurate. As the WHO

clinical and policy guidelines expressly observed, healthcare professionals tend to regard violence against women as a criminal justice issue, and view partner violence as a domestic matter<sup>65</sup>. This necessitates adequate training of healthcare professionals in Bangladesh on the issue of GBV.

**b) Collection and documentation of forensic specimen:** According to the ESP guidelines, where a woman has consented to forensic evidence collection, it is critical that the chain of custody evidence is maintained and that everything is clearly labelled. The assessment report highlighted that in the study areas, the nurse collects evidence such as vaginal swabs or clothes for DNA evidence that can point to the offender and aid investigation. The nurse assists the gynaecologist for the physical and genital examination. The nurse preserves the evidence and fills up the Survivor Register accordingly. The practice of vaginal swab collection varies from one health centre to another; some collect the swab only if a rape survivor presents within 72 hours, some collect the swab if it is within 5-7 days of the incident. A copy of the examination report is shared with the survivor in Moulvibazar district hospital but not in Cox's Bazar district hospital. Another important consideration in the collection and documentation of forensic specimens is to make sure the methods are age appropriate. Children who may have been sexually abused may present to a family doctor or the emergency department for a medical evaluation. It is important to offer an accurate interpretation of findings which would require current knowledge and clinical proficiency.

**c) Providing written evidence and court attendance:** Health service providers need to be familiar with the legal system, know how to write a good statement, document injuries in a complete and accurate way, make sound clinical

observations and reliably collect samples from victims for when they choose to follow a legal recourse. The assessment team found that the forms are signed by the doctors who conduct the physical examination of the survivor and are

reviewed by the Resident Medical Officer or the Resident Surgeon. The team highlighted that healthcare providers shared being intimidated by court procedures and experiencing challenges while providing statements in court.

### Global promising practice on health services for survivors of GBV

In Peru, the first Emergency Women's Centre (Centro Emergencia Mujer) was established within a health centre, where multisectoral services are coordinated through a joint action protocol. Survivors can access GBV case management, shelter and services from police, family courts, and child protection. A mobile team of professionals are also deployed to assist survivors who cannot access the centre.<sup>66</sup>



# V. SOCIAL SERVICES FOR SURVIVORS OF GBV



The provision of quality social services is essential for coordinated multi-sectoral responses to women and children subjected to violence. Social services comprise a range of services that are imperative to supporting the rights, safety and wellbeing of women and children experiencing abuse and GBV including crisis information, helplines, safe accommodation, information on rights and legal remedies available.

It was made clear throughout this rapid assessment that there are no social workers working full time on outreach work for the protection of women and children. Only those supported by UNICEF (182) are working on case management for Child Protection and GBV. All other social workers are primarily working in an administrative role distributing more than 50 social protection and credit schemes.



## Essential Social Services for responding to GBV

### Essential Service 1: Crisis Information

For women and children experiencing physical, sexual or any other form of violence, having access to timely and accurate information is vital to assist them in accessing services for their safety. The core elements of having access to crisis information include:

a) Information content and provision: Social service providers should ensure that crisis information is clear, concise and accurate and refers to a range of existing services available for women and children. The information offered should be suitable for women and children suffering multiple forms of discrimination such as those based on caste, class, religion etc. and should be appropriately adapted for

communication with women and children with disabilities. Social service providers should ensure a wide availability of such information through various media. Social workers interviewed as part of the rapid assessment shared that they each get around four cases every month for help and intervention largely on domestic violence, child sexual abuse and child marriage. The survivors are given referrals to the local police station and in cases of violence against children, they are referred to the CAPO.

### **Essential Service 2: Social Service Workforce especially social workers for women and children**

The expansion of the social welfare system with a focus on strengthening the social service workforce is essential for prevention and response including risk mitigation for GBV. An effective protection system for women and children requires a strong social services workforce (SSW) with a clear mandate to protect women, children, including adolescents and those with disabilities. A well-planned, trained and supported social service workforce plays a critical role in identifying, preventing and managing risks and responding to situations of vulnerability and harm. The social service workforce includes a variety of professionals and para-professional workers serving the social service system<sup>67</sup>.

The social service workforce works across all areas of a child protection system including access to gender-friendly justice services, preventing and responding to family violence and other risks to women, children and communities through social workers and caseworkers, and supporting the shift in negative, harmful practices through engagement with parents, families and communities. This system is essential for all other service delivery systems to work and be maximised.<sup>68</sup>

### **Essential Service 3: Crisis Counselling**

Crisis counselling helps women and children to achieve immediate safety, understand their experience and reaffirm their rights.

#### **a) Availability, relevance and accessibility:**

Crisis counselling should be available free of charge for GBV survivors and a range of options should be offered to women and children including immediate access to safe and secure accommodation, emergency and other health services at hospitals. It is important to ensure women and children are supported to make informed choices and the counselling is appropriate to the various forms of violence experienced. Social service providers should deliver crisis counselling through a range of methods including in person, via telephone or mobile phone, email etc. and is provided in diverse settings and locations. Social workers provide counselling support to survivors of domestic violence, sexual assault and other forms of GBV and they document information about the incidents and situation and refer to the police, as appropriate.

### **Essential Service 4: Helplines**

Helplines are an essential link to information, counselling and support services for women and children experiencing violence and abuse. They provide an essential link to coordinate services among other sectors like police and health.

Availability and accessibility: Helplines for GBV survivors should be free of charge/toll-free and available 24 hours a day, 7 days a week, or at a minimum for four hours a day including weekends and holidays. There should be protocols established to link the helpline with other social services and health and justice services to

respond to GBV. Information about the helplines and hours of operation should be clearly and accurately communicated through appropriate channels.

**109 National Helpline for VAWC:** A National Helpline Centre (NHC) for Violence Against Women and Children was established in Bangladesh in 2012. The victims of GBV, their relatives and other stakeholders can get necessary support, guidance and information for various services available throughout the country from a Toll-Free Helpline 109. Most of the calls are received from victims and their families for legal help, medical and psychosocial services.

**1098 Child helpline:** The Child helpline 1098 is a 24-hour toll-free helpline that provides services of child protection to children across Bangladesh. UNICEF has been providing support to the operation of this helpline through social workers, call centre agents, training and technical guidance. This helpline acts as a resource guide for information in addition to providing referrals and a space for safe reporting. Since the COVID-19 pandemic began, the 1098 helpline has been providing frontline responder services. In Bangladesh, the Child helpline works jointly with the Women's helpline 109 facilitating a comprehensive strategy to address violence against children. The 1098 helpline saw a four-fold increase in calls between April and June 2020. In Bangladesh, UNICEF, through its partnership with the Department of Social Services, helped to conduct online-workshops around case management training, including translation and circulation of a Social Work Case Management Guide to more than 3,000 government social workers.<sup>69</sup>

## Essential Service 5: Safe Accommodation

Many women and children escaping violent homes or other circumstances, need living arrangements in order to be safe. This is an essential service to enable them to transition to a living condition that is safer for them, both physically and emotionally.

**a) Safe houses and shelters:** Social services should ensure safe and secure emergency accommodation until the immediate threat is removed. Protection and security measures like a confidential location, security personnel and systems should be in place. There should be protocols for accessing the safe accommodation and for unaccompanied children including their longer-term alternative care aligned with national laws and international standards. The shelters and accommodations should have privacy and social service providers should ensure confidentiality, child-friendliness and accessibility for women and children with disabilities. The 13 One Stop Crisis Centres established in Medical College Hospitals across Bangladesh provide the key shelter support needed by women and children trying to escape abusive family environments or other circumstances that threaten to jeopardise their physical safety and wellbeing.

### **Global promising practice on safe house and shelter support**

Since the COVID-19 pandemic began, rates of emergency calls related to VAWG in Mexico rose by 53 per cent in the first four months of 2020. Economic pressure, physical proximity to their abusers and limited access to services have left many women experiencing violence at even greater risk. UNICEF, under the Spotlight Initiative, partnered with the federal and state governments as well as the private sector as a result of which the hotel chain Grupo Posadas provided free accommodation and meals to survivors and their children for up to seven nights. This transitional service enabled women to find safer alternatives when they find it dangerous to live at home with their abusers. This strategy was adopted in 6 municipalities in 2020.<sup>70</sup>

### **Essential Services 6: Material and Financial Aid**

When women and children flee violence, they need immediate material and financial support to get out of the crisis.

**a) Availability and accessibility:** It is important for social service providers to evaluate and address basic individual needs of each woman and child including emergency transport, food, shelter etc. free of charge. Social services should also enable access to health care items and social protection such as cash transfers. The OCCs act as a link to access services across the health, justice and social sectors.

### **Essential Service 7: Legal and rights information, advice and representation**

**a) Availability and accessibility:** Social service

providers should aim to deliver accurate information about their rights to women and children, advice on security measures to prevent further harm by the alleged perpetrator and procedures and timelines for justice solutions, and information on referral to other essential services. Legal and rights information and representation should be facilitated free of charge. Women and girls should be given information and representation about options for their immediate safety such as an order for the offender to stay away from her. Social workers who participated in the KIs stated that the Community-based Child Protection Committees reach carry out meetings to discuss cases of GBV and see if the survivors are looking for legal aid or shelter support.

### **Essential Service 8: Psycho-social support and counselling**

**a) Individual and group counselling and accessibility to psychosocial support:** Social service providers should provide individualised and group counselling through professionals with specialised training on working with women and child survivors of violence. The counselling services should be culturally appropriate. Counselling support should be accessible for survivors of GBV, free of charge at a suitable time for them and with support for logistics like transport to be able to access it. Social Workers recruited under UNICEF refer GBV cases to the local service providers. These Social Workers provide psychosocial first aid. For advance counselling supports, they refer women and children to Child Helpline 1098 and other local counselling service providers which is not widely available. Social Workers identify these cases when they go to outreach work for children or when they are contacted by the child helpline 1098. When women in the community

are affected by IPV and there are children in the family, the social workers provide assistance to the family.

### **Essential Service 9: Community Information, education and outreach**

Civil society organisations, women's groups, faith and community leaders are key stakeholders who can be mobilised to change harmful social norms that perpetuate GBV.

**a) Community information, education, mobilisation and outreach:** Community awareness campaigns and information should include details on who to seek help from under different circumstances, what services are available and how women and children can access them. It is also important for the information to be made available in local languages and designed to be culturally and age appropriate. Community education should be regular, accurate and include information about the rights of women and children. Awareness campaigns and information may be targeted to community elders to get their

support in service provision to survivors of GBV. Social services should make an effort to identify remote areas and vulnerable groups to understand their specific needs and adapt the information so they can use it and avail needful services. Most social workers interviewed for the assessment stated that they found community-based Child Protection Committees (CPC) to be active, but recognised the need for greater involvement of parents in the CPCs for them to be effective in the community. Some CPCs help facilitate legal support or consultations with the police, especially in instances where domestic violence is reported and has an impact on the child's safety and wellbeing as well.

### **Essential Service 10: Assistance towards economic independence, recovery and autonomy**

**a) Availability and accessibility:** Sustained support for the holistic recovery should be given for a minimum of six months. Social services should facilitate access to income assistance and social protection.









# VI. RECOMMENDATIONS



## RECOMMENDATIONS FOR GOVERNMENT BODIES

### JUSTICE AND POLICING SERVICES

- 1. Data collection on GBV and review of laws and policies:** Ensure collection of accurate and reliable data on GBV and increased incidents of GBV are given high priority. Carry out a comprehensive review of existing legislations, inviting inputs from women's rights organisations and gender equality/child rights experts in Bangladesh, to amend any gender discriminatory laws or provisions and pass new laws for greater protection of women and children from any form of violence.

- 2. Capacity building for gender sensitisation and victim/survivor-centred approach:**

Invest in training and capacity building of justice sector actors, like the police in gender-sensitive, victim-centred and trauma-informed approach towards GBV survivors. Procedures around evidence gathering e.g., medico-legal examination, collection and preservation of forensic evidence can be included in the training modules. Build capacities and enhancing resources for the National Legal Aid Service Organisation for them to create greater public awareness on laws and support services available for GBV survivors.

- 3. Increased use of technology to fast-track justice processes:** Increased use of technology for hearings, especially in the context of COVID-19, to accelerate action on cases of GBV may be considered.



#### 4. **Public health and other emergency policies and measures factor in GBV:**

Ensure women experiencing abuse have adequate legal support to leave their house to escape abuse and that they are not penalised for breaching any restrictive mobility measures introduced by the government during public health or other forms of emergencies.

#### 5. **Protocols for sensitive handling of sexual violence survivors:**

Establish protocols for cases of rape, sexual assault and child sexual abuse at the WCRP tribunals, OCCs and Service Desks at police stations and increase resources and training for its implementation and monitor progress.

#### 6. **Partnership with civil society:**

Establish greater partnerships with WROs and CSOs who can provide technical expertise, train paralegals and empanelled legal aid lawyers.

### HEALTH SERVICES

#### 7. **Availability of trained health workforce, infrastructure and logistics:**

Ensure that required health workers like doctors, nurses and other staff are available 24/7 and are well trained to provide medico-legal services and referrals for psychosocial support.

#### 8. **Availability of information for accessing GBV services without any barriers or delays:**

Ensure that the community in general and GBV survivors in particular have the accurate information on where and how to access health services.

#### 9. **Appropriate psychosocial and other health assistance for survivors maintaining the dignity and confidentiality of the survivor:**

Ensure health care providers have the right skills and specialisation to provide psychosocial



care and counselling support to GBV survivors. A dedicated room and protocols to maintain the confidentiality and anonymity of the survivor would be helpful in this regard. The environment at health facilities should be fully safe and secure. Ensure that outside of set protocols, no persons including media persons access the survivor or try to seek information from the hospital staff that is meant to be confidential. Adopt a survivor-centred and trauma-informed approach, so that the dignity and privacy of the survivors admitted at the health centre is maintained. Standard Operating Protocols (SOPs) are imperative to ensure media persons seek informed consent before interviewing survivors or their family members, and the implications should be clearly stated out to those being interviewed.

#### **10. Effective communication for informed consent, history taking and other**

**procedures:** Health facilities must provide services in line with the set protocol and healthcare professionals should be trained

on seeking informed consent and unbiased history-taking and other communication with survivors. For collection of forensic specimens from children, separate guidelines and SOPs should be established.

#### **11. Referral and coordination for better**

**services:** Ensure effective referral mechanisms with the health sector (UHC to district hospital and between district hospital and MCWC). Also ensure effective coordination between Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), Health Economics Unit (HEU), Department of Women Affairs (DWA), Bangladesh Police for an integrated nature of GBV services in the health sector. In line with the Resolutions and Decisions from the 67<sup>th</sup> World Health Assembly, ensure the health system's engagement with other sectors such as justice, social services, women and child development in order to promote an effective and comprehensive national multisectoral response to VAWG and VAC.<sup>71</sup>

## SOCIAL SERVICES

### 12. Ensure crisis support services are operational and accessible during emergencies:

Keep essential services like helplines and One-Stop Crisis Centres open and functional even during emergencies like COVID-19 and other crises. Update directories of referral service organisations/CSOs and make them available to the general public in local languages.

### 13. Use of technology to offer psychosocial support for IPV victims/survivors:

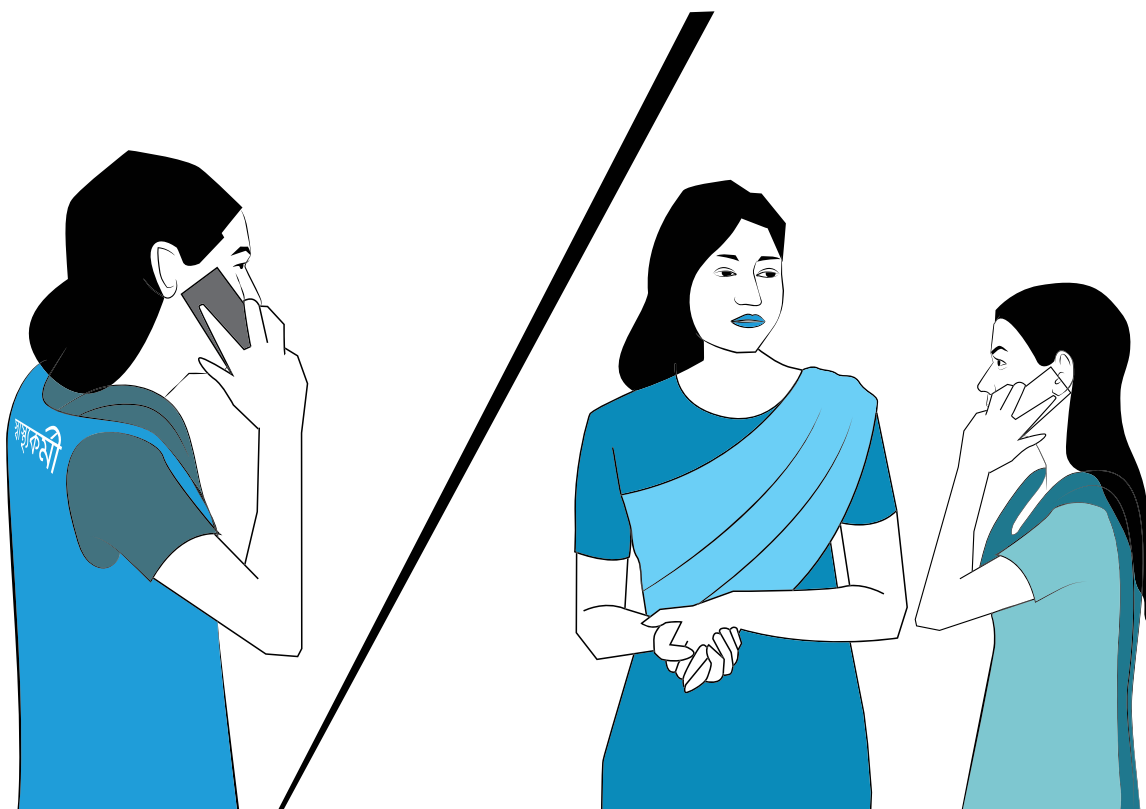
Offer psychosocial support services for IPV online with appropriate safety precautions.

### 14. Increase investment into OCCs:

Increase budget allocations towards establishment of new OCCs for greater outreach to women and children in districts and remote areas.

### 15. Financial and material aid to GBV survivors and their social protection:

Allocate budget to provide cash assistance and material aid like food, clothes etc. at safe houses and shelters for women and children survivors of violence. Invest in social protection programmes focusing on the holistic recovery of women survivors of violence by assisting them towards economic independence.





## RECOMMENDATION FOR UN ENTITIES

### JUSTICE AND POLICING SERVICES

- 1. Partnership for capacity building:** Establish partnerships with law enforcement agencies through the line Ministries to provide gender sensitisation training sessions including on human rights based and survivor-centred approaches.
- 2. Facilitate partnerships between CSOs/ WROs and law enforcement and legal aid lawyers:** Support WROs and CSOs in delivering training sessions to police and empanelled legal aid lawyers on gender-responsive service delivery for GBV survivors.
- 3. Convening Expert Group Meetings (EGMs):** Convene platforms and expert group meetings with policymakers and government functionaries to improve essential services that respond to GBV, inviting child rights experts and gender equality specialists to inform these discussions.
- 4. Evidence and knowledge building:** Undertake national-level research to comprehensively assess GBV services delivered in Bangladesh, capturing the perspectives of survivors and their families. Support the national government in creating a dashboard to monitor VAWC.

### HEALTH SERVICES

- 5. Technical support to establish SOPs for medical examination of rape victims:** Support the MOHFW to establish Standard Operating Protocols (SOPs) in medical examination of rape victims. The need for accurate, unbiased and scientific methods of medical examination, medico-legal documentation, and its role as forensic evidence in justice processes can be reiterated through SOPs.
- 6. Capacity building of health service providers:** Through implementing partners, provide training and capacity building support to health functionaries on gender-sensitive and trauma-informed approach towards a victim/survivor who is referred to their health facility.  
  
Partner with MOHFW to provide specialised training to key medical professionals on the use of PEP kits and emergency contraception (if appropriate) for survivors of sexual assault/rape.

### SOCIAL SERVICES

- 7. Gender-responsive planning and budgeting to respond to GBV:** Collaborate with the Ministry of Finance and MOWCA for allocating increased resources for OCCs, helplines and other key services for women and children.
- 8. Community-based initiatives:** Support initiatives for community-based child protection mechanisms and local leadership to respond to GBV.



## RECOMMENDATION FOR CSOs AND WROs

### JUSTICE AND POLICING SERVICES

- 1. Partnership with law enforcement and justice agencies:** Partner with justice service providers and support them to build awareness in the community through legal literacy campaigns.
- 2. Research:** Conduct independent research on the functioning of essential policing and justice services for survivors and provide recommendations to the government.
- 3. Influencing the influencers:** Engage with community influencers like elders, faith leaders and local leaders to highlight the impact of GBV and harmful practices on the victims/survivors and spread awareness in the community on ways to access police and justice services, including strategies for bystander intervention.

### HEALTH SERVICES

- 4. Awareness generation in the community:** Generate awareness in the community on how medical examination and DNA evidence forms a critical piece in justice processes.

- 5. Research and advocacy:** Undertake research and advocacy initiatives to advance the health sector's response to GBV.

### SOCIAL SERVICES

- 6. Women's economic empowerment:** Assist government programmes aimed at women's economic empowerment and recovery from violence.
- 7. Share programmatic results and research outcomes:** Participate in consultations that assess the effectiveness of social services that respond to GBV and provide recommendations based on the WRO's research and programmatic outcomes that demonstrate gender transformative results in the field.
- 8. Engaging men and boys:** Partner with UN agencies for community mobilisation, including the engagement of men and boys as allies to end GBV.



## NOTES

- 1 Global Affairs Canada, The shadow pandemic: combatting violence against women and girls in the COVID-19 crisis [https://www.international.gc.ca/world-monde/stories-histoires/2020/shadow-pandemic\\_pandemie-ombre.aspx?lang=en](https://www.international.gc.ca/world-monde/stories-histoires/2020/shadow-pandemic_pandemie-ombre.aspx?lang=en)
- 2 UN Women and Women Count, Measuring the Shadow Pandemic: Violence Against Women During COVID-19, 2021, p. 7, <https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf>
- 3 UN Women et. al., Essential Services Package for Women and Girls Subject to Violence, 2015 <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/Essential-Services-Package-en.pdf>
- 4 UNODC, UN Women, WHO, UNFPA, UNDP, COVID-19 and Essential Service Provision for Survivors of VAWG, 2020 [https://www.unodc.org/documents/Advocacy-Section/ES-Brief-FINAL\\_WEB\\_VERSION.pdf](https://www.unodc.org/documents/Advocacy-Section/ES-Brief-FINAL_WEB_VERSION.pdf)
- 5 UNODC et. al., ESP, 2020
- 6 UN Women, Policy Brief: COVID-19 and Violence Against Women and Girls: Addressing the Shadow Pandemic, 2020, p. 3 <https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-violence-against-women-and-girls-addressing-the-shadow-pandemic>
- 7 Bangladesh Bureau of Statistics, Report on Violence Against Women (VAW) Survey, 2015
- 8 UN Women, Rapid Gender Assessment, 2020 <https://data.unwomen.org/rga>
- 9 UN Women and Women Count, Measuring the Shadow Pandemic: VAWG during COVID-19, 2021, p.7 <https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf>
- 10 UNICEF Global databases, based on DHS, MICS and other nationally representative surveys, 2021
- 11 UN Women, COVID-19 Bangladesh Rapid Gender Analysis, 2020, pp. 13-15 <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2020/05/RGA%20BangladeshFinalMay2020.pdf>
- 12 United Nations Economic and Social Affairs, The World's Women 2015, Trends and Statistics, 2015, p. 159.
- 13 UN Department of Economic and Social Affairs, The World's Women 2015, 2015, p. 15 [https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015\\_report.pdf](https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_report.pdf)
- 14 World Bank database compiled from DHS, MICS, and other surveys, 2018
- 15 UN Women, Policy Brief: COVID-19 and Violence Against Women and Girls: Addressing the Shadow Pandemic, 2020, p. 3
- 16 International Rescue Committee, GBV Trends Among Rohingya Refugees in Cox's Bazar, 2021, p.3 <https://www.rescue.org/sites/default/files/document/5553/gbvtrendsamongrohingyarefugeesincoxsbazar-covid-19update.pdf>
- 17 UN Women Tackling VAWG in the context of climate change, 2022, pp. 1-5 <https://www.unwomen.org/sites/default/files/2022-03/Tackling-violence-against-women-and-girls-in-the-context-of-climate-change-en.pdf>
- 18 UN Women et. al. Rapid Gender Analysis Cyclone Amphan, 2020, p. 7, 24 <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2020/06/RGA%20Cyclone%20Amphan%20Bangladesh%20revised%20%28002%29.pdf>
- 19 IOM, The Climate-Change Human Trafficking Nexus, 2016 [https://publications.iom.int/system/files/pdf/mecc\\_infosheet\\_climate\\_change\\_nexus.pdf](https://publications.iom.int/system/files/pdf/mecc_infosheet_climate_change_nexus.pdf)
- 20 UN, Policy Brief: The Impact of COVID-19 on women, 2020 <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>
- 21 UNICEF, Gender Action Plan 2022-2025, <https://www.unicef.org/executiveboard/documents/UNICEF-Gender-Action-Plan-2022%E2%80%932025-SRS-2021>
- 22 UNFPA Strategic Plan 2022-2025 <https://www.unfpa.org/strategic-plan-2022/how>
- 23 UN Women Strategic Plan 2022-2025 <https://www.unwomen.org/en/un-women-strategic-plan-2022-2025>
- 24 Programme of Action, ICPD, 1994, pp. 26-28 [https://www.unfpa.org/sites/default/files/pub-pdf/programme\\_of\\_action\\_Web%20ENGLISH.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf)
- 25 UN, Beijing Declaration and Platform for Action, 1995 (Reprinted by UN Women, 2014) [https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA\\_E\\_Final\\_WEB.pdf](https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA_E_Final_WEB.pdf)
- 26 OHCHR, 2016 CEDAW Concluding observations on the eighth periodic report of Bangladesh, 2016 p. 3-6 <https://www.ohchr.org/en/documents/concluding-observations/concluding-observations-eighth-periodic-report-bangladesh>

- 27 CSW67 Agreed Conclusions, 2023 [N2308171.pdf \(un.org\)](#)
- 28 UN Human Rights Council, Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo Mission to Bangladesh (20-29 May 2013) , 2014, p. 17 <https://digitallibrary.un.org/record/771930?ln=en>
- 29 UNICEF UNFPA UN Women, GBV Service Assessment Methodology, 2020, <https://asiapacific.unwomen.org/sites/default/files/2022-03/bd-Guide-on%20How-to-Assess-Essential-Services-for-GBV-survivors-s.pdf>
- 30 CEDAW, 1979, p. 2, <https://www.ohchr.org/sites/default/files/cedaw.pdf>
- 31 The Daily Star The problematic legal definition of rape 2020 <https://www.thedailystar.net/opinion/news/the-problematic-legal-definition-rape-1988293>
- 32 Child Marriage Restraint Act, 2017, <https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/Child%20Marriage%20Restraint%20Act%202017%20English.pdf>
- 33 MOWCA, NAP 2013-2025 to prevent violence against women and children, p. 73 [https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/page/bcf75e01\\_95e3\\_48ba\\_bfe4\\_3d88ea5f593c/English-National-Action-Plan-to-Prevent-Violence-Against-Women-and-Children-2013-20251.pdf](https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/page/bcf75e01_95e3_48ba_bfe4_3d88ea5f593c/English-National-Action-Plan-to-Prevent-Violence-Against-Women-and-Children-2013-20251.pdf)
- 34 MOWCA, NAPECM 2018-2030 [https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/publications/cd-85f424\\_9969\\_4f77\\_aec6\\_dce5c447acc9/NAPECM%20English.pdf](https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/publications/cd-85f424_9969_4f77_aec6_dce5c447acc9/NAPECM%20English.pdf)
- 35 Dr. Omar Faruk, Analysis on the GBV essential policing services in Bangladesh, (unpublished report submitted to UN Women in 2022 and referred to as “the policing services assessment report” throughout this meta-analysis)
- 36 Indian Express, 2018, <https://indianexpress.com/article/india/kerala-theatre-molestation-case-mother-60-year-old-man-booked-under-pocso-act-police-rapped-for-negligence-5175877/>
- 37 Outlook India, 2018, <https://www.outlookindia.com/website/story/kerala-10-year-old-girl-molested-by-60-year-old-businessman-inside-cinema-hall-m/311931>
- 38 United Nations Economic and Social Affairs, The World’s Women 2015, Trends and Statistics, p. 159. [https://unstats.un.org/unsd/gender/downloads/worldswomen2015\\_report.pdf](https://unstats.un.org/unsd/gender/downloads/worldswomen2015_report.pdf)
- 39 Bangladesh Population and Housing Census 2022 accessed through the official website of BBS. [https://drive.google.com/file/d/1Vhn2t\\_PbEzo5-NDGBeoFJq4XCoSzOVKg/view](https://drive.google.com/file/d/1Vhn2t_PbEzo5-NDGBeoFJq4XCoSzOVKg/view)
- 40 UN Women 10 essentials for service provision to survivors of VAW, 2016, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/Essentials-for-services-for-VAW-en.pdf>
- 41 World Bank, How great partnerships can lead to effective service delivery in Bangladesh, 2022, <https://blogs.worldbank.org/endpovertyinsouthasia/how-great-partnerships-can-lead-effective-service-delivery-bangladesh>
- 42 Dhaka Metropolitan Police website, <http://dmpwsid.gov.bd/view/details/structural-frame/victim-support-center>
- 43 Hague Institute for the innovation of Law, Justice Need and Satisfaction in Bangladesh, 2018, p. 142 <https://www.hiil.org/wp-content/uploads/2018/07/Hiil-Bangladesh-JNS-report-web.pdf>
- 44 Supreme Court of Bangladesh HCD Writ Petition No. 5541 of 2015, Naripokkho and Ors. Vs. Bangladesh and Ors. pp. 37-40 [https://thinklegalbangladesh.com/wp-content/uploads/2022/04/23-Final-High-court-Judgement\\_compressed.pdf](https://thinklegalbangladesh.com/wp-content/uploads/2022/04/23-Final-High-court-Judgement_compressed.pdf)
- 45 The Daily Star, The “shameless” victim of the “shameful” offence, 2018, <https://www.thedailystar.net/opinion/perspective/the-shameless-victim-the-shameful-offence-1592770>
- 46 Human Rights Watch 2020, “I sleep in my own deathbed” [https://www.hrw.org/sites/default/files/media\\_2020/10/bangladesh1020\\_web.pdf](https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf)
- 47 Taslima Yasmin, GBV Sector Service Assessment (unpublished report submitted to UNFPA in 2022 and referred to as “the justice services assessment report” throughout this document)
- 48 Bangladesh Legal Aid Services Trust (BLAST), Submission to the UN Special Rapporteur on VAW, its causes and consequences, 2020, <https://www.ohchr.org/sites/default/files/2022-01/bangladesh-2-blast.docx>
- 49 Dhaka Tribune, CIDV urges protecting women against domestic violence by letting them file cases online, 2020 [CIDV urges protecting women against domestic violence by letting them file cases online \(dhakatribune.com\)](https://www.dhakatribune.com/bangladesh/nation/2021/02/11/rape-accused-gets-bail-for-marrying-victim-in-jhenaidah-court)
- 50 Dhaka Tribune, Rape Accused gets bail for marrying victim in Jhenaidah court, 2021 <https://archive.dhakatribune.com/bangladesh/nation/2021/02/11/rape-accused-gets-bail-for-marrying-victim-in-jhenaidah-court>
- 51 The Daily Star, Stop Rape Arbitration, 2020, <https://www.thedailystar.net/frontpage/news/stop-rape-arbitration-1982089>



- 52 The Daily Star, The Evidence (Amendment) Bill 2022: An appraisal, 2022 <https://www.thedailystar.net/law-our-rights/law-analysis/news/the-evidence-amendment-bill-2022-appraisal-3132281>
- 53 Human Rights Watch, I sleep in my own deathbed, 2020 [https://www.hrw.org/sites/default/files/media\\_2020/10/bangladesh1020\\_web.pdf](https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf)
- 54 The Daily Star, , Compensation ordered only in 7% rape cases, 2021 <https://www.thedailystar.net/city/news/compensation-ordered-only-7pc-rape-cases-2056673>
- 55 Justice Audit Bangladesh, Projected pending court cases 2018-2022, <https://bangladesh.justiceaudit.org/national-data/system-overview/justice-system-case-flow/>
- 56 UNDP, Access to Justice in Bangladesh: Situation Analysis, 2015, p. 20 <https://www.undp.org/sites/g/files/zskgke326/files/migration/bd/Access-to-Justice-in-Bangladesh-Situation-Analysis-2015-f.pdf>
- 57 UNODC, Killings of women and girls by their intimate partner or other family members, 2021, p.1 [https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN\\_BriefFem\\_251121.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf)
- 58 UNODC, Killings of women and girls by their intimate partner or other family members, 2021, p.3 [https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN\\_BriefFem\\_251121.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf)
- 59 UN Women, UNFPA, WHO, UNDP & UNODC, 2015 Essential Services Package for Women and Girls Subject to Violence <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>
- 60 UN Women et. al. ESP, 2015
- 61 UNCG Afghanistan, Ethical Guidelines for Journalists, 2016, p. 4 [https://www.unicef.org/afghanistan/media/2136/file/afg-publication\\_UN%20Ethical%20Guidelines%20for%20Journalists%20-%20English.pdf%20.pdf](https://www.unicef.org/afghanistan/media/2136/file/afg-publication_UN%20Ethical%20Guidelines%20for%20Journalists%20-%20English.pdf%20.pdf)
- 62 WHO, Responding to IPV and sexual violence against women: WHO clinical and policy guidelines, 2013, [https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf)
- 63 WHO, UNODC, UN Action against sexual violence in conflict, Strengthening the medico-legal response to sexual violence p.5 [https://apps.who.int/iris/bitstream/handle/10665/197498/WHO\\_RHR\\_15.24\\_eng.pdf;jsessionid=C6B58A5F35F0C61DE-9B9432606A84E35?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/197498/WHO_RHR_15.24_eng.pdf;jsessionid=C6B58A5F35F0C61DE-9B9432606A84E35?sequence=1)
- 64 UN Hidden Scars: How Violence Harms the Mental Health of Children 2020, [https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/final\\_hidden\\_scars\\_how\\_violence\\_harms\\_the\\_mental\\_health\\_of\\_children.pdf](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/final_hidden_scars_how_violence_harms_the_mental_health_of_children.pdf)
- 65 WHO, Responding to IPV and sexual violence against women: WHO clinical and policy guidelines, 2013, [https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf)
- 66 UNFPA, UNFPA Implementation of The Essential Services Package For Women And Girls Subject To Violence: A Consultation Report, 2022, <https://www.unfpa.org/sites/default/files/pub-pdf/ESP%20report%20.pdf>, p. 10
- 67 UNICEF The Guidelines to Strengthen the Social Service Workforce for Child Protection, 2019
- 68 UNICEF Bangladesh, Child Protection Programme Strategy Note, 2021
- 69 UNICEF The importance of child helplines during the time of COVID-19, the case of India and Bangladesh, 2020, <https://www.unicef.org/rosa/media/14096/file/Case%20Study%20-%20Bangladesh%20and%20India%20-%20The%20Importance%20of%20Child%20Helplines%20During%20the%20Time%20of%20COVID-19.pdf>
- 70 Spotlight Initiative, 2020 <https://www.spotlightinitiative.org/news/mexico-safe-hotel-accommodation-supporting-women-and-children-break-cycle-abuse>
- 71 WHO, 67<sup>th</sup> World Health Assembly: Resolution and Decisions, 2014, p. 33 [https://apps.who.int/gb/ebwha/pdf\\_files/WHA67-REC1/A67\\_2014\\_REC1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf)





