



Report

# Men and intimate partner violence

## From research to action in Bangladesh, Nepal and Pakistan

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March 2017





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# Acknowledgements

This report was compiled with support from a wide range of people. First we would like to thank all members of the country teams including Aloka Taluder from Bangladesh, Karan Kuwar and Ritika K.C. from Nepal and Nargis Asad, Kausar S Khan, Sohail Bawani, Tazeen Saeed Ali, Anita Allana, Hussain Maqbool, Yasmeen Somani and Joel Coutinho from Pakistan. Team members from the Overseas Development Institute (ODI) also included Virginie Le Masson, David Walker, Elizabeth Rose Ahearn, Jessica Plummer and Catriona Foley.

We would also like to acknowledge members of the secondary quantitative data analysis team working under the leadership of Kathryn Yount, including Kathryn Roof. Our three external reviewers, Martha Bragin, Emma Fulu and Ritu Mahendru, provided insightful comments on earlier drafts of the report, for which we are very grateful. We are also very thankful for the steadfast support and commitment from Nupur Barua and her team from the Department for International Development (DFID) South Asia Research Hub throughout this study. Finally, we are grateful for the time that our study respondents gave us to answer our questions, often about highly sensitive issues. We very much hope that our findings will make a difference to the lives of boys and men, girls and women in our study countries and beyond.

This study was made possible with funding support from the DFID South Asia Research Hub. Views represented here are those of the authors.

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# Abbreviations

<b>BBS</b>	Bangladesh Bureau of Statistics
<b>BLAST</b>	Bangladesh Legal Aid and Services Trust
<b>BRAC</b>	Building Resources Across Communities
<b>CARE</b>	Cooperative for Assistance and Relief Everywhere
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CBO</b>	Community-based organisation
<b>CLS</b>	Community Legal Services
<b>DFID</b>	Department for International Development
<b>DHS</b>	Demographic and Health Survey
<b>FGD</b>	Focus group discussion
<b>GBV</b>	Gender-based violence
<b>HIC</b>	High-income country
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBR</b>	Institute for Basic Rights
<b>ICDDR,B</b>	International Centre for Diarrhoeal Disease Research, Bangladesh
<b>ICRW</b>	International Center for Research on Women
<b>ICT</b>	Information and communications technology
<b>IDI</b>	In-depth interview
<b>IGT</b>	Intergenerational trio
<b>INGO</b>	International non-government organisation
<b>IPV</b>	Intimate partner violence
<b>KII</b>	Key informant interview
<b>LMIC</b>	Low- and middle-income country
<b>LSHTM</b>	London School of Hygiene & Tropical Medicine
<b>MoWCA</b>	Ministry of Women and Children Affairs (Bangladesh)
<b>MoWCSW</b>	Ministry of Women, Children and Social Welfare (Nepal)
<b>MSP</b>	Multi-Sectoral Programme on Violence Against Women (Bangladesh)
<b>NGO</b>	Non-government organisation
<b>OCC</b>	One-stop crisis centre
<b>SAARC</b>	South Asian
<b>SARC</b>	South Asian Sexual Assault Referral Centre
<b>SDG</b>	Sustainable Development Goal
<b>SDS</b>	Sindh Development Society
<b>SIGI</b>	Social Institutions and Gender Index
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>VAW</b>	Violence against women
<b>VAWG</b>	Violence against women and girls
<b>VDC</b>	Village development committee
<b>WCDD</b>	Women and Child Development Department
<b>WHO</b>	World Health Organization

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Annexes are available online at [www.odi.org/vawg-southasia](http://www.odi.org/vawg-southasia)

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# Executive summary

Intimate partner violence (IPV) in South Asia is a major public health and human rights issue, situated in a wider context of very high levels of gender inequality. Bangladesh, Nepal and Pakistan rank 111<sup>th</sup>, 108<sup>th</sup> and 121<sup>st</sup> respectively out of 152 countries in the United Nations Development Programme's Gender Inequality Index. While no global IPV index exists, the most recent Demographic and Health Survey data for Pakistan reports 39% of ever-married women age 15-49 having ever experienced IPV, while 33% had experienced it in the previous 12 months. In Nepal, the rates are 33% and 17% respectively. A national survey on violence against women and girls (VAWG) in Bangladesh notes that prevalence rates range from 49.6% for physical violence to 28.7% for psychological violence and 27.2% for sexual violence. While there is considerable evidence from the perspective of IPV survivors, relatively little is known about what drives men and boys' attitudes and perpetration of IPV, and therefore what are the most appropriate programme and policy responses. Our work attempts to fill some of these research and knowledge gaps.

This research explores the underlying drivers, triggers, risks and influencing factors for IPV in South Asia. Our conceptual framework, based on an ecological model, enabled us to explore these multi-level factors at individual, household/family and community levels while acknowledging the strong interlinkages between them. Our research aims are threefold:

- To understand the multi-level drivers of male perpetration of IPV, including the relative importance of conservative gender norms.
- To determine which types of policy and programming are tackling male perpetration of IPV, and the associated implications for policy and practice to strengthen responses to IPV.
- To investigate how broader political economy dynamics relating to fragility shape attitudes, behaviours and service provision on IPV.

*For further details see sections 1 and 2.*

## **Our research methodology uses mixed methods so as to capture the complexities of IPV**

We used a combination of literature reviews (based on systematic principles), analysis of existing quantitative data, and primary qualitative data. The literature reviews

assessed the existing evidence base at global, regional and national levels on male perpetrators of IPV. This informed the approach and methodology for the primary data collection and analysis. Research instruments included key informant interviews (KII), focus group discussions (FGD), in-depth interviews (IDI) with boys and men, in-depth interviews with survivors of IPV, and intergenerational trios (IGT).

*For more details see section 3.*

## **Our research findings begin with an overview of the multi-level drivers and triggers of IPV**

At the individual level, drivers of IPV include the level of education, exposure to violence, and poverty/unemployment:

- Though the influence of education is quite a complex area, lower education levels among men tended to be associated with higher levels of IPV, while higher education among women was often a risk factor for IPV).
- Substance abuse (drugs or alcohol) was another influencing factor, as was exposure to some form of violence (within the household or community) as a child or adult.
- Poverty and unemployment were cited as among the biggest drivers of IPV.

At the household level, influences include the central role of in-laws in encouraging sons/brothers to inflict IPV:

- Male respondents reported the main triggers of IPV as: their wives not taking care of the house, children and/or in-laws; wearing clothes considered inappropriate, including not covering their heads; not having food ready when the husband returned from work; not having the bed ready when the husband wants to sleep; talking back to husbands; and going outside the home without his permission.
- Low socioeconomic status and disagreements about appropriate levels of dowry were other household-level risk and influencing factors.
- Women's economic power (or lack of) within the household, the quality of the spousal relationship, and the number of children the couple had were other factors influencing IPV.
- Polygamy and extramarital affairs – the latter reported to be more common now in some contexts – were also

considered as drivers of IPV that often lead to economic as well as other forms violence.

At the community and society level, deeply rooted norms around femininity and masculinity and how a wife should behave are key drivers of IPV:

- Gendered social norms that limit women and girls' freedom of movement mean that men are typically suspicious of women and girls' motives for wanting to go outside the house.
- Deep-rooted norms around early marriage and arranged marriage, and traditional practices among certain ethnic groups (such as the Gauna marriage system in Nepal), can also drive IPV, leaving young girls particularly vulnerable. Widespread social acceptance of GBV and hyper masculinities was also found to drive IPV. Women's economic dependency on their husband – irrespective of caste, age or ethnicity – is another major driver of IPV across all three countries.

Evidence shows that norm change is happening, but it is uneven:

- In all countries there was a sense that norms are changing, but change is uneven. In Nepal, for example, younger girls now have more freedoms and opportunities than their mothers or grandmothers did. Yet these new freedoms have created other vulnerabilities and the beginnings of a backlash as many men perceive these changes as disadvantageous and thus resort to the rigid patriarchal and religious prescriptions for controlling women, which can fuel IPV.
- In all countries, social media plays a mixed role in shaping IPV attitudes and practices. While greater access to mobile phones and internet connectivity can offer effective mechanisms for raising awareness about rights and gender equality, it can also make women and young girls more vulnerable (e.g. heightening male partners' concerns about potential infidelities, which can trigger IPV).

For more details sections 6 and 7.

### **Cross-country findings highlighted multiple challenges in the IPV response environment, and significant gaps in policy**

- Under-reporting of IPV is widespread due to stigma, fear, the fact that IPV is deemed a 'private'; family matter, lack of awareness of available support services, and poor treatment by/accountability of police and other service providers, among other reasons.
- Despite efforts, especially in Bangladesh, to raise awareness of violence against women, prevention services are lacking in the three countries. Government agencies and departments are understaffed and under-

resourced, there is a lack of training and sensitisation for staff dealing with survivors of IPV, and poor coordination and leadership.

- There are, however, critical differences between the three countries: Bangladesh has the broadest response, partly linked to a very active civil society; Nepal's response continues to develop, particularly post-peace process; and, Pakistan's approach is somewhat fragmented and limited, exacerbated by challenges linked to decentralisation.
- In Bangladesh and Nepal, despite a favourable policy and legal environment, weak implementation means that women and girls remain highly vulnerable to IPV. In Pakistan, national and local policy and legal frameworks have some way to go to uphold and protect women's rights. The policy and legal frameworks in all three countries do not pay sufficient attention to the underlying social norms and values that drive GBV and IPV.
- In Nepal, women's rights and programming to prevent IPV represents an explicit approach by government to tackle gender inequality, although the country also faces challenges in implementation, with limited coverage and resources. In Bangladesh, the type and breadth of programme coverage is significantly stronger (especially by NGOs), yet conservative gender norms remain a significant barrier, generating a considerable backlash. These challenges are even greater in Pakistan, where decentralisation poses specific challenges and where resources for tackling IPV are extremely limited.
- Institutions (formal and informal) at all levels – the macro, meso and micro – play a vital role in either promoting or stalling progress in tackling IPV in all three countries. Micro-level institutions (including the extended family and tribal groupings, informal courts and arbitration systems, women's GBV monitoring groups, community-based organisations and NGOs) are often the first port of call for survivors of IPV.

For further details see section 8.

### **Conclusions and policy recommendations**

While there is a considerable body of research on IPV from the perspectives of survivors (as outlined in sections 4 and 5), less is known about what drives men and boys to perpetrate IPV. Our work adds to this growing body of knowledge, with our conceptual framework helping to unpack these drivers and triggers at different levels. Overall our study shows that although there are some contextual differences between and within the three countries, they share many similarities in terms of the multi-level influences on IPV – particularly the role of broader gender inequality, education, poverty, and conservative gender norms.

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Our study also shows that while there is some evidence that men and boys' attitudes to violence against women as well as IPV are changing, the pace and type of change is uneven and slow, with inherent tensions between men's desires for 'modern' and 'egalitarian' relationships while still adhering to prevailing norms and expectations of women as docile and submissive, linked to notions of the ideal woman/ wife/ girlfriend. Moreover, given deep-rooted and rigidly applied conservative norms across all three countries, many types of violent behaviour are expected, accepted and even culturally sanctioned.

These structural drivers of gender inequality and conservative social norms underlie IPV and require urgent attention from all stakeholders. Our research identifies key priorities for national and local governments in the South Asia region, as well as donors, non-government organisations (NGOs), civil society and academia:

- **Promote culturally resonant definitions of IPV.**
  - Build on standardised measurements while ensuring that definitions adequately capture local or regional variations within countries on attitudes and behaviours around IPV.
  - Identify culturally resonance indicators
- Ensure that **policy and programming responds to the regional patterning of IPV**, taking into account the different ways in which gendered norms affect or influence IPV.
  - Address the main drivers and triggers of IPV in each context, including the role of in-laws and family dynamics and the role of conservative religious traditions and teachings.
  - Use social media and other vehicles to raise awareness and promote messaging around relevant laws and policies.
  - Use interactive approaches (e.g. community theatre) and work through schools, community dialogues, and safe spaces for women and girls.
- Ensure that **policy and programming responds to the multi-level influences on IPV.**
  - Explore opportunities to mainstream IPV across other sectors, including health, livelihoods and economic empowerment, food security, infrastructure and transport.
  - Use diverse entry points to engage with men and women as couples/spouses, to work with in-laws, with community and religious leaders, with police and justice systems, and with employers.
  - Identify relevant entry points for empowering women such as women's skills-building programmes, credit and savings schemes, and programmes to tackle unemployment (for men and women) and social problems such as substance abuse.
- **Engage with men and boys at appropriate entry points** (e.g. churches or mosques, schools, youth groups) to better tailor programme interventions and avoid the risk of backlash.
  - Reach boys as early as possible, ideally before and during adolescence, within the family setting.
  - Invest in pilots to test different approaches to culturally sensitive ways of working with different groups of men and boys.
  - Promote cross-country learning of promising models of engaging men and boys.
  - Identify men and boys (e.g. celebrities or religious leaders) who can act as role models promoting positive and progressive masculinities.
- **Develop and resource appropriately tailored and coordinated programmes.**
  - Establish a national coordinating agency or inter-agency working group.
  - Extend programme coverage and duration.
- **Map and engage strategically with key institutions at different levels.**
  - Work within and across the legal and justice system (formal and informal structures) as well as related sectors (health, education) to strengthen awareness of, access to and capacity of service providers to prevent, screen for and respond to IPV.
  - Enhance referral systems across sectors on IPV.
  - Enhance reporting of IPV to test and strengthen justice and police systems.
  - Develop cross-country learning around promising practices.
- **Strengthen monitoring, evaluation and learning** to inform new and scalable programming approaches.
  - Increase investment in primary and secondary prevention initiatives as well as treatment services.
  - Conduct rigorous monitoring to improve the evidence base, promote improvements in services, and improve transparency and accountability.
  - Monitor and evaluate implementation of the law at national and sub-national level.
- **Strengthen data collection and analysis** that involves both men and women, boys and girls from diverse geographical, ethnic etc. groups with regard to IPV practices.
  - Develop and strengthen culturally appropriate tools and scales to measure different forms of violence.

*For further details see section 9.*

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# 1. Introduction

Intimate partner violence (IPV) in South Asia is a major public health and human rights issue, situated in a wider context of very high levels of gender inequality. Bangladesh, Nepal and Pakistan rank 111<sup>th</sup>, 108<sup>th</sup> and 121<sup>st</sup> respectively out of 152 countries in the Gender Inequality Index (United Nations Development Programme (UNDP), 2014). On the Social Institutions and Gender Index (SIGI), South Asia also fares poorly, with the highest prevalence ranking (for a region) of 43%. While no global IPV index exists, the most recent Demographic and Health Survey (DHS) data for Pakistan reports 39% of ever-married women age 15-49 having ever experienced IPV, while 33% had experienced it in the previous 12 months (National Institute of Population Studies and ICF International, 2013), while in Nepal, the rates are 33% and 17% respectively (Ministry of Health and Population Nepal, New ERA and ICF International, 2012). While the most recent DHS from Bangladesh does not include rates of domestic violence, it includes a measure of women's attitudes towards wife-beating and here, overall, 28.3% of respondents agreed with at least one reason for a man beating his wife (National Institute of Population Research and Training, Mitra and Associates, and ICF International, 2016). A national survey on violence against women and girls (VAWG) in Bangladesh notes that prevalence rates range from 49.6% for physical violence to 28.7% for psychological violence and 27.2% for sexual violence (Bangladesh Bureau of Statistics (BBS), 2016).

In terms of the evidence base, however, while there is considerable evidence of the adverse effects of women's exposure to IPV – including its health and broader social and economic effects on women and their children – relatively little is known about what drives men and boys' attitudes and perpetration of IPV, and thereby appropriate programme and policy responses (see Fulu and Heise, 2014).

Drawing on regional literature reviews, secondary quantitative data analysis as well as primary qualitative research undertaken in 2016, this synthesis report provides unique insights to address research gaps in the evidence base on IPV. Our analysis explores the multi-level influences that shape men and boys' perpetration of IPV across South Asia, as well as the policy, programming and institutional dynamics that mediate attitudes and

behaviours relating to IPV in three focal countries facing different forms of state fragility: Bangladesh, Nepal and Pakistan. Our overarching aim is to provide programming and policy recommendations to tackle IPV in the South Asian context and to identify key priorities for different stakeholders, including national and local governments, donors, non-government organisations (NGOs), civil society and academia.

## 1.1 Conceptualising IPV

In line with a substantial body of global research on IPV, our study defines IPV as any behaviours within an intimate relationship (i.e. husband, boyfriend, romantic partner) that cause physical, psychological or sexual harm to those in the relationship (Heise and Garcia-Moreno, 2002). We also draw on the definition used by the World Health Organization WHO (2012), which identifies the following behaviours as falling under IPV:

- physical aggression (slapping, hitting, kicking and beating)
- psychological abuse (insults, belittling, constant humiliation, intimidation {e.g. destroying things}, threats of harm, threats to take away children)
- sexual violence (forced sexual intercourse and other forms of sexual coercion)
- other controlling behaviours (isolating a person from family and friends, monitoring or restricting their movements, restricting access to financial resources, employment, education or medical care).

We also add economic violence to the above, as a form of IPV that includes controlling the survivor's<sup>1</sup> ability to access, acquire, use and maintain economic resources (see e.g. Adams et al., 2008; Yount, Krause and VanderEnde, 2016a).

Given that IPV by definition involves a romantic/intimate relationship, sexual violence in particular is a cause for concern, with nearly 1 in 4 women worldwide reporting IPV in the form of sexual violence (Jewkes, Sen and Garcia-Moreno, 2002) and 30% reporting physical or sexual violence (WHO, 2013). Research shows that different types of violence often coexist (e.g. Xiangxian et al., 2013; Fulu et al., 2013), though this is not always

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1 Following accepted convention, we use the term survivor to refer to any person who has faced IPV. We also recognise the overwhelming structural challenges that underpin women's vulnerability to IPV and thus do have some sympathy for more recent feminist efforts to reclaim the language of 'victims' at the collective level. For further details of this ongoing debate see <https://www.opendemocracy.net/5050/rahila-gupta/victim-vs-survivor-feminism-and-language>

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the case (e.g. sexual violence may occur by itself, without physical violence; Fulu and Heise, 2014). There are also regional variations (e.g. Fulu et al., 2013; Fulu and Heise, 2014). Additionally, multiple studies have found that while physical and sexual violence often have shared correlates, they also have unique associations. For instance, physical violence often stems from low levels of education, experiences of physical and emotional victimisation in childhood, gender-inequitable attitudes, conflict within the relationship, depression, and alcohol misuse (Barker et al., 2011; Fulu et al., 2013; Jewkes, 2002). Sexual violence, on the other hand, often stems from experiences of childhood sexual and emotional abuse, having multiple sexual partners, and engaging in transactional sex (Fulu et al., 2013). This diverse patterning has implications for interventions, as we explain below.

## 1.2 IPV and conflict or post-conflict settings

In conflict-affected settings, the general trend that emerges is the greater likelihood of men perpetrating IPV (e.g. Fleming et al., 2013; Hossain et al, 2014). According to Eckman et al. (2007), in the context of conflict, multiple masculine identities are shaped and reconstructed resulting from the intersections of masculinity with religion, nationalism and ethnic identity, which are themselves being redefined. Domingo et al. (2013), in their review of evidence, find that during times of conflict, women may experience economic empowerment while men experience the opposite. For instance, Petesch (2012) finds that in states such as Afghanistan, Liberia, West Bank and Gaza, females become empowered when they have to search for economic opportunities to help make household ends meet, while men often face emasculation as a result of poor

economic conditions post-conflict. Fleming et al. (2013) suggest that certain contexts can also facilitate violence against women, manifested by an increase in impunity of perpetrators as social institutions that would have prevented violence are no longer enforced or have become ineffective. In post-conflict settings, this is more common, since courts and institutions responsible for preventing violence are often not established or repaired (UN Women, 2013). Interestingly, in Heise's review of evidence (2011), there was only one well-designed cross-sectional study (from Palestine); it found that rates of partner violence were 90% to 120% higher among men directly exposed to political violence compared to those who were not. Other studies, however, also find that in post-conflict settings, there is often a general de-sensitisation to domestic forms of violence following the experience or witnessing of extreme forms of violence (e.g. Samuels et al., 2015).

## 1.3 Structure of the report

To set the scene, we begin in section 2 by presenting the conceptual framework for the study. We then describe the methodology used for the study in section 3. This is followed in section 4 by an overview of the literature on IPV in South Asia. In section 5, we summarise some of the secondary literature on what is known about the prevalence of IPV in Bangladesh, Nepal and Pakistan. In section 6 we lay out the patterning of IPV as found in our primary data. We then move on, in section 7, to describe the multi-level influences of IPV as found in both our primary data and the secondary quantitative data analysis. In section 8, we outline the programming and policy landscape, and we conclude in section 9 with policy and programming implications.

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# 2. Conceptual framework

The starting point of our conceptual framework builds on an integrated ecological model (see e.g. Heise, 1998, 2011; Fulu and Miedema, 2015), which emphasises the interaction of factors at each level of the social ecology – individual, family/relationship, community, society/culture – and the ways in which they contribute to perpetuation of IPV (see Figure 1).<sup>2</sup>

In order to better understand the drivers of male perpetration of IPV, our framework starts with adolescent boys and young men at the centre. We disaggregate the factors that shape boys and young men's individual wellbeing. These include: their coping repertoires (negative and positive, which could therefore include substance abuse among other things); childhood legacy effects (e.g. witnessing gender conflict between parents); relationships with parents; peer relationships; relationships with a partner (including the extent to which this is gendered in terms of division of labour, conforming to social norms, sharing/caring); current psychosocial status; and purposeful choice or agency (e.g. the ability to resist dominant gendered social norms).

Following the ecological framing, these individuals are located in diverse households, the characteristics of which are likely to shape adolescent males' behaviours, attitudes and early adulthood trajectories. Characteristics which we hypothesise, based on existing literature, are likely to influence IPV attitudes and practices include the economic status of the household, education levels of the household adults, the level of social capital the family enjoys, and parental and sibling role models (positive or negative). We also consider the importance of intra-household dynamics, especially the gendered interaction between parents, between parents and children, and between siblings; these interactions can occur in a number of dimensions, including income-generation activities and the gendered division of labour (domestic chores and the care economy).

Beyond the household we emphasise the role played by the community, including the influence of gendered social norms (around marriage, sexuality, education, household division of labour, the acceptability of disciplinary/rewarding behaviours, and income-generation opportunities for men and women) in shaping adolescent boys and young men's experiences (e.g. Marcus and Harper, 2014; Mackie et al., 2012; Bicchieri, 2015).

Less well-conceptualised in the literature, and where our research aims to make a significant contribution, is the role of what we term meso-level institutions – the vital

intermediary routes through which national-level resources and priorities for addressing IPV are refracted (Roberts and Waylen, 1998; True, 2012; Denny and Domingo, 2013). These institutions span formal and customary structures: at the formal end of the spectrum, we have policy and legal frameworks (including on family law, divorce, child custody, property inheritance, and sanctions relating to IPV and gender-based violence (GBV)) and formal service provision, which can include services provided by government, NGOs and women's rights groups (ranging from shelters to counselling centres and various forms of social assistance). Also included here is the justice sector, which consists of formal and customary institutions, and includes the application of related laws and policies by courts, police stations, and legal aid, legal protection and family mediation. At the customary end of the spectrum, it is also important to consider the role of religious norms and their relative resonance in the community, as well as religious and traditional leaders, who are often the first port of call when people are trying to resolve local conflicts.

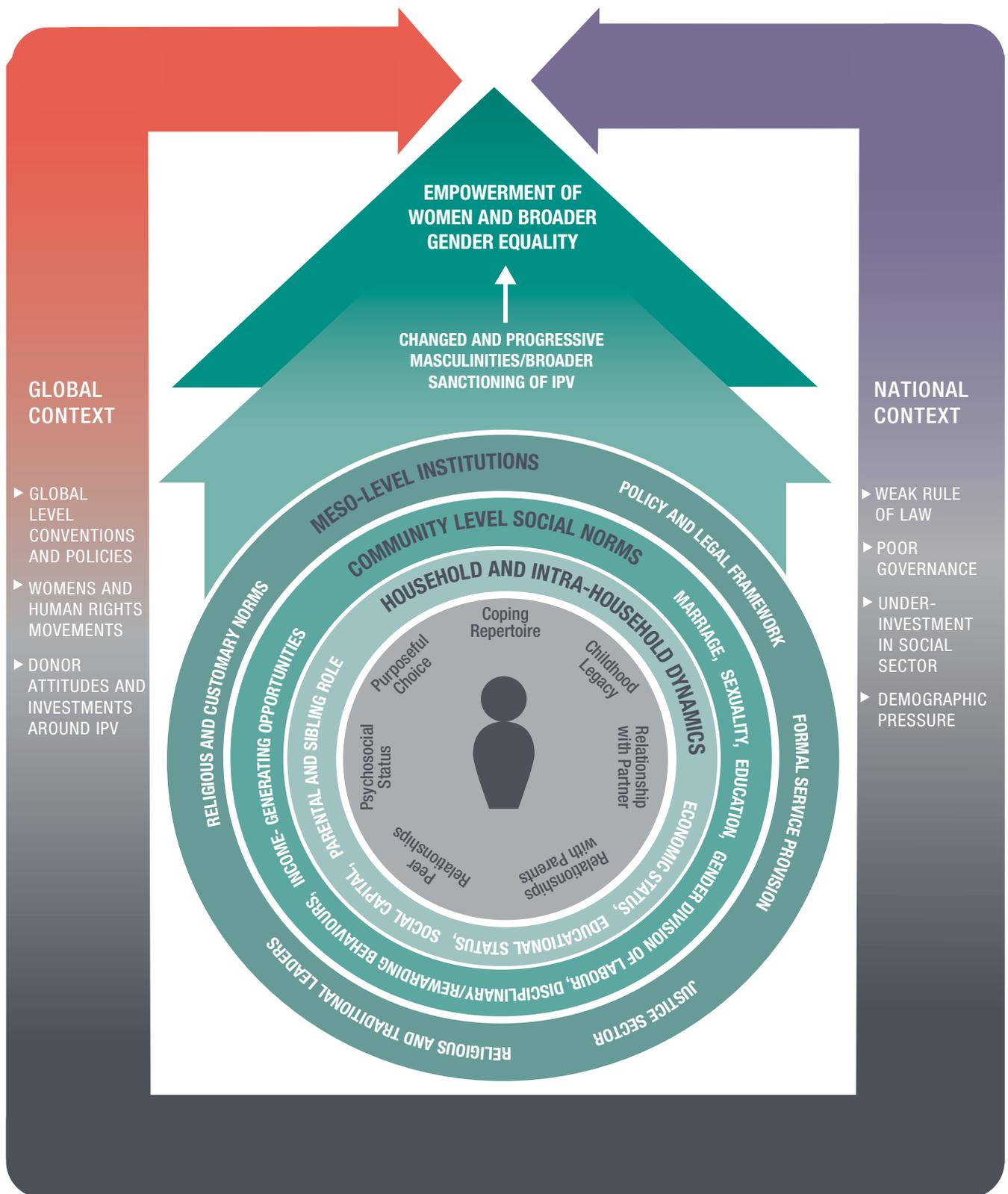
These local-level ecological domains are in turn situated within broader national and global contexts (represented in Figure 1 by the two side arrows). Different national contexts (the right-hand side of the figure) are characterised by differing degrees and types of fragility, ranging from weak rule of law, poor governance and under-investment in the social sector to under-resourced responses to demographic pressures (Hickey et al., 2015). Finally, on the left-hand side of Figure 1, we also factor in the global context, which consists of global-level conventions and policies as well as women's and human rights movements championing action vis-à-vis GBV and IPV which may be domesticated to varying degrees at national level (True, 2012; Roberts and Waylen, 1998). Donor attitudes and investment in tackling GBV and IPV also play a role in highlighting these issues.

At the top of Figure 1, the broad arrows represent the changes that are envisaged through efforts to address the inter-related risk dimensions in the ecological model, leading to changed and progressive masculinities and broader sanctions against IPV. The ultimate aim is to work towards a society where there are gender-equitable norms and behaviours, given what is known about the positive dividends between gender equality and women's empowerment specifically, and between poverty reduction and development more generally (Kabear, 2008).

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2 <http://www.gov.scot/resource/doc/925/0063072.pdf>

**Figure 1: Conceptual framework – seeing IPV through an ecological and institutional lens in fragile-state contexts**



Source: ODI, 2016

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# 3. Research design and methodological approach

## 3.1 Research design<sup>3</sup>

The study focused on three broad research questions:

- To what extent do social and gender norms drive male perpetration of IPV in South Asia?
- In what ways do broader political economic dynamics shape attitudes, behaviours and service provision regarding IPV? Within specific national political contexts, to what extent are women's and human rights agendas effective in contributing to changing gender norms that underpin IPV attitudes and practices and protect against IPV?
- What sorts of entry points are there for policy and programming to tackle male perpetration of IPV?

In answering these questions and in order to triangulate and build on emerging findings, we used three main approaches: (1) literature reviews; (2) analysis of existing quantitative data; and (3) primary qualitative data collection. Further details of the quantitative study can be found in Roof et al. (forthcoming), Yount et al. (forthcoming, a and b). Please also see section 7.3 Box 7, where we highlight some of the quantitative findings.

## 3.2 Secondary literature review

Our secondary literature review, which was based on systematic principles, aimed to assess the existing global, regional and national-level evidence base on male perpetrators of IPV to help inform the approach and methodology for the primary data collection and analysis.<sup>4</sup> Thus, building on techniques utilised in systematic reviews, we adopted a comprehensive and step-by-step approach, which included developing a search protocol and a key informant interview protocol to ensure that all relevant documents were included in the search. For further details of the approach used see Gupta and Samuels, forthcoming.

A number of caveats should be noted. First, due to the large scope of this review, the search at the global level was not exhaustive. At the country level, the search was more thorough, although we were limited in terms of language, focusing on literature in English, although the country partners did support in ensuring that all key documents in local languages were appropriately referenced. Additionally, the available literature and studies on our three focus countries is extremely varied, with many more studies available in Bangladesh compared to Nepal and Pakistan. As a result, the depth we are able to provide varies according to the country. Finally, while we tried to ensure that our inclusion/exclusion criteria were neither too broad nor too rigid, we may have missed some grey literature that could add nuance to global and country trends.

## 3.3 Qualitative primary data collection methodology

### 3.3.1 Research questions and instruments

In order to unpack and operationalise further the broader research questions, we subdivided them into lower-level research questions as well as sub-themes, and selected appropriate methods to explore these (see Annex 2). The research instruments were developed in a participatory manner with country partners, adapting each to the particular country context, and also during the in-country training and piloting (see online at [odi.org/vawg-southasia](http://odi.org/vawg-southasia) for details of research instruments).

### 3.3.2 Study sites

Guided by the country-specific literature reviews, as well as discussions with national teams and key country-level stakeholders, we selected two study sites in each country, with key informant interviews also being carried in the capital cities. Following a review of secondary literature and existing datasets, and discussions with

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3 Research uptake is an important dimension of the study and processes related to research uptake were carried out and are ongoing. See Annex 1 for a preliminary analysis of some of these processes.

4 Marcus and Page (2013) note that while systematic reviews are most appropriate for projects assessing effectiveness of interventions, it is possible to incorporate systematic principles when conducting a literature review for other types of studies as well.

key stakeholders about the key research questions, the in-country teams carefully selected the study sites. The selection of study sites was guided by three criteria, all of which had to be met: (1) the presence of programmes having components focusing on men and addressing issues of GBV and IPV; (2) reportedly high levels of IPV and/or high levels of vulnerability in terms of poverty-related indicators (e.g. education, employment); and (3) diversity in terms of geographical location (e.g. urban, peri-urban, rural, remote rural), ethnicity and caste. Respondents were identified through discussions with key informants within NGOs and government. For details of the programmes in each country, please see Annex 3.

### 3.3.3 Data analysis

With appropriate consent, interviews were recorded, transcribed and translated and coded using MAXQDA software. A general uniform coding structure was developed and then adapted to the different country contexts. Two main coders were used and in order to ensure inter-coder reliability and consistency, double coding was conducted on a subset of the transcripts (inter-rater reliability achieved of 80% using inter-coder function on MAXQDA). Following the coding, and based on discussions with different country teams in order to ensure that critical context-specific variables were identified, data from the coded segments were summarised in MS Excel to reduce subjectivity, and then written up in the agreed report outline.

### 3.3.4 Study limitations

The qualitative primary data collection was challenging, largely due to the sensitive nature of the subject matter. To address this, country teams adapted the tools to ensure that questions were culturally appropriate, as well as building on learning from other teams (the data collection was staggered), and drawing on their prior expertise in carrying

out highly sensitive research. Additionally, the teams ensured that men interviewed men and women interviewed women, thus allowing the respondents to be freer in their responses about gendered norms and behaviours, which are culturally sensitive issues. A key aim of the study was to interview adolescent boys or young married men to obtain their perceptions about relationships with their girlfriends and wives, specifically in relation to IPV. Given that it was difficult to find adolescent boys who had girlfriends, or who admitted they had girlfriends, it was decided to interview slightly older male respondents since they were freer to talk about their attitudes and behaviours towards their wives.

## 3.4 Ethical issues and informed consent processes

The research protocol, including data collection instruments, was reviewed by all partners' ethical review boards and processes. All members of the research team were trained to meet the highest ethical standards of data collection and analysis, including in relation to gender sensitivity. For the primary data collection, a comprehensive informed consent process was used, whereby all respondents were made aware of the risks and benefits involved in participating in the study, were assured that confidentiality and anonymity would be maintained, and were given the right to refuse to participate or to withdraw from the interview at any time. A safe space and an appropriate time were also identified to ensure confidentiality and to minimise disruption to respondents' lives. Where appropriate, referral processes to relevant authorities were also provided and the fieldwork teams were prepared for this in cases of due responsibility. Study participants were also given refreshments and reimbursed for transport costs when and if appropriate.

**Table 1: Research instrument type and number by country and site**

Instrument	Bangladesh			Nepal			Pakistan			Total	
	Gazipur	Mymen-singh	Dhaka	Rupan-dehi	Kapilvastu	Kathmandu	Lyari	Shah Faisal	Deh Chochar		Regional/national levels <sup>i</sup>
Key informant interviews (KII)	11	10	19	11	11	7	4	1		8	82
Focus group discussions (FGD)	6	5		7	6		6	2	4		36
In-depth interviews (IDI) (boys / men)	10	7		15	20		11	4	6	5	78
In-depth interviews (IDI) IPV survivors	3	3		4	4	2	4	3		2	25
Intergenerational trios (IGT)	4	3		4	4		1	3	2		21
<b>Total</b>	<b>34</b>	<b>28</b>	<b>19</b>	<b>41</b>	<b>45</b>	<b>9</b>	<b>26</b>	<b>13</b>	<b>12</b>	<b>15</b>	<b>242</b>

*i At national level, mainly in Karachi*

# 4. Overview of IPV in South Asia

## KEY POINTS

- According to secondary literature, a range of factors influence the likelihood of perpetrating or experiencing IPV. *Individual level* factors include: education; witnessing abuse in childhood; age; drugs and alcohol; *household level factors include:* socioeconomic status; and *at the community level* they include gender norms, dowry, general acceptability of violence, and religion.
- Evidence shows that interventions targeting men and boys have been relatively recent in South Asia. Evaluations of effective interventions from South Asia are limited and show that adopting a holistic approach – combining group education with community outreach, mobilisation and mass-media campaigns – tend to be more effective in changing behaviour than group education alone.
- Key research/evidence gaps include:
  - exploring male perspectives on IPV (perpetrators and non-perpetrators);
  - defining IPV and disentangling it from other forms of violence;
  - understanding how multi-level influences shape attitudes and practices on IPV (with evidence particularly patchy for Nepal and Pakistan);
  - the role of institutions at all levels in mediating individual- and household-level influences on IPV;
  - region-specific literature on the role of discriminatory gender norms in perpetuating IPV attitudes and practices;
  - programming strategies to engage men in IPV prevention, and to target particular age cohorts or reach other specific groups.

In this section we focus on IPV in the South Asia region more generally – i.e. Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka also bringing in references to the global literature. In section 5, we focus on the three study countries.

## 4.1 Understanding IPV – forms of violence and prevalence

Although the focus of this study is on IPV, it is important to note that in the South Asian subcontinent, gender-based violence (GBV) is also culturally specific; it includes types of violence found globally, such as domestic violence, spousal murder, rape, marital rape, polygamy, sexual harassment, incest and trafficking, but also includes honour killings, acid attacks, public mutilation, stove-burnings,

and *fatwa*<sup>5</sup>-related violence (e.g. Ali and Gavino, 2008; Niaz, 2003; Solotaroff and Pande, 2014; BRAC and UNDP, 2013). Another form of violence prevalent in South Asia is family violence, understood as the perpetration of violence against women by other members of the marital family (i.e. father-in-law, mother-in-law, brother-in-law or sister-in-law); stove-burning and acid-throwing are categorised as forms of family violence (Niaz, 2003; Prasad, 1999; Ali and Gavino, 2008; Khan, 2005). Since we are focused on violence in romantic relationships, we do not cover family or public violence in this review.

According to a recent study, prevalence rates in South Asia (based on DHS data from India, Bangladesh and Sri Lanka) were highest when compared to all other regions of the world (Solotaroff and Pande, 2014) (see Table 2).

5 A ruling on a point of Islamic law given by a recognised authority.

**Table 2: IPV prevalence rates by region**

Region	Prevalence
South Asia	43%
Middle East and North Africa	40%
Sub-Saharan Africa	40%
Latin America and Caribbean	33%
East Asia and Pacific	30%
Europe and Central Asia	29%
Australia and New Zealand	28%
North America	21%

Source: Solotaroff and Pande, 2014

While the estimates in Table 2 need to be taken with caution<sup>6</sup>, some trends can be drawn across countries. For example, Solotaroff and Pande (2014: 35) find that while there are other countries with higher rates of physical and sexual violence than the three countries in South Asia for which DHS data were available, the rates of acceptance of IPV in Bangladesh and India are particularly high. For instance, in 2014, the Bangladesh DHS found that 28% of women respondents agreed that wife-beating was justified for at least one reason in the survey. Similarly, among the 15 countries with the highest global prevalence of physical IPV, Bangladesh ranks second only to the Republic of Congo; India ranks 7<sup>th</sup>, with Pakistan and Nepal 11<sup>th</sup> and 14<sup>th</sup> respectively.

Other non-DHS samples in the region find similar or higher estimates, with data being most widely available for India. For instance, more than 60% of Indian women reported three or more episodes of physical or psychological violence by their partner in their lifetime (ICRW, 2000). In yet another study in India, 40% of women reported being physically abused by their husbands during their adult lives (Kumar et al., 2005). Jeejeebhoy et al. (2013) report that nationally, one in three women in India (35%) aged 15-49 has experienced physical or sexual violence by their partner, with certain states reporting rates higher than the national average (e.g. 56% in Bihar) (International Institute for Population Sciences and Macro International, 2007, cited in Jeejeebhoy et al., 2013: 1). Other studies in India that used population-based data report prevalence estimates ranging from 12% to

32%, and 9% to 75% (in the case of studies that used community- or clinic-based data) (Babu and Kar, 2009; Duvvury et al., 2002; Martin et al., 1999; Santhya et al., 2007; Solomon et al., 2009). Nanda et al. (2015) examined reports of IPV by 3,158 women in seven states, and found that more than half (52%) reported experiencing some form of violence during their lifetime; the highest proportion reported experiencing physical violence (38%), followed by emotional violence (35%), compared to other forms like sexual violence (17%) and economic violence (16%). In Sri Lanka, in a 2011 study, 34% of women reported severe abuse (being choked, burned, or hit with a weapon) (Jayasuriya et al., 2011).

The past two decades have seen an increase in studies attempting to understand the nature of IPV through men's reports of perpetration. While global estimates for men's reports of IPV perpetration range from 6% to 29% (Barker et al., 2011) and from 25% to 80% (Fulu et al., 2013), in South Asia (specifically Bangladesh, India and Sri Lanka), the prevalence rates range from 8% to 80% (Jayasuriya et al., 2011; Solotaroff and Pande, 2014). In India, studies have found that 39% of men report perpetrating IPV (Koenig et al., 2006). In the IMAGES study of more than 9,000 men in India, three in five (60%) reported perpetrating any form of IPV against their wife / partner ever (Nanda et al., 2015). Emotional violence was the most prevalent form, with 41% of men reporting using it and 35% of women reporting experiencing it. The next most common form was physical violence, with 38% of women reporting experiencing it and 33% of men reporting perpetrating such violence. According to Nanda et al. (2015), men's reports of perpetrating violence were higher than women's reports of experiencing violence – except for emotional and economic violence.<sup>7</sup>

Studies have shown that adolescent girls in the South Asian region are particularly vulnerable to IPV. In their review, Solotaroff and Pande (2014) found that a higher percentage of married adolescents report greater levels of recent physical spousal violence than married adults in Bangladesh (27% vs 17%) and India (22% vs 19%), though in Nepal and Pakistan, there is no difference in the rates of physical violence reported by married adolescents and married adults. In terms of experiencing sexual violence from one's husband, married adolescent girls in India and Nepal face a higher rate of sexual violence than adult women: 11% of married adolescent girls in India had experienced sexual violence from their husband compared to 6% of married adult women, while

6 Regional estimates are often misleading since definition of IPV survey area and measurement tools may vary from study to study (Johnston and Naved, 2008; Solotaroff and Pande, 2014). Additionally, given that Solotaroff and Pande only used DHS data from three countries to represent the South Asia region, the macro-level regional groupings may hide important sub-regional variations (WHO et al., 2013: 47, cited in Solotaroff and Pande, 2014: 34). Moreover, while DHS across countries use the same wording, the meaning of what constitutes violence may vary across contexts; similarly, willingness to share experiences of violence are also likely to vary widely (Jeejeebhoy and Bott 2003; Santhya et al., 2007). Indeed, in Bangladesh, Yount et al. (2012) find that women survivors of IPV give contradictory responses in their interviews and suggest that new methodological tools are needed to capture IPV in context.

7 It is worth also noting here that globally, the scales for measuring emotional and economic forms of violence are still in a rudimentary stage.

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the figures were 12% and 9% respectively in Nepal. A number of studies have also shown that, as early marriage remains common in the region, adolescent girls are highly vulnerable to IPV (see e.g. Jeejeebhoy et al., 2013; Raj et al., 2010; ICRW et al., 2012; Hindin et al., 2008; Pradhan et al., 2011). Even when adolescent girls are unmarried, they are at risk of IPV perpetrated by their boyfriends – an increasingly common phenomenon in this region (see for e.g. Jeejeebhoy et al., 2013).

## 4.2 Multi-level influences on IPV in South Asia and beyond

The following section explores the multi-level influences that shape IPV, from individual through to community-level and system-level factors.

### 4.2.1 Individual-level influences

A range of individual-level, often inter-related factors have been identified as placing boys and men at higher risk of engaging in IPV. Although globally, there are variations by country and there have been some mixed results, there is a tendency that higher levels of education are related to lower incidence of IPV (Bates et al., 2004; Nanda et al., 2015). In South Asia, the relationship between IPV and education is complex but generally shows a similar trend. Ackerson et al. (2008) found that higher educational levels for husbands in India were associated with lower odds of lifetime and recent IPV. More recent work in India also finds that men who are more educated are less likely to perpetrate violence, and the difference is particularly stark among those who have completed schooling (Nanda et al., 2015). In Sri Lanka, de Mel et al., (2013) found that while there was no statistically significant variation in the rates of IPV perpetration by level of education, about 35% of men who reported perpetrating IPV and 9% of men who reported perpetrating non-partner sexual violence had completed tertiary education. With respect to women's educational attainment, Ackerson et al. (2008) found that in India, women with no formal education were 4.5 times more likely to report lifetime IPV and 5.6 times more likely to report recent IPV compared with those schooled for more than 12 years.

Experiencing or witnessing abuse as a child is one of the strongest drivers of IPV according to various studies from different regions globally (Abrahams, et al., 2006; Abramsky et al., 2011; Barker et al., 2011, 2013; Contreras et al. 2012; Fleming et al., 2015; Flood and Pease, 2009; Fulu et al, 2013; Heise, 1998; Jespersen et al, 2009; Yount et al., 2014; Yount, Krause and VanderEnde,

2016a). This is true also for South Asia, where Nanda et al. (2015), for instance, report that in India, among men who have experienced discrimination/harassment often during their childhood, 44% reported perpetrating violence in the past 12 months, compared to 14% among men who did not experience any discrimination. Similarly, in Sri Lanka, de Mel et al. (2013) found that having experienced sexual abuse and emotional abuse during childhood was significantly related to higher likelihood of perpetrating IPV in adulthood; men who had experienced sexual abuse or emotional abuse as a child were twice as likely to perpetrate sexual violence later in life.

Younger age is consistently linked with higher likelihood of committing IPV in a number of studies (Abramsky et al., 2011; WHO, 2012; Fleming et al., 2013; Flood and Pease, 2009; Naved and Persson, 2005). This is also the case in South Asian contexts and particularly in relation to adolescence, where studies have found that when adolescent boys view women as sexual objects, they are more likely to commit sexual violence later on (Jeejeebhoy, 1999).

Another consistent risk and influencing factor for IPV found across the review is the use (misuse) of alcohol and other drugs (Abramsky et al., 2011; Abrahams et al., 2006; Barker et al., 2011, 2013; Copenhaver et al., 2000; Fulu et al., 2013; Heise, 2011). A systematic review pooled the results of 11 studies and reported that harmful use of alcohol was associated with the likelihood of committing IPV by 4.6 times, compared to mild or no alcohol use (Gil-Gonzales et al., 2006). Other cross-sectional studies from low- and middle-income countries (LMICs) find that men who misuse alcohol are 1.6 to 4.8 times more likely to perpetrate IPV (Abrahams et al., 2004; Dalal et al., 2009).

Men's mental health may also be related to higher incidence of violence. Garcia-Moreno et al. (2006) suggest that a man suffering from depression may take out feelings of sadness and loneliness by using violence against a partner. Other reviews (WHO and London School of Hygiene & Tropical Medicine (LSHTM), 2010) found a consistent and significant association between antisocial personality disorders and the perpetration of IPV or sexual violence. In their multi-country study, Fulu et al. (2013) found that depression doubled the likelihood of men perpetrating IPV in Bangladesh.

### 4.2.2 Household and relationship-level influences

Factors at the household /relationship level that were found in the literature to influence IPV behaviour among men in LMICs included: the level of women's household economic power,<sup>8</sup> quality of marital relationship between husband and wife,<sup>9</sup> the number of partners a man or woman has,

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8 Women's household economic power includes women's economic empowerment or, in other words, women's ability to work and earn money (Rao, 1997; Schuler et al., 2013).

9 Quality of marital relationship between husband and wife refers to marital discord that is mostly related to suspicion of infidelity and having multiple partners both at perpetrator and survivor level, and spousal communication (Jewkes, 2002; Koenig et al., 2004).

and the number of children in the household. However, the situation is complex; a systematic review of studies conducted between 1992 and 2005, for instance, found that women's working status acted as a protective factor in some settings (e.g. Naved and Persson, 2005) but made them more vulnerable in others (Vyas and Watts, 2009). The relationship between household socioeconomic status<sup>10</sup> and IPV is more constant, with various studies in South Asia showing that women coming from homes with fewer appliances or from the poorest wealth classes are more likely to experience physical and psychological IPV (Burton et al., 2000; Nanda et al., 2015; VanderEnde et al., 2015). They explain this as linked to the stress of financial burden, unemployment and insecurity that comes with belonging to a household with a lower socioeconomic status.

### 4.2.3 Community-level influences

Discriminatory social norms and beliefs have been researched and widely documented as a risk factor for IPV (Fleming et al., 2015; Flood and Pease, 2009; Fulu et al., 2013; Heise, 1998; Santana et al., 2006). While they are located here at the community/society level, these gendered social norms also occur at the household, relationship and individual levels. They are rooted in rigid constructions of masculinities stemming largely from traditional gender ideologies where men, who tend to be viewed as superior to women, are expected and justified in showing particular traits and behaviours. These include physical aggression, emotional stoicism, courage, risk-taking, adventure, thrill-seeking, competitiveness, being the provider and family protector, as well as other controlling behaviours towards women and particularly spouses – all of which can result in IPV, both physical and sexual (Courtenay, 2000; Jones et al., 2014; Watson et al., 2015; Connell, 1995; Connell and Messerschmidt, 2005; Barker et al., 2011).

In contexts where religion plays a strong role in everyday life, religious institutions and leaders can have an impact on norms and beliefs around masculinity and can also play a role in justifying violence. For instance, there is some evidence which shows that some excerpts from the Koran could be used to prove that men who beat their wives are following God's commandments (see Douki et al., 2003, in Flood and Pease, 2009; Naved and Persson, 2005).

Norms around dowry constitute another risk factor for IPV in the South Asian region. In the past, dowry used to be more of a voluntary gift, but it has now become mandatory. Dowry-related violence – largely due to spouses and in-laws believing the dowry is inadequate – is widely documented and can often lead to the death of young

married women. In some cases these deaths are classified as suicide; in others, they may be covered up by being called a 'kitchen accident' (Gupta and Samuels, forthcoming).

Many studies have shown that the general level of tolerance of violence against women in a community, or the acceptability of violence against women, is a strong predictor of rates of IPV in that community (e.g. Jewkes et al., 2002; Hindin et al., 2008; Abramsky et al., 2011; Waltermaurer, 2012; Fleming et al., 2013). The acceptability of violence is particularly justified when transgressions from gender roles occur (Heise, 1998; Hindin and Adair, 2003; Jewkes et al., 2002; Dorais and Lajeunesse, 2004; Fleming et al., 2013). Often, women themselves are enforcers of norms that perpetuate IPV, and this is true both globally and in the South Asia region (Santhya et al., 2007; Hindin et al., 2008; Abramsky et al., 2011; Johnson and Das, 2009; Solotaroff and Pande, 2014). Though the reasons for justification vary, most men and women agree that if a wife transgresses the 'rules' of society, then that is an acceptable reason to 'control' and perpetrate violence against her (ICRW, 2000; Jeejeebhoy et al., 2013; Rao, 1997; Schuler et al., 1996; Qayyum, n.d.; Nanda et al., 2012).

## 4.3 System level

As of 2011, 125 countries had passed legislation on domestic violence (Heise, 2011). Of these 125, 18 Asian countries have introduced and passed laws on domestic violence (UN Women, 2010). In countries such as Nepal, considerable efforts have been made to improve women's situation in relation to GBV, through (for instance) increasing the number of women in institutions that give services related to GBV, and improving women's access to economic resources, land and property, and microcredit<sup>11</sup> (MoWCSW, 2014; NJA, 2014, 2016; SAHAVAGI et al., 2015).

Despite positive changes in the passing of various pieces of legislation in many countries globally as well as in south Asia, where there is weak implementation of laws and especially weak sanctions against IPV, the likelihood of men committing violent acts against their partner is greater. Thus, for instance, the UN multi-country study on men and violence in the Asia-Pacific region finds that the vast majority of men who perpetuated rape (72%-97%) did not experience any legal consequences (Fulu et al., 2013). In many LMICs and in our three study countries, various challenges result in limited sanctioning of IPV. These include failing to recognise domestic violence as a specific crime, defining domestic violence too narrowly,

10 Household socioeconomic status has been measured in the literature as household wealth status (i.e. household income, employment status of head of household, and the number of appliances a household owns) (Ali et al., 2011; Nanda et al., 2015; Oshiro et al., 2011).

11 So far, in Nepal, 64 provisions have been amended and 19 schedules enacted addressing inequality issues in areas of divorce, abortion, marital rape and marriage. Similarly, 56 gender discriminatory laws were amended following the enactment of the GBV Act in 2007, with 32 more in 2014 (FWLD and ICJ, 2014). Women now make up 5.7% of the police force, 8.1% of the judges in the appellate courts and 1.2% of the judges in the district court.

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including unnecessary constraints on obtaining protection orders, discriminating against the survivor, failing to extend protection beyond marital relationships, failing to recognise marital rape as an offence<sup>12</sup>, lack of data and lack of awareness of laws on VAWG, and availability of services (see e.g. Amirthalingam, 2005; SAHAVAGI et al., 2015; NJA, 2014; Fleming et al., 2013). For more details, refer to Section 8 below and Annexe 6.

#### 4.4 Consequences / impacts of IPV

Many studies have been carried out exploring the range of consequences and impacts of IPV on survivors, but fewer have been carried out on what drives men to perpetrate IPV. We briefly summarise some of the literature below, identifying the relevant authors and studies. Further details can also be found in Gupta and Samuels (2017).

IPV is associated with a range of adverse physical, mental, and sexual and reproductive problems for those who experience it (Abramsky et al., 2011; WHO, 2013). Evidence across multiple studies finds that women who experience IPV are significantly more likely to experience serious health problems than women who have not experienced such violence (Heise and Garcia-Moreno, 2002; WHO, 2013). Several studies have also shown that IPV is a leading cause of morbidity and mortality among women (Coker, 2007; Boy and Salihu, 2004; Garcia-Moreno et al., 2006; Hatcher et al., 2013; Campbell et al., 2002; Ellsberg et al., 2008; Heise and Garcia-Moreno, 2002; Stockl et al., 2013). Some studies have shown that IPV has detrimental effects on the physical and mental health of male perpetrators (Barker et al., 2011).

Among survivors of IPV, mental health problems such as distress, post-traumatic stress disorder, and depression and suicidal ideation have been widely reported, including in South Asia (Anda et al., 2001; Burton et al., 2000; Devries et al., 2011; Dunkle et al., 2004; Heise and Garcia-Moreno, 2002; Jewkes et al., 2002; WHO, 2013). IPV has also been linked with alcohol and drug use among survivors, as well as eating and sleep disorders, physical inactivity, smoking and self-harm (WHO, 2012). In South Asia, studies show that IPV is linked to poor mental health as well. Some studies have found that the emotional and mental burden of adhering to norms of masculinity is also linked to psychological problems such as depression for male perpetrators (Barker et al., 2011; Gupta et al., 2013b).

IPV is also associated with a range of sexual and reproductive health problems leading to unwanted pregnancy and/or abortion, violence during pregnancy

(and its ensuing results, including miscarriage, still birth, premature labour and birth or foetal injury), gynaecological complications, and sexually transmitted infections (STIs) including HIV (Ghosh et al., 2011; Newmann et al., 2000; Stephenson et al., 2006; Sudha and Morrison, 2011| cited in Chibber et al., 2012, p. 3; Pallito et al., 2013).

IPV also has an economic impact, at the individual as well as the national level. National-level impacts have been explored mostly in developed countries, quantifying the costs of violence against women and noting losses due to decreased productivity and lower earnings (Duvvury and Carney, 2012; Walby, 2004<sup>13</sup>). In South Asia, there are only a handful of studies examining the economic impact of IPV. In Nagpur, India, for example, 13% of IPV survivors had to forgo paid work because of abuse, missing an average of 7 workdays per incident, while 11% had been unable to perform household chores because of an incident of violence (Heise and Garcia-Moreno, 2002).

IPV also has far-reaching effects on children. As discussed above, witnessing abuse in childhood is a strong risk factor for future likelihood of committing IPV. Children from households where IPV occurs also face greater health risks than those from households where IPV does not occur: they are less likely to be immunised, they have a greater risk of dying before the age of five, they are more likely to have illnesses (e.g. fever, diarrhoea and coughing), and their nutrition and growth are more likely to be affected (Åsling-Monemi et al., 2008; Karamagi et al., 2007; Yount et al., 2011). In South Asia, several studies (mostly from India) have found that in households where domestic violence occurs, higher rates of asthma in young children were reported (Subramanian et al., 2007); children in such households were also more likely to be undernourished than children in households where IPV does not occur (Ackerson and Subramanian, 2008).

#### 4.5 Programming efforts and evaluation

##### 4.5.1 Overview of programming landscape

The majority of programming efforts have focused on intervening to support women who are survivors of IPV. In this regard, with respect to women's empowerment, there is emerging evidence from LMICs of the effectiveness of empowerment and participatory approaches in preventing IPV through microfinance combined with gender-equality training (e.g. Gupta et al., 2013a). Annex 4 provides an overview of IPV programming targeting boys and men, globally and in South Asia.

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12 There is also wide variation in the legal definition of marital rape. Thus, for instance, in Bangladesh, marital rape is not criminalised unless the wife is younger than 13 years (Penal Code, 1860), whereas marital rape in Sri Lanka is not criminalised unless husband and wife are judicially separated (Penal Code, article 363).

13 One of the most comprehensive studies showed that IPV had a £22.9 billion annual cost to the economy in England and Wales alone (Walby, 2004).

Reflecting recognition that in order to be most effective, men and boys need to be engaged and included in programming as much as women, over the past two decades, interventions aiming to transform gendered norms have increasingly targeted boys and men (Dunkle and Jewkes, 2007; Fleming et al., 2013; Flood, 2011; Heise, 2011; Taylor and Barker, 2013). Boys and men are now involved in programming in multiple capacities – as participants in education programmes, as targets of social marketing campaigns, as policy-makers and gatekeepers, and as activists and advocates (see e.g. Flood, 2011). In Nepal, for instance, men and boys are engaged both as community activists to prevent IPV and GBV and as beneficiary trainees to understand what is GBV. UNICEF and UNFPA programmes in the country have mobilised male religious leaders to sensitise the community about GBV while training adolescent boys about gender perspectives in daily life. Other organisations such as CARE and PLAN have been providing gender-sensitive training to unmarried adolescent boys as well as married couples to address GBV.

In their review of programming that focuses on men as equal partners in reducing IPV, Taylor and Barker (2013) find that most of the programmes use a combination of cognitive-behavioural, psychotherapeutic, and gender-based or feminist approaches. One example is the Rozan Men's Program Humqadam, in Pakistan, from 2009 to 2011. Humqadam focuses on deconstructing local understanding and practices of masculinity through a mixed-method approach, and has developed a 'series of group education sessions' to mobilise boys and young men at the community level. It also trains community-based organisations and NGOs to develop broader capacities in this approach to violence prevention.

There have also been several school-based interventions that use the curriculum to teach about gender-related topics; examples include the Gender Equality Movement in Schools intervention in India (Ahchyut et al., 2011) and the International Center for Research on Women (ICRW)'s Parivartan (Das et al., 2012), also in India, in which trained sports coaches promote violence prevention. The coaches are engaged as role models and receive training to deliver messages to male athletes about the importance of respecting women and understanding the negative effects of violence. The programme also equips participants with the skills to speak up and intervene when witnessing harmful and disrespectful behaviours.

An interesting approach has been to mainstream gender into existing research work such as that done by AMAL in Islamabad, Pakistan. AMAL primarily works with marginalised youth and has three major work streams: HIV and AIDS, youth empowerment, and gender rights, using advocacy, training and capacity development as key strategies. AMAL integrates men's involvement in its work

streams through different projects and research studies instead of a single programme. For instance, it recently implemented a project on mainstreaming gender into HIV and AIDS to challenge masculinities in a gender-based violence programme that ran from 2013 to 2014. Similarly, it initiated a project called Breaking the Male Code, which focused on engaging men to transform customary practices of forced marriage like *Vanni* and *Swara* in Punjab and Sindh. Key strategies included involving male celebrities, holding organised dialogues in university, and recitals.

#### 4.5.2 Programme evaluations

Evaluation evidence from South Asia is limited and uneven in coverage, with most of the evaluated programmes having been implemented in India. In our review of studies in Nepal, for instance, we found that except for an ODI study (Ghimire and Samuels, forthcoming), there are no studies that have documented the impact of engaging men and boys in addressing IPV. Globally, the evidence indicates that while there are a large number of IPV programme evaluations coming from high-income countries (HICs), there are a limited number from LMICs and even fewer focusing on boys and men specifically (Bourey, 2015; Ellsberg et al., 2015; Taylor and Barker, 2013; WHO and LSHTM, 2010; Heise, 2011). In 2007, Barker et al. reviewed 58 programmes (of which 9 were in Asia and the Pacific) working with boys and men; in terms of primary prevention programmes, only 5 out of 13 were implemented in LMICs. Their evidence review suggested that men and boys, as a result of relatively short-term programmes, show changed attitudes and behaviours related to: sexual and reproductive issues; maternal, newborn and child health; their interaction with their children; their use of violence against women; questioning violence with other men; and their health-seeking behaviour. Additionally, if a programme's description clearly discussed gender norms and the social construction of masculinity and made efforts to critically discuss, question and/or transform such norms, it showed strong evidence of achieving behavioural change among men.

Most importantly, a holistic approach – i.e., integrated programmes and specifically programmes that combined group education with community outreach, mobilisation and mass-media campaigns – was found to be more effective in changing behaviour than group education alone. For instance, an evaluation of Bell Bajao in India indicated that using a range of activities as part of a holistic approach achieved an 11.5% increase in awareness about the Protection of Women Against Domestic Violence Act and a 15% increase in requests for services for women (Silliman et al., 2011). Similarly, an evaluation of the Humqadam programme (mentioned earlier) in Pakistan found that it led to changes in attitudes towards violence against women and more egalitarian domestic roles, an increase in participants'

ability to distinguish between what society/religion thinks and what their own views are, a greater acknowledgement of women's potential and the need for more gender-equitable male roles in relationships with women, and a greater number of boys disapproving of violence (Rozaan, 2011). Evaluation studies of global educational programmes that include face-to-face interaction, particularly those aiming to change social norms and behaviours of boys and men, find that they have been effective (e.g. Barker et al., 2010; Jewkes et al., 2006; Lonsway et al., 2009; Flood, 2011; Verma et al., 2008; Mtutu, 2005).

#### 4.6 Summary of evidence gaps in research and programming on IPV in South Asia

As can be seen from the preceding discussion, there are a significant number of evidence gaps in research and programming on IPV in South Asia, which this study aims to help fill. Key lacunae are as follows:

1. There are significantly fewer studies of the contexts underpinning IPV in South Asia from **men's perspectives** as well as fewer evaluations of relevant programming – not least because of the limited systematic long-term interventions with men in the region.
2. There is considerable debate about how to **define IPV and disentangle it from other forms of violence** it is often intertwined with in South Asian settings (including abuse in extended family households perpetrated by in-laws). There is also limited attention to the breadth of

violent behaviours within quantitative studies that are starting to emerge in qualitative assessments – including verbal, psychological and economic abuse.

3. The regional evidence base on the **multi-level influences** shaping IPV attitudes and practices is growing but still uneven, especially for Nepal and Pakistan.
4. The literature on the role of **institutions** at different levels – national, sub-national and community – and how they mediate individual- and household-level influences is largely lacking, including the ways in which diverse formal and informal institutions interact with one another in responsive and preventive modalities.
5. Although at a global level there are significant studies on the role of **discriminatory gender norms** in perpetuating IPV attitudes and practices, the regional-specific literature on these dimensions is limited. The complexity involved in the interplay between these gender norms and contexts of broader political and economic fragility is also poorly understood in the literature.
6. **Men and boys are generally considered a homogenous group**, so there is very little attention to disaggregating the drivers of IPV and programming in terms of particular age cohorts or other socioeconomic dimensions.
7. In terms of programming, there are **multiple gaps in understanding effective strategies that involve men** – especially in terms of prevention of IPV.



The Rupantaran Facilitator Training on Gender Based Violence booklet produced by UNICEF, Nepal © NISER 2016

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# 5. Country-specific overview

## KEY POINTS

- IPV has serious and long-term effects on women and girls who experience it, but it also has significant social and economic costs for families, communities and countries.
- Our three study countries have high levels of IPV, even taking into consideration likely challenges with under-reporting given high levels of stigma that surround IPV in the region.
- Recent data show that in Bangladesh, 49.6% of married women reported experiencing physical violence; in Pakistan, 39% of women aged 15-49 who have ever been married reported experiencing IPV at some time, while in Nepal, the figure was 33%, with 17% having experienced IPV in the 12 months preceding the survey.

In this section, we provide an overview of IPV prevalence by country (Table 3). We then go on to provide in Tables 4 and 5 further details of country-specific multi-level influences and consequences, as identified in the secondary literature (for full details see Gupta and Samuels, forthcoming).

**Table 3: Country-specific overview of IPV rates**

	Bangladesh	Nepal	Pakistan
IPV prevalence	In a national study of married Bangladeshi women, 28.7% reported psychological violence, 27.2% sexual violence, 49.6% physical violence (BBS, 2016)	Prevalence of IPV ranged from 30% to 81% depending on the district and type of IPV assessed as per DHS data (Office of the Prime Minister and Council of Ministers (2012)	DHS data show that 38.5% of women experienced physical and emotional violence from their husbands (National Institute of Population Studies and ICF International, 2013)

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**Table 4: Country-specific multi-level influences on IPV drawing on the literature review\***

	Bangladesh	Nepal	Pakistan
<b>Individual</b>			
Education	Education (for men and women) has been shown to be protective against IPV (Bates et al., 2004; Koenig et al., 2003; Johnson and Das, 2009; Johnston and Naved, 2008; Naved and Persson, 2005; Sambisa et al., 2010)	Lack of education is a risk factor for increased IPV (Atteraya et al., 2015; Dalal et al., 2014; Oshiro et al., 2011)	Physical and sexual violence more likely if the wife or husband have no formal education. Husband's level of education had a statistically significant association with all three forms of violence (physical, sexual and emotional) (Ali and Khan, 2007)
Witnessing abuse in childhood	Of men who reported family history of witnessing violence, 40% of urban and 36% of rural men reported past year prevalence, while 57% of urban and 53% of rural men reported lifetime prevalence (Naved et al., 2011)	No data available	A son's exposure to his mother's abuse is a risk factor for perpetuating IPV in the future by almost threefold (Farid et al., 2008)
Age	Contradictory evidence such that proportion of men who report ever committing physical violence increases with men's age, while the proportion ever committing sexual violence decreases with age (National Institute of Population Research and Training et al. 2005, 2009) On the other hand, the odds of beating among women with husbands aged below 30 years were six times higher than for those with husbands aged 50 years or over (Bhuiya et al., 2003)	Women whose husbands were older than themselves by 5 years or more had a 33% higher chance of experiencing sexual violence compared with women whose husbands were only 1 to 5 years older (Ministry of Health and Population, New ERA and ICF International, 2012)	Age of first marriage negatively correlated with likelihood of IPV (Ali and Khan, 2007; Asif et al., 2010)
Drugs and alcohol consumption	Data from UN multi-country study found no association between drugs and alcohol misuse and perpetrating IPV (Fulu et al., 2013)	Of women with an alcoholic husband, 10.5% reported emotional violence, 13.4% physical violence and 9.8% sexual violence (Dalal et al., 2014)	The most common cause of violence was husband's addiction to alcohol and tobacco (Zareen et al., 2009)
<b>Household</b>			
Socioeconomic status	Higher household income was associated with lower risk of wife experiencing physical and/or sexual violence in the previous year (VanderEnde et al., 2015; Wahed and Bhuiya, 2007)	Among the general population and the urban poor, households with lower socioeconomic status had a higher likelihood of IPV (Oshiro et al., 2011)	In a study of 759 women, poor socioeconomic life circumstances constituted the main risk factor for all forms of lifetime violence (Ali et al., 2011)
<b>Community</b>			
Gender norms	Men's controlling behaviours were associated with increased physical violence (Yount, James-Hawkins, Cheong, and Naved, 2016b)	In a study of more than 1,500 women, those with higher levels of patriarchal control from their husband were almost twice as likely to experience sexual violence (Adhikari and Tamang, 2010)	Norms of masculinity were a driving factor behind men's attitudes towards violence against women (P4P, Rozan and ICRW, n.d.)
Dowry	The absence of dowry demand in marriage lowered the likelihood of physical IPV (Naved and Persson, 2010)	Dowry was not significantly associated with violence (Oshiro et al., 2011)	Dowry may be a risk factor for IPV as it may be the cause of marital disputes (Ali and Khan, 2007)
Acceptability of violence	55% of men agreed with wife-beating (National Institute of Population Research and Training et al., 2005, 2009)	28% of male respondents supported wife abuse (Ministry of Health and Population, New ERA and ICF International, 2007)	46% of men agreed that domestic violence is a husband's right, and 89% believed domestic violence is tolerated by the public (Fikree et al., 2005)
Religion	Religious texts were used by men to justify violence as a means of control over wives (Schuler et al., 1996)	No data available.	4.9% believed that religion allowed a husband to beat his wife. 21.3% believed that religion allowed a husband to forcibly have sex with his wife (Shaikh et al., 2008)

\*This tables and Table 5 give an extract of the total information available for each country selected by studies with the most recent publication date and the largest sample size.

**Table 5: Country-specific consequences of IPV**

Consequences	Bangladesh	Nepal	Pakistan
Physical	Physical abuse during pregnancy includes including slapping, throwing things, pushing, and shoving; (Åsling-Monemi et al., 2008) national data found that 37% of pregnant women in Dhaka and 28% in Matlab were punched or kicked in the abdomen (National Institute of Population Research and Training et al., 2009)	112 women died in 2012 as a result of domestic violence (Informal Sector Service Centre, 2012)	Over two-thirds of women reported injury from physical abuse, with the most common sites being the head, neck, face, and arms (Rabbani et al., 2008)
Mental health	Women who have experienced IPV were 3.5-4 times more likely to have thoughts about suicide, and 6 times more likely to commit suicide. Emotional violence or controlling behaviours are related to highest levels of emotional distress (Johnston and Naved, 2008)	11 out of 15 women reported having experienced psychological trauma after being coerced into having sex (Puri et al., 2011)	Suicidal thoughts were reported by 74.1%, 75.8% and 65.3% of the women subjected to physical, sexual and psychological violence respectively (Ali et al., 2013)
Maternal health	8% of rural pregnant mothers experienced physical violence during pregnancy Åsling-Monemi et al., 2008)	Women who experienced sexual violence were 2.32 times more likely to experience gynaecological problems (Shakya et al., 2014)	Sexual violence had resulted in loss of pregnancy in 36.5% of surveyed women and caused unintended pregnancy in 19.5% (Zakar et al., 2016)
Economic	Domestic violence costs about 12.5% of national annual expenditure, or 2.1% of gross domestic product (CARE Bangladesh and USAID, 2011)	No data available	No data available
Spillover effects on children	Children whose mothers experienced IPV were more likely to report acute respiratory tract infections and diarrhoea (Silverman et al. 2009; Åsling-Monemi et al., 2009)	Children whose mothers experienced physical or sexual violence were less likely to be fully immunised. Prevalence of anaemia was greater for children whose mothers had experienced physical violence (Tuladhar et al., 2013)	No data available

# 6. Manifestations of IPV from primary data collection

## KEY POINTS

- Although the situation is complex, our findings suggested that while certain forms of IPV are perceived to be reducing (e.g. physical violence) other forms persist and may be becoming more common (e.g. psychological and emotional violence).
- Male and female participants highlighted relationship tensions arising from changing expectations about sexual behaviour. Greater exposure to ICT and growing levels of migration appears to cause tensions between men who want their wives to be ‘more modern’, while women stay at home and have less exposure to such ideals. These tensions often appear to result in men pursuing extramarital affairs.
- In Nepal, unmarried adolescent girls perceive that they were more vulnerable to experiencing IPV; in Pakistan, younger boys reported perpetrating violence in dating relationships, including slapping and beating girlfriends; in Bangladesh, men aged 25-40 discussed inflicting physical violence, considering ‘slapping’ as minor, but ‘beating’ (with hands, progressing on to using sticks) as more effective.

We now turn to our primary research findings. Overall, our findings are very much in line with the broader conflict / post-conflict literature on masculinities and violence, in which hypermasculine behaviours are a key feature. As we argue below, however, there is considerable variation in the patterning of hypermasculinities across our three focal countries. Our findings also suggest a variety of change dynamics in terms of how different types of IPV are manifested in the three countries. Overall, key informants in both Pakistan and Nepal were of the view that IPV is increasing compared with the past, whereas interviews in Bangladesh reflect a common perception that IPV has reduced from generation to generation:

*Male 1: ‘When we were young we saw our fathers beat our mothers almost to death if she was at fault. Our mothers did not protest out of fear ... They used to stay in the relationship and they are still in that relationship...’*

*Male 2: ‘Nowadays, they may give a slap or two only.’*

*(FGD, married men, 35-40 years, Gazipur)*

However, trends differed according to the type of IPV. There was general agreement that although physical violence appears to be on the decrease, other types of violence (psychological and economic) appear to be increasing. For instance, in Nepal, when asked about trends in IPV prevalence, respondents explained that this was difficult to assess because while some forms of IPV (such as wife-beating and polygamy) are explicit and hence easier to record, others (such as husbands in middle-class households feeling suspicious of their wives, or suspicions faced by women in employment outside the home) are difficult to access.

Similarly, in Pakistan, a number of key informants added that while physical violence was most visible, other subtle forms of psychological violence are probably more prevalent. Several participants referred to husbands using ‘verbally abusive’ language as a form of violence. Others stated that ‘criticising’ one’s wife for her ability to cook, take care of the house, children and in-laws, and for her looks, constituted IPV as well. Several women reported that their husbands would threaten to ‘burn them’ or ‘throw acid’ on them. As service providers in Shah Faisal Colony explained, ‘violence is not just beating; words are

*more painful* – a sentiment repeated by several women survivors of IPV. Key informants and in-depth interviewees confirmed that ‘slapping, punching and kicking’ or ‘beating with a stick or shoe’ were frequently observed both at home, in the neighbourhood, and by service providers. In an extreme case, a 26-year-old man in Lyari observed another man using ‘tools to beat his wife’ while several survivor women shared that their husbands had routinely attempted to strangle them when they were married. As one key informant noted, the severity of IPV was also perceived to be worsening: in the past, domestic violence would lead to physical injuries, but that was the farthest it would go:

*‘But now it is different. People will even kill as part of this violence. Killing is not what happened in the past. And now the killing is not just part of honour killing, it’s part of the usual violence as well. Women can be killed because of very petty issues.’*

(KII 19)

In Bangladesh, some key informants felt that emotional violence has increased, while physical IPV has reduced over time. The main drivers of this reduction in physical violence were believed to be: poverty reduction; increased education (of men and women); NGO activities; women’s empowerment through education and employment; increased number of nuclear families and freedom from in-law conflicts and pressures; access to divorce for women; and the government’s declared commitment to gender equality. Informants also pointed out a shift in culture that makes IPV much more hidden. They claimed that due to higher education, mobility, NGO activities and exposure to the outside world through internet, TV and film, IPV perpetration has turned into a phenomenon that damages a man’s *maan-shomman* (prestige, honour).

Sexual violence emerged as a particularly important form of violence in which dynamics are changing in Pakistan and Nepal. In Pakistan, views on the existence and prevalence of sexual violence differed according to participants’ gender. Male participants, on average, were even unfamiliar with the concept of marital rape: ‘Woman says no to sex after marriage? Never heard of that’ (18-year-old young man from Deh Chohar). Several male participants were surprised to hear that marital rape (*zinna*) is illegal, albeit a small number of male participants stated that forceful sex is ‘*wrong*’. Women survivors of IPV, on the other hand, reported that husbands not only forced their wives to have sex with them, but would also withhold money from women as a threat, verbally abuse them, or even beat them for refusing sex. This suggests that sexual violence often occurs in conjunction with economic, psychological, and physical violence (see Box 1).

In Nepal, male and female respondents believed that with greater exposure to information and communications

### Box 1: Examples of severe sexual violence in Pakistan

Key informant interviews with service providers revealed serious concerns about the severity of sexual violence, including infidelities with other men, forced anal sex, pressure to get pregnant as soon as 40 days after giving birth, men medicating their wives to reduce the pain of forced, frequent and repeated sex, and coerced transactional sex.

FGD, service providers, Shah Faisal, Pakistan

technology (ICT) and migration in contexts such as the Middle East and India, men have become more ‘*modern in their views around sex and physical relationships*’ while their wives who stay at home have different expectations around sexual behaviour. This leads to the wife being unable to fulfil the husband’s sexual demands, often resulting in the husband having extramarital affairs. This came up very strongly from female respondents, particularly in communities in Kapilvastu and Rupandehi, and equally strongly on the part of young married men who expressed frustration that their wives were ‘*not compatible with them*’ and ‘*did not understand them*’, hence their desire to make their wives ‘*more modern*’.

Gender-based violence in dating relationships emerged as a rising and common phenomenon. Rooted in patriarchal norms around controlling women’s movement and freedom, several examples of boyfriends ‘*slapping*’ their girlfriends emerged from our sample from Pakistan. Jealousy or suspicion were cited as possible reasons for such types of violence. In rare but extreme cases, girls who refused to engage in premarital sexual relations were reported to have been ‘*raped and abandoned*’ (19-year-old young man, Lyari). The notion of a girl’s honour and reputation was evoked several times in relation to dating relationships, suggesting that overall, girls who were dating were not viewed favourably by society, making them less likely to seek help if violence does occur.

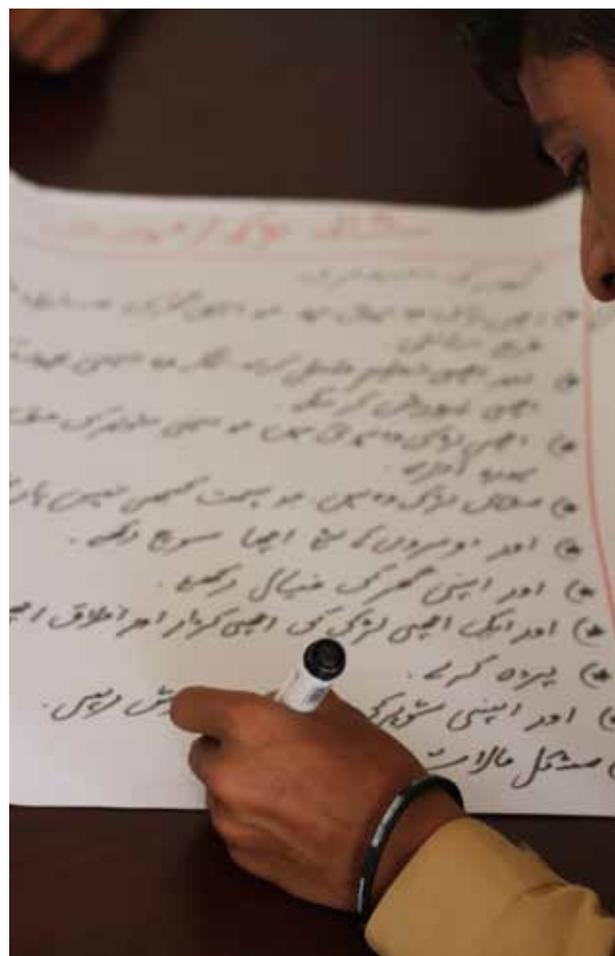
Similarly, in both study districts of our Nepal sample, younger unmarried adolescent girls felt that unmarried girls were more vulnerable to IPV than married women. They felt that cases of IPV among married women had fallen in the past three to four years due to awareness-raising programmes on domestic violence. They also noted that the widespread awareness-raising activities in schools and in the community (through street dramas, for instance) only target married couples. However, since having a boyfriend is becoming more common (albeit still not socially accepted or spoken about openly), and since there are no programmes which discuss IPV among unmarried partners (including the potential dangers associated with relationships), girls find themselves exposed to new forms of violence such as physical coercion by the boyfriend to have a sexual relationship. For example, adolescent girls in Rupandehi district felt that the vast majority (80%-90%)

of boys their age had girlfriends, with more than 20% having more than one girlfriend. They also estimated that more than 50% of the girls in such relationships were forced to meet boys in unsafe places and were coerced into having a sexual relationship:

*‘Boys usually pressure the girls to have a physical relation... They usually say (to their girlfriends), “If you truly love me, you need to have physical relation with me...” and girls are forced into that to prove their love. In most of the cases, girls don’t know that they are forced into it and it is violence.’*

(IDI, 19-year-old young man, Rupandehi, Nepal)

Box 2 explores in further detail how IPV is perceived by different age cohorts of men and adolescent boys as well as those who are married and unmarried.



A workshop on IPV in Pakistan © David Walker/ODI 2016

### Box 2: Differential patterning in types of IPV by age and marital status

In Bangladesh and Pakistan, boys in the younger age group (15-19 years) discussed physical violence in dating relationships that include ‘slapping’, ‘scolding girlfriends on the phone’ (19-year-old, Mymensingh Bangladesh) or ‘beating a girl till she fainted’ because she was caught by her older brother having sexual relationships with her boyfriend (19-year-old boy, Lyari Pakistan). Interestingly, while young boys in Pakistan share stories of dating violence, older men (25-40 years) in relationships did not mention perpetrating violence. Older men in Bangladesh (25-40 years) explained that physical violence must be ‘beating that works. Beating starts with slapping and that beating leaves bruise in the body such as hands. Slapping is very minor. When it gets serious, and too much slang words are used, then they would take stick in their hands. There is no better way of beat’ (FGD5, married men, 25-40 years, Mymensingh). Similarly, in Nepal, older men were more likely to inflict physical violence.

In Bangladesh, boys in the youngest age group (15-19 years) explained that they had heard of sexual violence (e.g. rape) but tended to blame women for it. While younger boys in Pakistan did not mention sexual violence, young men aged 20-24 years talked about sexual violence as ‘wrong’ and committed due to ‘ignorance’ (23-year-old young man, Shah Faisal). However, a few boys in this age group felt that it was the husband’s right to ask his wife for sex. Several also mentioned sexual abuse of boys when asked about sexual violence. In Nepal, 15–40-year-olds were more likely to inflict sexual violence over suspicions of infidelity, including marital rape/sexual coercion and violence related to extramarital affairs.

Economic violence was mentioned only by young men aged 25+ in Bangladesh and was used to refer to situations where wives were forced to give all the money they earn to their husbands to control.

Psychological violence was mentioned only by young men aged 25-40 years in Bangladesh and Pakistan. In Bangladesh, one man shared that ‘in 90% of households, such psychological and physical violence is prevalent. Overall physical abuse has decreased greatly but there are many people who are not even aware of the fact that they are psychologically abusing others’ (28-year-old man, Gazipur, Bangladesh). Similarly, in Pakistan, most men in this age group stated that they thought it was ‘wrong’ for women to face psychological violence.

# 7. Multi-level influences on IPV

## KEY POINTS

- *At the individual level:* Although the situation is complex and can vary, education, poverty and unemployment are important risk factors for IPV identified among all age groups in all three countries.. Drug and alcohol use was another risk factor, particularly in poorer households.
- *At the household level:* Spousal and intra-family tensions whereby in-laws sanctioned or even encouraged male perpetration of IPV on their wives were identified as key drivers of IPV. Men reported triggers of IPV as their wives not taking care of the house, children and/or in-laws; wearing ‘inappropriate’ clothing; not having food ready when the husband returned from work; ‘talking back’; and going outside the home without permission, among other things. Tensions over money and disagreements about appropriate levels of dowry were other household-level risk factors, alongside polygamy and extramarital affairs, which are becoming more common in some contexts. Women’s economic dependency on their husband is another driver.
- *At the community level:* Deeply rooted norms around femininity and masculinity and how a wife should behave are key drivers of IPV. Gendered social norms that limit women’s and girls’ freedom of movement lead men to be suspicious of their female relatives’ motives for wanting to go outside the house. Norms around early marriage and arranged marriage, and practices of certain ethnic groups (such as the *Gauna* marriage system in Nepal) can also drive IPV, leaving young girls particularly vulnerable. General acceptability of GBV and hypermasculinities was further found to drive IPV.
- Social media plays a mixed role in shaping attitudes and practices on IPV. While it can be an effective way of spreading messaging and raising awareness of gender equality, it can also put young women at greater risk in the context of dating relationships, which again seem to be on the increase.

In this section we explore the multi-level influences on IPV. Given that the focus of the study was IPV and male perpetrators, we explore the factors that are likely to influence men to perpetrate violence. While we also collected data from survivors of IPV on the consequences of the violence they were subjected to (and some of the individual country briefs do discuss this), we do not focus on consequences of IPV here, as there is already a broader literature on this (see e.g. Abramsky et al., 2011; WHO, 2013).

Our analysis of the multi-level factors influencing IPV distinguishes between drivers, which we view as more underlying or structural in nature, and triggers, which we see as temporary and more immediate factors that spur men to carry out acts of IPV. Moreover, we use risks and influencing factors interchangeably, referring to factors that increase the likelihood of triggers of IPV being activated.

Overall, we found a surprising degree of similarity across the three focal countries in terms of the multi-level

influences that are drivers and triggers of IPV. While there are some context-specific variations (e.g. the *Gauna* system of marriage in Nepal), broadly speaking, the structural drivers of gender inequality and conservative social norms are critical factors that need urgent attention. As we discuss further below, where we see much greater variation is in the policy, programming and informal responses to tackling IPV.

IPV emerges from an ‘*interplay of multiple interacting factors at different levels of the social “ecology”*’ (Fulu and Heise, 2014: 2): the individual, the household and the community. While we follow this ecological framing in presenting our findings, it is also evident that all factors and levels are deeply interlinked, with each affecting the other. In particular, drawing on insights from intersectionality scholars, we highlight some of the complex relationships between gender, economic status and ethnicity in contributing to IPV (see also Landry, 2007; Shields, 2008).

## 7.1 Individual-level influences

While recognising that IPV occurs across socioeconomic strata (Barker et al., 2011; Jewkes, 2002; Kishor and Johnson, 2006), in keeping with the secondary data from the region, primary data from all three countries showed that lack of education was a key individual-level risk factor for IPV. In Pakistan, for instance, respondents spoke about lack of ‘*intelligence (aqal), manners (tameez), and awareness (shaoor)*’ as being root causes of IPV. The quality of education was also an important factor in Pakistan, as one key informant explained:

*‘I think it goes back to our education system, to what extent students are taught and made aware. Co-education is not available in the majority of schools, so boys and girls are taught separately. It’s also how and what they are taught that makes a lot of difference. If you look at the curriculums, violence is never a topic that is discussed.’*

Similarly, in Bangladesh, in focus group discussions with women over 25, there was agreement that ‘*the husbands who are educated usually don’t do these things [violence]*’ (FGD 10, married women, 25+ years, Mymensingh), believing that education brought about a better understanding: ‘*The educated people understand the danger. Violence has reduced in the educated families. The educated people understand the real consequences*’ (FGD 9 with married women, under 25 years, Mymensingh).

As also shown in the literature, the situation around education is complex, and while lack of education was seen as a risk factor for men perpetrating IPV, being educated (or more educated than men) was found to be a risk factor for women being subjected to IPV, as many men felt threatened by an educated wife. This finding was evident in all countries, though particularly so in the Pakistani and Bangladeshi contexts, as this interview with an IPV survivor (a woman in her mid-20s in Lyari, Pakistan) shows: ‘*I believe men also have this insecurity that their wives might get more successful than them, like I am looking for a job these days so he always had a problem and asked me why I want to work.*’

Unemployment (and thus poverty) was considered a risk and influencing factor in our study contexts, given the ‘stresses’ and ‘feelings of depression’ that came along with ‘economic problems at home’, as expressed by various respondents in the three countries. In Pakistan and Bangladesh, for instance, respondents spoke about violence often being triggered when a wife requested money from her husband to meet household expenses but he could not give her money because poverty and unemployment meant that resources were scarce. This was validated in Bangladesh, with respondents agreeing unanimously that ‘*one who has shortage of money will torture more. In that house they always quarrel*’ (IGT4, 30 years, mother, Gazipur).

Another (often related) risk factor we found, in line with the literature, was that of drug and alcohol use, with respondents noting that these had become more widespread in the study sites. In Bangladesh, substance abusers often refused to go to work and this in turn served as a trigger for IPV if the wife complained about scarce household economic resources. In Pakistan, respondents also reported that they witnessed violence at home and in the community resulting from men being drunk or high on drugs:

*‘I have seen drug addicts come home and when they ask for food from wives, they beat their wives. There is no reason. First of all, he does not earn, he is sitting useless whole day. When he returns home after drug abuse and demands for food, then wife says “I don’t have flour to make bread”. That person who doesn’t earn and whatever he gets from begging, he spends all that money on gambling and drugs.’*

*(IDI with 16-year-old boy, Deb Chohar)*

In Bangladesh, peer pressure in adolescence often led to drug and alcohol addiction. Men who are addicted to drugs or alcohol or gambling are commonly reported to abuse their wives. In such cases, demands for resources for obtaining the drug or for gambling often serve as the trigger.

*Woman 1: ‘The bou (wife) gets beaten if she tries to stop gambling and nesha (substance abuse).’*

*Woman 2: ‘He won’t bring home food and clothes.’*

*Woman 3: ‘It is best not to say anything. Torture starts if you say anything...’*

*Woman 2: ‘But there are children at home. So, women ask ‘... where are the groceries?’*

*Woman 4: ‘He would spend all earnings of the day as well as borrowed money on gambling... He’d sell all household assets.’*

*Women 4,5: ‘He’d sell everything ...’*

*Women 4,6: ‘including the wife’s jewellery.’*

*(FGD, married women, 25+ years, Mymensingh)*

Another risk factor identified by study participants in all three countries was that of witnessing violence as both a child and an adult in the family or in the neighbourhood and, as a result, normalising violence against one’s wife.

Thus in Pakistan, respondents noted that ‘*If their dad beats the mother then the son will also be violent*’ (KII 4). Similarly: ‘*When a child sees violence at home, he will also beat his wife when he grows up*’ (19-year-old,

Lyari). These findings also emerged in the primary qualitative data analysis as well as the secondary quantitative data analysis in Bangladesh. In particular, the quantitative analysis showed that a young man being exposed to his father inflicting IPV on his mother during childhood was 1.82 to 3.22 times more likely to justify IPV, dominate family decision-making and perpetuate IPV as an adult (Yount et al., forthcoming, b).

## 7.2 Household-level influences

At the household or family level, a number of risk factors were identified, most relating to conflict in relationships between spouses and with in-laws. In all three focal countries, family violence was widespread. In Bangladesh, physical violence from in-laws was frequent: ‘Elder brother-in-law, younger brother-in-law, father-in-law, they all beat the woman. Sister-in-law, even the mother-in-law beats’ (FGD 11, married women, 25+ years, Mymensingh). There was also evidence from Pakistan and Bangladesh that mothers-in-law and sisters-in-law encourage the husband to inflict IPV on his wife. In an FGD with married women, one participant explained that ‘a wife whose husband treats her right cannot be abused by her mother-in-law or sister-in-law. That is it. And if the husband gets incited by his mother’s words and starts beating his wife the moment he comes home from work without listening to what happened, then it would be abuse. That would be abusing a wife because of the mother-in-law’ (FGD 10, married women, 25+ years, Mymensingh). Echoing these sentiments, one IPV survivor in Pakistan felt that her good relationship with her husband was ruined because of her mother-in-law and sister-in-law (see Box 3).

Similarly, in Nepal, respondents noted that parents-in-law and sisters-in-law play an important role in fuelling IPV as they often complain to the son/brother about his wife, saying she is lazy, disobedient or has not brought enough dowry. Given the expectation that a wife’s main duty is to serve the in-laws (see section 7.3 on community-level influences), young men will often listen to their parents’ or siblings’ complaints without verifying with the wife and resort to beating her. One key informant explained the relationship between marriage and violence and wives and mothers as follows:

*‘A married son is like the middle finger. There is an index finger (his mother) on one side, and the ring finger (his wife) on the other side. There is a constant conflict between the index finger and the ring finger to have the man listen to them. If the middle finger leans towards the index finger*

*– i.e. if he listens to the mother – he will perpetuate IPV on the wife. If the middle finger leans towards the ring finger – i.e. if he listens to the wife – he will perpetuate violence on the mother’.*

*(KII 17, Kapilvastu)*

There was also a view in Nepal that girls and women marrying into the household often bring problems. Adolescent boys in particular saw their brothers’ wives as ‘spoiling the family’, or bringing ruptures on the family by influencing the husbands to be selfish and to not take responsibility for their parents and siblings. Thus listening to the wife will cause problems:

*‘It is really a very bad thing. I would never do that in my life (listen to my wife). If someone did that in our village, then I would go and try to convince them not to do that.’*

*(IDI with 18-year-old man, beneficiary, Kapilvastu)*

The triggers for IPV identified by male respondents across the three countries included wives: not taking care of the house, children and/or in-laws; wearing clothes considered

### Box 3: The role of in-laws in IPV

Tasneem<sup>14</sup> is a survivor of IPV, perpetrated both by her husband and her in-laws. She has suffered from hepatitis after marriage and often feels faint and ill. She lost her husband three years ago, when she was 8 months’ pregnant with her daughter. Tasneem and her husband had a ‘good’ relationship but their marriage became strained due to conflicts between Tasneem and her mother-in-law and sister-in-law.

*‘They were jealous of my relationship with my husband and used to fight with me for no reason. They used to curse me and say bad things to me. They used to advise my husband to leave me to marry another woman. They used my illness as a reason to convince him. My husband never said anything to them. Instead he used to target me and blame me for not participating in household chores, which was not true, because I used to work all day and I left nothing for my mother-in-law to do. He even hit me twice. He hit me with his hands and never apologised for it. When he hit me, I used to cry and they would send me to my mother’s house.’*

After her husband’s death, Tasneem’s in-laws left the village that they lived in and now Tasneem and her daughter live in Tasneem’s natal home.

*Survivor interview, Lyari, Pakistan*

14 All names have been changed to protect privacy

inappropriate, including not covering their heads; not having food ready when the husband returned from work; not having the bed ready when the husband wants to sleep; talking back to husbands; going outside the home without permission (and being suspected of talking to other men); not observing purdah (in Bangladesh); and refusing sex.

In Nepal, Pakistan and Bangladesh, all this was framed very much in terms of the wife always needing to show respect to the husband, while the opposite was not as necessary; this was also true of girlfriends needing to show respect to their boyfriends (see more in the section 7.3.4). This was particularly the case among the Madhesi community in Nepal, and was also linked to notions of what is considered women's work. If a man felt disrespected, and his wife did not carry out the duties and work expected of her, he was justified in hitting her:

*'He says, "I am your husband. You should make the food ready and stand with a pot of water to wash my hands when I come home from work." If the food is not ready or if I am busy and not able to stand with water to wash his hand, that becomes a reason for getting beaten up by him. When he wants to sleep, the bed should be made beforehand. Otherwise he will say, "Why the bed is not ready?" and will again beat me.'*

*(case study with 42-year-old IPV survivor, Kapilvastu)*

Low household socioeconomic status, linked to lack of employment (see earlier), was another likely trigger of household-level problems, including violence towards women marrying into the household. Households also face problems when a mother dies early as there may be no woman available to carry out domestic tasks. As discussed by study respondents in Nepal, this can result in a son being forced to marry early (see also next section) when he is not ready to, so strong is the need for a woman to take care of the house. This has also led to young men becoming frustrated in their marital relationships when they become adults, and expressing their frustration by meting out violence to partners, as well as engaging in polygamy and extramarital affairs.

In Bangladesh, demands around dowry came out as an additional driver of IPV. Numerous respondents echoed one married woman, who stated that *'Everything happens for dowry. Beating, throwing her out of the house and sending her to the parent's house, in some cases they throw acid on her face. There are big examples of incidents for dowry'* (FGD 10, married women, 25+ years, Mymensingh). Another woman in this FGD explained that dowry, unemployment and drug addiction all go hand-in-hand and have a compound effect on likelihood of IPV:

*'A girl in my neighbourhood was married off with a dowry of 40,000 taka. Her husband is addicted to drugs and is unemployed. He just lies around all day long. If he goes on his job one day, then stays home for four. His father has two wives so the family is large and divided in two parts. Her in-laws abused her in many ways. None of the members of her husband's family spared her. Then the girl went back to her mother when she could take it no more. When the girl came back to her parents, who did not have much wealth, her husband filed a case against her and they were separated. Except that because she was poor she got nothing, not even the dowry money her parents paid her husband.'*

Another driver of problems between spouses was polygamy, as discussed in the Pakistan, Bangladesh, and Nepal studies.<sup>15</sup> In Pakistan and Bangladesh, key informants described how economic constraints of poor households, combined with the stresses of providing for multiple households, was a driver for men perpetrating violence against both or all their wives. In Bangladesh, women noted that polygamy is present even among younger men (FGD 11). *'In this area, there are boys who are still pretty young have married two or three times already. Whereas, they cannot even afford to feed the wives. People still marry their daughters to them. Those who marry their girls to them are bad and the husbands are already bad'* (FGD 11, married women, under 25 years, Mymensingh). In Nepal, some respondents (particularly from the older generation) see polygamy as acceptable, as the following narrative shows:

Q: *'So, you have never faced violence from your husband so far?'*

A: *'No. Never.'*

Q: *'Who is that woman (pointing to another woman)?'*

A: *'Oh, she is his second wife. We were married early and my husband has completed higher education but I never went to school. So there was a difference between us. My sister was educated and my husband started liking her. So he married her as a second wife. I also thought instead of bringing another woman as a second wife, it is good that he brings my own sister.'*

*(IGT with 71-year-old grandmother, Rupandehi)*

However, in Nepal, younger women (17-23 years) see polygamy and extramarital affairs as one of the most significant forms of violence perpetrated by husbands. Women shared that when they question their husband

15 In Bangladesh, 4.2% of women aged 15-49 years were in a polygamous union (BBS and UNICEF Bangladesh, 2014). There is an age effect, with only 1% of women aged 15-19 years in a polygamous union, while 7% of women aged 45-49 years are in a polygamous union (ibid.).

about his spending time and money on other women outside the house, this tends to result in the husband hitting the wife. Key informants further commented that women in their community now prefer polygamy to extramarital affairs, since the latter tend to lead to economic violence, with the man depriving his legal wife of economic resources and spending all the money outside the household, leaving the wife and children at home to suffer. This was a prominent concern among the Tharu and the Madhesi communities, where it seems extramarital affairs are becoming increasingly common (see below for information on the *Gauna* system of marriage as a possible contributor to this). Polygamy was deemed preferable because all the husband's money is invested in the household, and as such, the first wife and any children can benefit from it; the money is also more likely to be available to the first wife for emergency needs.

## 7.3 Community and wider system-level influences

### 7.3.1 Norms around femininity and masculinity leading to IPV

Findings in all three countries suggest that deeply rooted patriarchal norms around femininity and masculinity and expectations about how a wife should behave are critical drivers of IPV. Some of these are already described above.

Box 4 describes how young men in Pakistan conceptualise femininity and masculinity. What is noteworthy is that notions of femininity remain strongly traditional, while notions of masculinity are a mixture of traditional gender norms (e.g. a man must fulfil the needs of the family) and more modern constructions of manhood (e.g. encourage women to do well, take action against violence against women). For further details on the differences in understanding of ideal femininities and masculinities by age and gender, see Annex 5.

Overall, however, our findings highlight hypermasculine traits. In Bangladesh, for example, there is a sense that men are supposed to be angry, tough and aggressive, and hold power and control over their wives. It is therefore well accepted that they can resort to IPV when angry, stressed or frustrated, even if the wife is not at fault; in this sense, IPV is a means of maintaining the status quo:

*'He (a husband) beats when he gets angry. Men are hot-tempered. It is only natural that they'd beat when angry.'*

*(FGD 7, married women, under 25 years, Gazipur)*

*'I am a man. I have the right to order her. I ordered her not to do something, not to talk to someone, but she did not obey me... This was actually "overtaking" me in my own house. As you understand, I am a man. So, I got angry (raag, jid) and decided if she doesn't obey me I'll divorce*

#### Box 4: Conceptualising femininity and masculinity (the views of young men in Pakistan)

##### What is femininity?

- Women should be submissive towards the husband, family, and others related to her.
- Women should withstand and tolerate pain and anger. They should respect others, be obedient and god-fearing.
- Women should be caring towards her family, children, parents, in-laws. Women should support the family financially if needed.
- Women should pay unconditional respect to everybody they are linked with.
- Women should be economically independent (but remain dependent on men regarding how to spend money).
- Women should be beautiful.

##### What is masculinity?

- Men should be caring (socially, physically and materially).
- Men should encourage women to do well.
- Men should fulfil the needs of the family and the wife.
- Men should protect the family and community.
- Men should safeguard women's rights.
- Men should have a strong sense of responsibility towards family, wife, and others in the community.
- Men should be strong (mentally, physically and socially).
- Men should take action against injustice and discrimination, especially stopping violence against women, as well as any other violence observed in the community.
- Men should trust women and girls, and children.
- Men should be willing to change, especially their behaviour towards women, children and family.

her. If I am overpowered by her I'll be treated as less than a man.'

(FGD 2, married men, 25+ years, Gazipur)

On the other hand, women are viewed as commodities, to be shuffled from their parents' home to the husband's home without any voice or agency:

*'It is always the same for the women. They don't have any rights. They are always alone, they don't have a permanent place of residence, neither in their parents' house nor in their husband's house. After the death of the husband, they live under the guardianship of the son. They spend their whole life under the guardianship of another person. They can never practise their own rights in any of the homes they live in. They can't do that in their parents' house because they have to go to a husband's house. So, this is not her house. They don't have anything of their own. It's the same for every woman. The parents say that she will go to her husband's house; this is not her permanent house. The house of her husband does not become her permanent address either. This home of today may not exist tomorrow. If she is kicked out of that house she wouldn't know where to go.'*

(FGD10, married women, 25+ years, Mymensingh)

In Nepal, study respondents explained that how women and girls are viewed, and how they are expected

to behave, stems from Hindu and Muslim traditions centred around men (whether as husbands, fathers or brothers) as the guardians of women throughout women's different life-stages. Despite the fact that the law promotes gender equality, gendered social norms around guardianship contradict this. This notion of guardianship consists of three dimensions (knowledge/wisdom, economic and social dimensions) outlined further in Box 5. The notion of guardianship in Nepal leaves women almost totally dependent on men, which can result in violence (particularly from a male partner); women can do relatively little about this, since such actions and behaviours are deeply bound up with gendered social norms around femininity and masculinity. According to our study respondents, women themselves and their wider society strongly accept this superior status of men and, as such, men's perpetration of IPV is maintained by these structural determinants.

### 7.3.2 Norms limiting girls' and women's freedoms, including their movement, resulting in IPV

In all three countries, findings show that women's freedoms – particularly their mobility – were restricted as a result of gendered social norms, causing parents and husbands to be 'suspicious' of women's movements. In Pakistan, it was noted that even if women had a good relationship with their husband, they were not 'allowed' to have a job, 'go outside anywhere, meet anyone', and were expected to 'stay at home' as soon as they reached puberty. Similarly, in Bangladesh, a father in Gazipur explained that the

#### Box 5: Three dimensions of male guardianship in Nepal contributing to hypermasculinities and IPV

*Knowledge and wisdom dimension of guardianship* – Since a man is seen to be superior in knowledge and wisdom to his wife, his word must be heeded and a woman should not defy him because he knows what is good for her (there is a local saying to convey that sentiment, '*pothi baseko ramrod haina*' – 'A hen crowing is not good'). If she disobeys him, beatings are justified (see also below). We found that boyfriends use this interpretation of guardianship to call girls to meet them in isolated places and perpetuate IPV if she does not obey. '*Yes, I get angry especially when I call her to meet somewhere and then she does not come to meet me there. So then I shout at her and I once hit her for that*' (IDI with 17-year-old male beneficiary, Rupandehi).

*Economic dimension of guardianship* – Unequal access to and control over resources, both within the family and in the community, paves the way for men to assume the economic aspect of guardianship. While men get inheritance and have access to their family's property, a woman has no such access to property, whether in her natal home or her in-laws' household. Women are thus always economically dependent on their husband or their natal family. This aspect is structurally determined and held in place by inheritance laws and local practices that do not provide equal inheritance rights for women. The study also finds that for men it is a great distress if he cannot provide well enough for the wife. On questions on the characteristics of an ideal male, fulfilling the wife's and children's economic needs and having a well-paying job were most important to male respondents.

*Social dimension of guardianship* – The patriarchal system and structure in Nepal often necessitates that a woman has a male figure for support in her social life. A woman needs a man's name not only for herself but also for her children. Important legal documents such as marriage and citizenship certificates are possible only when the man consents to putting his name to them. Additionally, in the study sites, women without a man (unmarried women and widows) were reported to be most likely to face GBV or be accused of witchcraft. Importantly, women also need male guardianship for accessing a range of services as well as for navigating bureaucratic processes including those related to legal systems (most court officials and lawyers are men).

underlying reason for restricting women's movements was fear of the damage it might do to parental honour:

*'Women don't go outside. The thing is that they don't want to nak kan katbo (cut nose or ears – i.e. not stigmatise) their parents. They have siblings. They would not want to jeopardise their ijat (honour)... They have to do whatever the parents tell them to do. This is the reason.'*

(IGT1, father, Shah Faisal)

In Nepal, it was noted that control over girls' and women's mobility was very strong and one of the main reasons women were beaten by their partners:

*'There are husbands who do not let their wives go out of the house and the wife has to listen to whatever he says. So the wives tell to her husband, "can we go out to the market?" To which the husband then replies saying he does not want to go. After hearing this reply, the wife then gets angry and goes out alone or without asking and when she returns in the evening, her husband beats her.'*

(IDI with 25-year-old beneficiary woman, Kapilvastu)

Even among men who believe that violence should not be used against women, social norms 'forbidding' women to have any freedom of movement are so deeply embedded that they cannot imagine a scenario where the woman would disobey her husband.

Adolescent boys were also found to behave in a controlling manner with their girlfriends, including controlling their mobility. This included imposing their desires on the girlfriends, forcing the girls to meet them, restricting their mobility and generally monitoring their social interactions (e.g. by checking the girls' phones). In Bangladesh, some respondents noted that boys may lure girls into a relationship only to rape them afterwards:

*Q: 'What do they do when they date, what do they talk about over the phone, what do they do when they are together?'*

*A: 'In these days love/affair means nothing except sexual harassment of girls.'*

*Q: 'How does a girl face sexual harassment?'*

*A: 'They entice the girl and then, we can see in the newspaper that girls are raped. A boy gets a girl, tells her that he loves her, then he calls his friends, goes to her place and then rapes her.'*

(IDI with 18-year-old boy, Bangladesh)

### 7.3.3 Norms around early marriage and arranged marriage resulting in IPV

Early marriage and arranged marriage remain common in all three countries and place girls and women at risk of IPV, now and in the future. According to respondents in Pakistan, in arranged marriages, *'the boy and girl haven't seen each other before marriage, they start fighting within 8-15 days of their marriage because they haven't met, talked, or understood each other'* (KII 5). Similarly, in Bangladesh, several key informants noted that child marriage is still prevalent and a driver of IPV given that young girls do not have enough understanding or knowledge and are most vulnerable to IPV, and that *'women lose their beauty if they are married off at an early age and men get easily attracted to other women. Then they have conflict over several issues'* (KII 15). Social norms around family honour are a driving force for early marriage in Bangladesh:

*'A girl's family is constantly worried about, if they will find a groom for the girl later if she gets any older, if more dowry will be asked of them if she gets married later, social status, the possibility of the girl getting involved in a romantic relationship and elope (in that order), getting sexually harassed, etc. For all these reasons, they feel a social pressure to get the girl married to someone at an early age.'*

(KII 13)

In Nepal, and particularly among Tharu communities (see also Box 6 on the *Gauna* system of marriage), early marriage and arranged marriage have led to large age gaps and incompatibilities between spouses, which can trigger wife-beating and/or extramarital affairs.

### 7.3.4 Other traditional norms/customs underpinning IPV

Other traditional norms and customs that were found to act as drivers of IPV in Nepal include the custom of marrying wives of deceased brothers in the Tharu community. In this system, when a brother dies, another brother is allowed to marry the wife. However, key informants commented that this can lead to beatings, verbal abuse, denial of food and money, and forced eviction of the first wife; if she does not yet have children, she is even more vulnerable to being thrown out of the house, as her in-laws prioritise taking care of the heir of the deceased son:

*'We find that the system of marrying a brother's widow is another reason for Tharu women facing violence. A younger brother is encouraged to marry the widow of the elder brother even if he already has a wife. The idea behind it is to keep the household property from being given to the widow. And this leads to the first*

wife having to face violence from the in-laws and the husband.’

(KII 18, Kapilvastu)

Another factor mentioned by several key informants in Nepal as a trigger of IPV was the tradition among Tharu women of sleeping with their children instead of the husband. This was found to lead to wife-beating but also a justification for men embarking on extramarital affairs:

*‘One reason for violence in case of older Tharu women is because their husband’s sexual needs are not met and they feel insulted. Their women sleep with children. They have one big bedroom and the man sleeps outside in the veranda. A woman does not want to sleep with the man both in the bedroom, in front of the children or outside publicly. He wants to sleep with her during the day but as there are many children around, she denies him. This makes the man feel rejected and angry. He understands that the wife does not want him enough and takes it as an insult. To take revenge, he either beats the wife or has affairs with other women. Either way, the woman suffers.’*

(KII 15 with member of GBV committee, Rupandehi)

Finally, particularly among Muslim communities in Nepal, there is a custom that a woman gives birth to her children in her maternal home. Hence a few months into a pregnancy, the wife goes to live with her parents and stays there until the child is born and for some time afterwards (around 6 months). Custom dictates that the woman can go back to her husband's house only if he comes to fetch her. According to key informants, if the wife stays away too long, the husband may fall in love with another girl and will not come to take her back. When the wife tries to come back, she is not accepted back by the husband and his family; in such cases, the husband often ends up marrying the other girl and either inflicting violence on the wife or chasing her away.

### 7.3.5 Acceptability of GBV and hypermasculinities as drivers of GBV and IPV

Acceptability of gender-based violence and hypermasculinities was yet another driving factor of IPV. Also mirroring findings in the secondary literature, we found that men and women alike accepted and justified GBV and IPV. In Pakistan, young men and old men justify violence as a necessary tool to teach women to ‘obey’ and ‘behave’:

*‘When I ask her for prayers, she won’t offer prayers. When we ask her to cover her body, she doesn’t obey. When Nikkah is done, then husband has rights over*

### Box 6: Gauna system of marriage (Nepal)

According to local custom, Tharu children are married very young, between the ages of 8 and 14 (in their parents’ generation it was between the ages of 4 and 8). The family members of the boy and the girl decide this marriage. However, the bride is only sent to the groom’s house when she is 17 or 18 years old, when the couple undergo the ‘Gauna’ ceremony. However, as soon as the marriage is agreed (well before the girl is sent to the groom’s house), she stops her education to start learning household duties and other skills such as basket-weaving deemed useful for married life. According to study respondents, in between the betrothal and the actual marriage taking place, boys often have girlfriends whom they meet in school. Since the boy’s family can be fined (up to NRS 200,000 – USD 200) if they do not complete the marriage process, they bring the wife to their house but many also continue to have girlfriends. Some girls shared that they came to know of these affairs and questioned their husbands, which led to fights and being beaten, ignored or told that they are not beautiful.

Shiva, 19 years old, came to live with her husband three years ago. She had only seen him during the marriage ceremony when she was 12. The marriage was arranged by her father, who was friends with her father-in-law. When she came to the house (at the age of 16), she felt that her husband did not love her; he would not talk to her or give only monosyllabic answers; he would not take her to markets or fairs like other newly married couples. She was sad about his lack of interest in her but did not have anything concrete to complain about.

Her mother-in-law and sister-in-law loved her very much. As days went by, her friend’s sister told her about her husband’s affair with another girl in school. She questioned her husband who at first said it was untrue. But she too started to grow suspicious and started questioning more. This led to fights between them, and one day he told her that he was in love with another girl, and that it was due to fear of being fined that he had brought Shiva to his house. He told her that he was not interested in her and not to expect that he would fulfil his duty as a husband to her. There were regular fights and verbal abuse. A year ago he went to Saudi Arabia. Now he keeps calling the girlfriend but not her. He only talks to his mother and does not even ask the mother about her (Shiva’s) whereabouts. Her mother-in-law and sister-in-law still love her and have asked her to wait till the girlfriend gets married to another boy, which is going to happen in a few months. Shiva has seen a ray of hope but is not sure if her husband will love her even after that.

*her. So, she shall obey. I think that the husband should not beat her on small matters but when it is legitimate, he is justified and then he can beat. We learn this from sermons delivered on TV.*

*(IDI with 16-year-old boy, Deb Chohar)*

In Nepal, findings show that it is accepted and expected that wives are inferior to their husbands and should be controlled by them. A wife is expected to be submissive to the husband and his family and a woman who speaks out is regarded as out of her husband's control. This gives leeway for violence as a means of control or corrective action ('it is for her own good'). Although views were mixed, some adolescent boys did say they had beaten their girlfriends when they did not obey them. Adolescent boys in Nepal generally viewed girls quite negatively, which may well lead them to conclude that when they have wives (or girlfriends until such time as they marry), they will need to control them, and IPV is a way of doing so. Thus adolescent boys shared that they thought girls are spoilt, do not 'obey their parents', are only attracted and impressed with boys who have money, and are untrustworthy and fickle:

*'No, the girls of nowadays are a spoilt bunch. I want to become a right person; I haven't walked in the wrong way up till now. I ask my mother while taking important decisions. She will help me to know what is right and what is wrong and I act after that. Girls do not do that. They don't obey their parents. In fact, they hide things from them.'*

*(IDI with 17-year-old male beneficiary, Rupandehi)*

Similarly, in Bangladesh, it is believed to be a husband's responsibility and prerogative to *shashon* (discipline) a woman transgressing social or religious norms, with IPV being the primary tool for correcting a wife's behaviour; it is considered a necessity and not regarded as violence in these communities:

*'People say, "You cannot retort back just because your husband has hit you or scolded you. A husband can always scold you, but it doesn't allow you to talk back.'*

*(FGD9, married women, under 25 years, Mymensingh)*

Women were also seen to justify and accept IPV. Among the Madhesi, Tharu and Muslim communities in Nepal, older women in particular found it acceptable for a husband to beat his wife if she made any kind of mistake: *'Yes, if the wife does something wrong – for example, if she has extramarital affairs with another man – a*

*husband can beat his wife'* (case study with 42-year-old survivor, Kapilvastu). However, women also often have to accept IPV because they have no alternative. Thus, as also explained by many study respondents, particularly in Nepal, a root cause of IPV and the reason for its persistence is the economic dependency of women on their husband, irrespective of age, caste and ethnicity. Women who lack economic independence feel that the difficulties they might face when left without a husband's support outweigh the violence they are subjected to from their husbands. As such, they rarely report cases of IPV. This situation was very aptly described by a key respondent:

*We have our gender roles influencing such violence. Females are not economically empowered also because we are deprived of education. If one is economically empowered, she would never tolerate violence because it does not become necessary for her to do so. But in a typical situation, women are the ones who work for the whole day – like, if there is a buffalo she would bring fodder and take care of the shed and all. She would milk it but the husband would go to sell the milk and take the money. With the money, he drinks alcohol, and in the evening, he comes home drunk and starts beating his wife. It is the wife who suffers from all the sides.'*

*(KII 2, Kapilvastu)*

In Bangladesh, the majority of women believe that abuse is never justified and *'just because she is a woman that does not give him the permission to beat her'* (IDI survivor 1). However, some women respondents qualified this view, believing that abuse is justified if a woman does not comply with her husband's orders after he has tried to reason with her. A smaller minority believed that beating is justified in certain situations, including if a woman does not take care of the children (IDI survivor 4), if she goes out without his permission (IDI survivor 2), or if she has an affair. Indeed, the same woman who stated that beating is never justified also stated that *'If the wife has an affair, then she should be beaten with shoes!'* (IDI survivor 1). This was also true for sexual violence, with most women respondents believing that forced sex is never justified (in or outside of marriage), though a small number believed that forced sex during marriage is acceptable:

*'This relates to a husband, so we cannot call it violence. This is happening between a husband, and his wife. You cannot call it violence. Yes, if it happened before her marriage, you could call it violence. But after marriage, even if it hurt an awful lot, we cannot talk about it.'*

*(FGD 7, married women, under 25 years, Gazipur)*

### Box 7: Secondary quantitative analysis reinforces salience of hypermasculine gender norms as a driver of IPV

Our secondary data analysis in Pakistan highlighted that a young man living amidst more prevalent norms of male dominance and violence was 4.74 times more likely to justify IPV and 2.92 times more likely to exhibit dominance in major family decision-making. The findings suggest some internalization of norms of “male-dominance”, as young men living in communities where male dominant norms were more prevalent were more likely both to justify IPV, and in turn, to treat their wives accordingly. In Pakistan, there is a generational difference in that older men were more likely to dominate family decision-making than their younger counterparts (for further details see Yount et al., forthcoming, a).

Similarly, quantitative findings from Bangladesh revealed that young men living in a community with strong norms around male dominance and violence had 4.35 to 29.96 times higher odds of expressing behaviours and attitudes that condone IPV, and that such cohorts were also seen to justify IPV and controlling family behaviours. The findings were different from those in Pakistan, however, in that in Bangladesh, ‘... levels of justification, control and IPV perpetration were higher among junior than senior men’ (Yount et al., forthcoming, b: 19). The authors suggest this could be because younger married men may feel greater pressure to establish their dominance vis-à-vis their wives than do their older counterparts.

In Nepal, findings were more mixed, but generally speaking, community level norms around male dominance and violence against women appear to influence the extent to which an individual man will perpetrate IPV, as well as his attitudes about IPV and gender roles more broadly (for further details see Roof et al., forthcoming).

Box 7 summarises key findings from the secondary quantitative data analysis which also largely supports findings from the qualitative data.

#### 7.3.6 The role of religion as a driver of IPV

The role of religion as a driver of IPV remains complex, though our primary research findings shed some light on this. Some respondents in Pakistan explained that although Islam prohibits wife-beating, some interpretations of religious texts allow ‘strict’ disciplining of the wife:

*‘Islam has not allowed violence on your wife, sister, mother or daughter. A little strict behaviour is asked to use in Sura-e-Al-Nisa but not beating of any woman. Neither Prophet said any such thing.’*

*(KII 1, Pakistan)*

As a result, the underlying message was that ‘women are the property of man’. Indeed, all participants agreed that religion dictated how to control a woman: ‘See religion like ordering women to wear abaya (robe-like dress worn by Muslim women), not letting her go outside the house. So I think its role is to increase violence.’ (KII 5, Pakistan)

In Bangladesh, however, religion was more clearly seen to justify violence against women. It was felt that beliefs around the subservient nature of women are reinforced by perceived religious prescriptions. Most commonly cited among them are:

*‘A woman’s heaven lies underneath her husband’s feet.’*

*‘Parts of the body hit by the husband will go to heaven.’*

*(FGD11, married women, 25+ years, Mymensingh)*

*‘A woman who disobeys a husband or does not appreciate him will have a place even in Jahannam (hell).’*

*(FGD9, married women, under 25 years, Mymensingh)*

*‘It is justified to bring her back to the Islamic path, so that she lives with morality. Now, if she wears small clothes, she won’t look good. Now, if I tell her about that and if she doesn’t listen, then I must hit her. If you think that, slapping twice will do the job.’*

*(19-year-old boy, Mymensingh)*

Some key informants felt that religious schools (*madrassas*) were going largely unchecked and without government oversight, and therefore they ‘don’t know what is happening, what they are teaching, learning, etc.’ (KII 27).

In Nepal, some respondents (particularly at community level) felt that ‘Religious beliefs rather encourage us to respect the elders and discourage gender-based violence’ (FGD with young married men, 25+, Rupandehi). Others felt that religion affords lower status to women and hence is an underlying driver of violence. Similarly, while many respondents felt that religion was, in theory, a protective factor for women, they felt that some aspects of religion were being wrongly interpreted and ended up elevating men compared to women, the latter being taught to accept all injustices they face as part of their fate or ‘karma’:

*‘Our religion teaches us that a husband is a God for his wife. I don’t know who taught that, but it was explained in that manner. So, that is pushing towards violence in one way or the other.’*

*(KII 2, Kathmandu)*

### 7.3.7 Uneven patterning of changing norms

In all countries there was a sense that norms are changing, but unevenly. On the one hand, as pointed out by older women in the IGTs in Nepal, young girls nowadays have much more freedoms than they had: they can marry later, have more say in choosing their spouse, and can finish their education and even aspire to having a degree.

*'At that time we didn't know anything, we stayed under the fear of parents, our teenage years were spent in fear, we used to fear talking with someone. Once when I was 5-6 years of age, I went to grind oil with my sister. A driver helped us to finish the work quickly and we came back home. But one of our aunts had already told all the villagers that we were flirting with the driver (of low caste) and we were in love with that driver and he was helping us due to that reason. There was such a big hue and cry in the village over that. We did not have any previous relationship with the driver. He just helped us like any neighbourly sister.'*

*(IGT with 71-year-old grandmother, Rupandehi)*

*'Nowadays they (girls) can wear short clothes, gossip on their mobile phones, send messages and talk whatever they like, they will make plans on mobiles, girls from over there come here and sit below that tree behind my home and then gossip with boys freely. The time has changed. At our time, there was only fear.'*

*(IGT with 58-year-old grandmother, Rupandehi)*

However, these increased freedoms did not apply equally to all girls, with girls in Nepal's Madhesi community in particular continuing to face a range of discriminatory gendered norms. There was also a sense that these new freedoms have created other vulnerabilities for girls, including getting pregnant out of wedlock, dropping out of education at an early age, and age at marriage beginning to lower again (see also Ghimire et al., 2014).

Similarly, in Bangladesh we found evidence of positive changes in gender roles and relationships due to increased female education, employment, mobility, and more gender-equitable laws and policies. However, these changes are also producing a backlash; many men perceive these changes as disadvantageous to them, thus making them turn even more to rigid patriarchal and religious prescriptions for controlling women, which act as a further trigger for IPV. One example of this is the response to banning of *talaq* (divorce obtained by the husband uttering the word *talaq* thrice) and giving women the right to request a divorce. Legally, a man now has to pay his wife *Kabin* (brideprice) and a subsistence allowance for the wife and any children upon divorce. This has resulted in increased levels of IPV, where the husband intends to achieve a marriage break-up by avoiding payment liabilities. Most women do not have adequate capability or support to pursue a divorce legally.

So men resort to extreme IPV, hoping to drive the wife away without formally filing a divorce request. In such cases, the divorce ends up being negotiated by leaders from the men's village, where the husband usually possesses considerable leverage and negotiating power. As a result, women often do not receive the full *Kabin* and subsistence allowance. Moreover, they often have to let go of the dowry paid by their natal family.

*Man 1: 'If a man doesn't like his wife anymore he'd abuse her. He can divorce her.'*

*Man 2: 'No, getting a divorce would require paying her money. So, I'd mistreat her.'*

*Man 3: 'For instance, at meal I'd shout at her, 'You f-----! What rubbish have you cooked?' even when both the curry and the rice is delicious.'*

*(FGD 2, married men, 25+ years, Gazipur)*

In all three countries, there is slow acceptance of emerging boyfriend/girlfriend dating relationships, which are becoming accepted in some circles. On the one hand, this signals increasing acceptance and tolerance and perhaps a move towards a loosening of some of the more conservative and stringent gender norms. On the other hand, however, as described earlier, boyfriends continue to keep tight control of their girlfriends and also reportedly commit IPV against them. This violence often goes unreported since, despite the changes we have described, this girlfriend/boyfriend phenomenon is still in the early stages of acceptance. In Bangladesh, for instance, key informants mentioned that while university students are more openly having girlfriends and boyfriends, also signalling their modernity, the boy keeps tight control of his girlfriend, restricting her movements as well as her interactions with other boys and also using physical violence on occasions.

It was also pointed out in all three countries that IPV among wealthier, more educated and often higher-caste people (in the case of Nepal) persists. The forms that IPV takes are also changing (e.g. violence may no longer be physical but may be psychological, which is more difficult to see and prove) and tends to remain more hidden, since women from such families may have more to lose by reporting it. Moreover, in the context of the new phenomenon of girlfriends and boyfriends, social class and education are no longer protective factors, as this following narrative from Pakistan shows:

*'I went to a friend's place and she told me that her daughter has a boyfriend who is beating her up. And a boyfriend, not even her husband. Why is she taking this? And then willing to go back to him. The girl's mother was explaining to her that you are consenting to this and becoming one of those women who allow this, this*

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*becomes a cycle and goes on. So this happens in the educated families also. And these men think that it's no big deal. They think what will happen if I slapped her once?'*

(KII 18)

In all countries, social media (including TV, the internet and mobile phones) plays a mixed role in shaping IPV attitudes and practices. On the one hand, it was seen to be an important vehicle for awareness-raising around gender equality, publicising new acts and legislation to support women (e.g. in Bangladesh, the Dowry Prohibition Act and Child Marriage Act, and Women and Children Repression Prevention Act), as these men in Bangladesh noted:

*'In early days, the government decisions were known through radio. Now, people have cell phone and TV. Most importantly it is the era of the internet now. If anything happens now, the whole world gets to know about it through Facebook.'*

(FGD 2, with married men, 25+ years, Gazipur)

On the other hand, social media was considered to be putting women in danger. In Pakistan, there was concern among a number of male respondents that exposure to social media was challenging traditional gender norms. Men repeatedly brought up Indian soap operas as misguiding women and teaching them to become 'free':

*'In the beginning, it was good, women were treated well with strictness, and they were not left alone in marriage ceremonies and outings. Man used to order his wife. But now, woman order her husband. Our women have seen those Indian dramas and they have learnt back-biting from these dramas, and they see their dresses and shoes and wish to wear them in marriages. So in this way our women are getting free now.'*

(21-year-old man, Deh Chohar)

The influence of media on norms for men and women was validated by a key informant, who noted that:

*'I don't think that the television media is playing a good role. Not at all. Our television media is playing a very negative role as they perpetuate that image. They say that the man should be like this and the women don't need to work or go out. They still say that women who go out are bad.'*

(KII 18)

Additionally, key informants and other women, both in Pakistan and Bangladesh, suggested that access to technology was giving young boys easy access to pornography (porn), leading to 'sexual frustration'. Young boys in Lyari (Pakistan) explained that having mobile phones gave rise to dating relationships while simultaneously giving easy access to watching porn. According to key informants in Bangladesh, young boys watching porn also led them to inflict violence on their girlfriends and ask them to carry out demeaning sexual acts. In Nepal, mobile phones did not appear to be used so much for watching porn, but instead were cited as facilitating love or elopement marriages (which had mixed consequences for girls – see Ghimire et al., 2014). Nepali women felt that when their husbands returned from migration to India or the Gulf countries (migration being a widespread phenomenon in the study sites), they asked them to perform demeaning sexual acts; not only were these acts seen as violence in themselves, but if the women refused, they would be beaten.

# 8. Policy and responses to address GBV and IPV

## KEY POINTS

- Despite relatively supportive policy and legal frameworks in Bangladesh and Nepal, implementation challenges represent significant obstacles to progress. Main factors hampering response and prevention include inadequately trained staff and insufficient resources (human and financial).
- In Pakistan, decentralisation and backlash present specific challenges, but legal and policy frameworks still have some way to go to address the risks and influencing factors of IPV.
- A range of NGO services deliver material assistance and psychological support to survivors. While medical and legal care services are comparatively accessible in urban and peri-urban areas, women and girls in rural areas are generally not well served and have few options for care or support.
- Informal support networks in women's immediate environment (natal family and neighbours) are the primary source of protection against IPV but family interventions may have mixed outcomes (e.g. advising women to tolerate IPV or attempting to reconcile the survivor with the perpetrator).
- In some communities, local traditional systems of arbitration still play an important role in resolving community-level disputes, including marital disputes.
- Most women do not report IPV to formal institutions until their lives are in danger. Even attempting to report IPV can lead a woman's husband or in-laws to inflict further violence upon her. Poor treatment by police and other service providers acts as a further disincentive to report IPV.
- Given limited government capacities, UN agencies, NGOs and donors are heavily involved in raising awareness about VAWG.

The policy frameworks around GBV across the three focal countries vary considerably, albeit with one commonality – in all three countries, IPV is poorly reflected in national policy and legal frameworks (see Annex 6). That notwithstanding, Bangladesh and Nepal have both enacted a number of conventions, laws and policies on violence against women. For example, Bangladesh recognises 30 different types of violence, including dowry-related violence, acid attacks and abduction. In Nepal, the Domestic Violence (Crime and Punishment Act) 2006 for the first time recognised domestic violence as a crime punishable by law. In Pakistan, on the other hand, while some progressive anti-violence policies have been proposed recently, the complexity of the situation is evident in the recent (early 2016) nationwide protest against the Women's Protection Bill of Punjab by religious parties such as *Jamiat-i-Ulema* Islam and the Council of Islamic Ideology, which called it un-Islamic and demanded that it be withdrawn. The uneven protection afforded to women

in different regions of Pakistan emerged as a particular challenge for those championing change.

According to our key informant respondents, existing legislation often provides only cursory remedies at best, and suffers from considerable gaps leading to poor implementation. In particular, legislative frameworks pay inadequate attention to underlying social norms and values that drive GBV or IPV. For example, in Bangladesh, key informants noted that rape within marriage is not recognised as a crime unless the bride is below 13 years, while IPV between partners who are not married is not recognised at all. There was a general consensus that existing legislation does '*not help survivors*'. Key informants also noted that because violence happens everywhere, it should be addressed by other sectors – for instance, developing policies to address violence in schools (KII 32).

While respondents felt that the policy and legal environment surrounding VAWG needed strengthening, they were also clear that the main challenges facing all three countries were in implementation. In Pakistan, one

key informant reported that there was no implementation of any framework against domestic violence:

*'There was a national plan of action before but after the 18th amendment, every ministry made their own plans of action... Laws against domestic violence are also there but there is no implementation of those laws. There is a lot of inertia in setting it all up. A domestic violence commission had to be set up in all districts but after three years it still hasn't been done'* (KII 14). Similarly, in Bangladesh, one key informant explained: *'[The] Policy and legal framework is adequate but the trouble is the implementation'* (KII 25).

In Pakistan, what makes implementation even more complicated is that there is no clarity or accountability about who is in 'control' of enforcing the laws, compounded by staffing and capacity issues within the central government agencies tasked with tackling GBV and IPV. The Women's Ministry is in charge of implementing any legal framework pertaining to violence against women; however, according to one respondent, the *'government created the women's ministry and women's development departments, [but] in comparison to other ministries these departments don't have any say'* (KII 14). In Nepal, implementation is hindered by a lack of coordination at the national level, both among key government agencies and between those agencies and the

NGOs/INGOs working in the sector. For example, gender issues, including GBV, are represented by a focal section in each ministry, but the ministries do not communicate or coordinate plans and activities; in practice, each ministry and focal section conducts its own gender mainstreaming work separately and on an ad hoc basis, with no adherence to the overall national strategy. In Bangladesh, respondents called out the country's limited attention to prevention as the primary issue with implementation. As a key informant an NGO observed, *'Most government organisations and NGOs work with post-VAW and post-IPV situations. No one is effectively raising awareness beforehand to prevent VAW/IPV'* (KII 16). Prevention is neglected mostly because it is a far larger task than mitigation, as it requires coordinated efforts to address the root causes of abuse (such as poverty, drug abuse, and low prosecution rates):

*'The dominant reason behind continuation of violence against women is drug addiction' (KII 1); 'You don't have any legal action against perpetrators... to ensure prevention of violence.'*

(KII 25)



A counsellor at the National Helpline Centre for Violence Against Women and Children, Bangladesh © Fiona Samuels/ ODI 2016

## 8.1 Services responding to GBV/IPV

In this section we outline the types of services available to survivors of IPV as well as the challenges highlighted by key informants both in terms of accessibility and delivery. As Figure 2 shows, both informal and formal services exist, with differences across the three countries.

### 8.1.1 Services for survivors

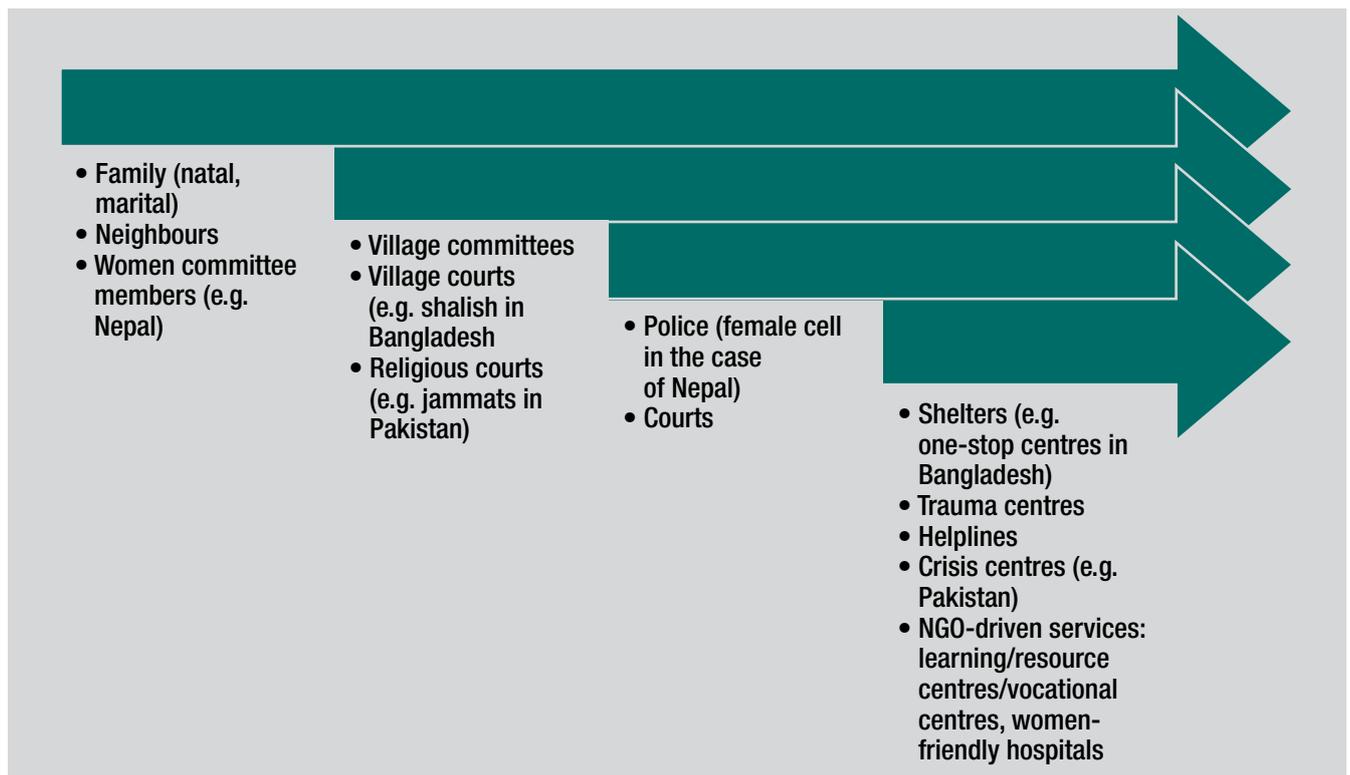
In all three countries, at the forefront of the response to GBV/IPV is the provision of medical, legal and psychosocial services to meet the needs of women and girls who have been subject to violence. NGOs and the government are both heavily involved in this work. In Bangladesh, a key initiative is the Multi-Sectoral Programme on Violence Against Women, which aims to strengthen integration of GBV prevention and response services. However, further evaluation of these types of programmes is necessary, given their mixed impacts in other contexts. More details are provided in Box 8.

In Nepal, the Ministry of Women, Children and Social Welfare has a gender violence control section, which directly deals with GBV through the Women and Children Development Department at the district level. The ministry funds one shelter home in Kathmandu and one per district in 17 districts, operated by NGOs or other community groups. If survivors do not want to stay in shelter homes, then the Alleviation Fund for Victims of Gender-Based Violence provides relief under the supervision of the Chief District Officer and referral to members of the judiciary. The Women and Children Development Department (WCDD) has a ward-level monitoring group comprising six women

representatives. There are also *Mahila Sanjal* (women's networks), which are part of a larger women's cooperative established by the WCDD to empower women and build their voice and agency. Each network, which is often the first port of call for survivors, consists of around 35 women who can intervene in cases of GBV and raise awareness.

In Pakistan, there are government-run shelters (for women needing longer-term protection) and crisis centres that connect survivors to the police and shelter homes (that provide emergency accommodation for three days only). Additionally, in one of our study sites in Pakistan, a counselling helpline provided '*help on mental health, child abuse, medical care and medical outreach*'. In terms of NGO services, our findings uncovered a range of approaches in the three countries. In Bangladesh, the women's activist organisation Naripokkho is implementing the UNICEF-funded Women Friendly Hospital Initiative, helping hospitals to establish VAW service centres. BRAC is implementing a variety of programmes at the *upazila* level to help connect survivors to the services and support they need. BRAC also runs a hotline that provides survivors with psychosocial support and links them with other services. Respondents noted that while medical and legal care for survivors of VAW in urban and peri-urban areas are comparatively accessible, most rural women and girls have very few options for care. According to a coordinator from CARE in Bangladesh, rural people not only lack transportation, but are also more likely to be confined to their homes because of broader restrictions on their mobility. One female interviewee from Mymensingh (KII 21) explained that in her area there is only one

Figure 2: Protection and response services for survivors of IPV/GBV



community health promoter (from BRAC) who works only with pregnant women. She herself is a community health promoter with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR-B), but no other organisation is working in the area because of *‘the backward and inconvenient commute system of the area. Even no chairman visits this area, thus there is no development here.’*

In Nepal, the Ministry of Women, Children and Social Welfare (MoWCSW) runs shelter homes, one in Kathmandu (which was to start from 2016) and others in 17 districts (of which 16 are funded by the government but operated by NGOs or other community groups). Besides this, there are also other shelter homes funded by NGOs/INGOs that are run independently or in collaboration with the government. A range of community service providers refer women to these shelters, including female police cells, GBV committee members, NGOs, community-based organisations (CBOs) and women’s networks as well as friends and neighbours. NGO-run shelter homes provide short-term stay facilities (up to 45 days), but quality of service varies depending on resourcing and continuity of funding. Some shelter homes also provide referrals to complementary services including life-skill trainings, education, medical and legal support, and seed money to start entrepreneurial activities – all identified based on the needs of survivors. In Bangladesh, there are also

government- and NGO-run shelter homes (see Box 9 for a description of a shelter home under the MSP).

### 8.1.2 Protection services

#### Informal means of protection

Women are primarily protected against VAW by informal support networks in their immediate environment, especially natal family members and neighbours. Even so, our findings suggested that when the natal family was brought into confidence, the reactions were mixed. For instance, in Pakistan, some family members told the survivor to continue tolerating the violence, and/or attempted to reconcile the husband and wife. Moreover, in some instances, family members did not appreciate the seriousness of the violence women were experiencing. For example, one survivor shared that her sister thought it was a *‘misunderstanding’* that the survivor woman was kissed on the lips by her father-in-law. Other families, however, encouraged their daughter to divorce her husband in cases of IPV, though few women were willing to listen to their family’s advice.

In Nepal, when survivors share incidences of IPV with someone they trust, their network encourages them to report the violence to a member of the GBV monitoring committee (who may be a friend or neighbour), or the women’s network. However, if a survivor is thrown out of

#### Box 8: Bangladesh’s Multi-Sectoral Programme on Violence Against Women – a promising approach

The Multi-Sectoral Programme (MSP) on Violence Against Women is implemented jointly by the governments of Bangladesh and Denmark. It aims to develop a holistic and multidisciplinary approach to tackling GBV. Launched in 2000 and led by the Ministry of Women and Children Affairs (MoWCA), the programme focuses on:

- improving and consolidating integrated services related to VAW;
- increasing awareness on VAW and related public services in relevant institutions and the public;
- developing institutional capacities of the Ministry and key government agencies to improve inter-ministerial coordination and action on VAW;
- achieving targeted legal and procedural reform to enhance the prevention and redress of VAW cases/formulation of VAW;
- working on trafficking (common in border areas) and traffic flux towards India, Nepal and China through Myanmar, and preventing child marriage.

The MSP has more than 700 staff and includes 20 regional trauma centres, helplines, 30 one-stop crisis centres (OCCs) and violence prevention committees. A proposed fourth phase aims to establish 9 more OCCs in Dhaka and open 8 more trauma centres (KII26).

Helplines (staffed by university qualified and trained personnel, most of whom are women) aim to connect women who are experiencing violence with local police and women’s representatives. There were 90,000 calls in 2016 alone. One key informant commented that this service has been invaluable, helping women understand their rights and access the support and services they need.

The OCCs, established in 2009, have supported 8,653 women and children to date ([www.mowca.gov.bd/](http://www.mowca.gov.bd/)). In light of their success, there are plans to establish OCCs in 40 districts and 20 upazilas (administrative unit of sub-districts). All OCC employees are authorised to refer to the police station, which is then required to immediately designate an officer in charge, who is responsible for ensuring that medical evidence is collected within 24 hours. OCC employees then support survivors by helping them gather the required paperwork and monitor the progress of their case. In rural communities, staff from the NGO BRAC often fill this role, supporting survivors to report violence and proceed to prosecution by accompanying them to file reports and providing them with stipends to cover the costs of transportation.

### Box 9: A government-run shelter for women and girls in Gazipur, Bangladesh

The shelter in Gazipur was set up in April 2011 under the government's Multi-Sectoral Programme on Violence Against Women. It has 15 staff and has capacity for 100 survivors. At the time of our fieldwork, only 17 survivors were living in the shelter, more than half of them adolescents (aged between 13 and 15). These women and adolescents had come to the shelter under court order, either because they had filed a case against their partner, or because the police found them homeless in the street.

More often, though, adolescent girls were there because their parents had filed a case against them due to the girl embarking on an under-age marriage that their parents had not consented to. In cases where under-age brides are willing to go back to their parents, the court allows them to do so. But in many cases, the girl refuses and wants to live with her husband. As one supervisor in the shelter explained, *'the court cannot let her stay with her husband because she is under 18, so she stays here under custody'*. This means that adolescents stay at the shelter for several months or even years until they reach the age of majority, 18 (most had married when they were 15 or 16 years old).

Hence, survivors of violence and under-age brides cohabit in the shelter and share rooms. Some of them were pregnant when they arrived or had their children with them, so they also live in the shelter. They learn skills such as sewing and watch TV together. None of them are allowed to go outside for security reasons, unless to go to court. If they have permission from the court, they are allowed to receive visitors. The shelter does not seem to be connected to the one-stop centre in Gazipur. Every week a doctor and lawyer visit the shelter's residents. All services are free and the MoWCA contracts lawyers to act on behalf of the women and girls there. A counsellor and a primary school teacher used to provide support as well but this has stopped.

In Pakistan, in the Shah Faisal colony, a counselling helpline was operational, learning resource centres/vocational centres were also functioning in Sindh region, incorporating the views and advice of women survivors of IPV to provide counselling, vocational training and referral services to survivors. Additionally, networks for safe spaces were also created in Sindh villages. However, respondents were concerned that leaders of those safe spaces were themselves also perpetrators of IPV, and thus more in-depth interventions were necessary before the spaces could be functional.

the husband's house, it is the male members of the natal family who go to seek redressal.

In Bangladesh, rural women had stronger informal networks than urban women. A representative of a donor organisation in Dhaka explained, there is a *'huge difference between urban and rural areas... Women are more vulnerable to violence in slums. In rural settings, there are social settings, people know each other. Slum inhabitants are forced to live with each other, there are no social networks. So the support needs to be provided quicker'* (KII 28). Other key informants observed that in addition to the anonymity that comes with urban living, urban life also creates new spaces for interaction (physical and virtual) that can breed violence (see Box 10). Public transport in Bangladesh, for example, was identified by several study participants as a setting for VAWG: *'[...] If the seat beside me is empty then I put a bag on it so that a man would not be able to sit on it. Whenever a man sits beside me I notice that he slowly starts to grow larger (sound of laughter)'* (KII 24).

#### Justice system responses

In this section we explore responses largely at village level, which combine formal and informal, traditional and modern systems.

#### Arbitration system at village level – informal processes

In Pakistan and Bangladesh, community members and NGO practitioners stressed the critical importance of the local arbitration system (*'shalish'* in Bangladesh, *'jammat'*

in Pakistan), a traditional informal justice system through which influential local figures come together in small panels to help resolve community members' disputes, including marital disputes. For instance, the male BRAC representative in Mymensingh explained, *'here, most of the VAW/IPV cases are resolved by local elders and influential individuals'* (KII 16). The goal of these local arbitration systems is not justice per se, but to prevent divorce, given that in Bangladesh, men have to pay *kabin* (the amount mentioned in the marriage document as brideprice) and a subsistence allowance to women upon divorce. The process typically entails the girl's family approaching the local elders first, and then both sides listening to the recommendations before reaching a final decision.

However, these informal courts may not always be a viable option for many, as one 16-year-old girl in Deh Chohar, Pakistan, explained: hypothetically, if she was stuck in a cycle of violence, she would *'not go to community head, because he will send me back to my husband and then it will bring a bad name for my family. My husband will also not take care of me like before.'* Thus, informal arbitration may (intentionally and unintentionally) put the onus on women to continue tolerating violence by remaining with abusive husbands – all in the name of protecting his family's social status:

*'In cases like this... they decide and tell the (abused) women to go back to their abusive husbands and manage.. These situations are tied to social status and*

### Box 10: Online spaces provide new avenues for IPV and gender backlash

Male and female study respondents reported that one new space facilitated by modern urban life is the virtual world, where the risks facing young women and girls are all too real and where hypermasculinities are played out with minimal social sanctioning. According to a senior researcher from BRAC in Bangladesh, *‘the use of technology such as mobiles has increased violence by increasing interactions between girls and boys’*. These interactions are dangerous, s/he added because *‘most boys and girls have not learnt yet how to behave with one another and technology has come too fast’*. In some cases girls pose for what they believe to be private pictures and videos, only to discover that they have been shared online. *‘There is a lack of law for guaranteeing consent’*, explained another key informant (KII 38). Girls consent to photos, *‘but not necessarily to share them on the public domain’*. In other cases, the contact facilitated by mobile phones leads to ‘rape cases by boyfriends’.

In Pakistan, key informants and other women suggested that access to technology was giving young boys easy access to pornography, leading to *‘sexual frustration’*. Young boys in Lyari explained that having mobile phones gave rise to dating relationships while simultaneously gave easy access to watching porn.

*family honour, people think discussing or getting outside help will harm their social image.’*

(KII 13)

Women’s fears about loss of social status are not unfounded, especially since in Pakistan, focus group discussions with women indicated that *‘the jammat don’t keep issues confidential and this ruins the image of the family’*. Agreeing with Alim (2006), who concluded that *shalish* often serves as a mechanism for the rural elite to control villagers’ social norms, our study respondents reported that women’s access to justice is deliberately impeded by older, influential villagers who take bribes and spread rumours damaging to women and families. One male key informant in Mymensingh, Bangladesh (KII 18), for example, explained that sometimes bribes are taken to ensure that reports are never filed, are used to ‘throw’ or even reverse rulings, making women look foolish.

In Bangladesh, women’s access to informal justice is further blocked, according to key informants, because arbitration panels often prohibit even influential women (such as female *upazila* members) from hearing cases that involve VAWG (KII 23). In Nepal, the local justice system involves sharing incidents with the village-level GBV

Recognising this new and growing threat, in early 2016 Bangladesh hosted its first expert consultation about cyber VAWG. It involved practitioners from the fields of law, media, technology and women’s rights (BLAST, 2016). Participants highlighted issues around social stigma for survivors of online violence (e.g. how women are called *‘bad women’*), but also differences in how ‘consent’ is understood by technology users.

Key informants noted that while new technologies are opening virtual spaces for VAWG, they are also serving to prevent and respond to it. For example, many adolescents in Bangladesh use their mobiles to listen to the radio, including UNFPA programming (KII 25).

In Nepal, a key informant explained that *‘well, the media nowadays with its ever-broadening coverage reach are the major source of information and have helped with regards to generating awareness regarding GBV even in our village’*. Additionally, male respondents in Pakistan grudgingly described that Indian soap operas were empowering women and teaching them to be *‘free’*:

*‘In the beginning, men used to order their wife. But now, a woman orders her husband. Our women have seen those Indian dramas and... they see their dresses and shoes and wish to wear them so in this way our women are getting free now.’*

(21-year-old man, Deh Chohar)

monitoring committee, either with a woman from that committee or the civic awareness centre. These committees have strong mutual coordination, though this is only the case when there are women-only groups. Coordination between groups involving men and women-only groups is more problematic, as men tend to become uninterested and refer back to women, saying that they are now empowered enough to handle such cases, as one key informant (a member of a GBV monitoring group) noted:

*‘When we have to take cases of dispute between husband and wife, we also call the men. They (the men) say, “oh, this is a women’s issue, you people can do it. There is no need to involve us.” Only three to four men come while the rest of the people don’t even show up for the meetings.’*

(KII 28)

### Police and courts – the government judicial process

For each country, the steps taken after any of the informal responses noted above varied markedly. In Bangladesh, the next step consisted of going to village courts – government institutions that work in parallel with the

informal arbitration system. Each consists of five members, the chair of the UP and then two UP members chosen by each disputant. Key informants from two NGOs, Community Legal Services (CLS) and Bangladesh Legal Aid and Services Trust (BLAST), explained that in most cases, village courts were approached only after *shalish* had failed – primarily because many survivors, especially those in rural areas, do not know that they have the right to approach the police and initiate formal procedures. In some cases, however, even village courts are bypassed and survivors directly approach courts at the *upazila* level.

In Nepal, on the other hand, if cases are not resolved by the GBV monitoring committee or the civic awareness committee, the woman is assisted to go to the nearest police station. The action taken depends on the nature of violence: if there is no physical violence, the police counsel the perpetrator, but in the case of serious violence, they detain him until the case is resolved. If the violence is recurring, the case is referred to the female police cell of the district police station. The GBV monitoring committee might also take the case to the Women and Children Development Department, where they try to solve it using counselling methods. If this is not effective, then the case is sent to the court by the police station. The district police station brings the husband and wife together, asks them to share their stories and provides counselling. If the husband continues to perpetuate violence, they take legal procedures. There are several mediation efforts in the courts by government-appointed mediators – a service that is free to the survivor. Should this also fail, then the process of giving the share of property or divorce is carried out as per the survivor's wishes. The Women and Children Development Department and the legal advisor of the court support the survivor until the court's verdict is implemented in the case of divorce.

### Under-reporting of IPV/GBV

Under-reporting of IPV to the police and formal justice system is a major challenge in all three countries. Reflecting widely held beliefs that IPV is a *'private'* matter, respondents emphasised that incidents seldom reach the courts. As one key informant explained, in a joint family system like Pakistan, the desire to keep incidence of IPV out of the public sphere is strong, such that *'all religious leaders also stand against complaining outside. They all say that it's a personal matter, why should the police come and break the sanctity of a house?'* (KII 14). As a result, the overwhelming consensus across the focal countries was that formal services were not accessed until *'women's lives are in danger'* (KII 13, Pakistan) and even women's monitoring groups in Nepal cannot intervene and are forced to watch and wait. In Bangladesh, similar trends were observed where according to a male respondent from Mymensingh (KII 12): *'It is forbidden by the family to get into any legal case.'* As most Bangladeshi women live with their husbands' families, prohibitions are not just verbal,

often leading to further violence inflicted or instigated by in-laws if the woman attempts to seek justice (KII 19).

Another equally challenging barrier in the formal response system was a perceived dearth of accountability and transparency. Although police, as officers of the law, are ostensibly charged with protecting and supporting survivors of VAWG, in Bangladesh our key informants reported that corruption is rampant (KII 23) and police officers all too often refuse to open a case unless they are paid to do so. This is particularly the case when plaintiffs are unaware of their legal rights and when they are unaccompanied by a third party. As one key informant from BRAC explained, *'They do not ask for money in our presence. When we are not with the plaintiff, police would demand money from them. They say that superior officers won't sign a case file without money'* (KII 17). In Pakistan, one key informant similarly opined that the lack of accountability and transparency were to blame since *'even if an incident happens, the perpetrators know that they can go to the political people such as the MNAs [Members of the National Assembly] and they will be saved from the consequences. So people do realise that even if we ask the authorities for help, there are some influential people who will not even be taken to the police station.'* This suggests that the legal and justice system are failing to perform their functions and protect survivors of IPV due to the fact that the *'control of these structures'* lies with people who have power within government and are not necessarily interested in championing IPV prevention and prosecution: *'the courts are disappointing... because of a lot of corruption'* (KII 19).

While government in each country should, in principle, bear the cost of all legal expenses in cases of VAWG (KI23), **financial barriers** also prevent some women, especially those from the poorest households and rural areas, from accessing formal justice. In Bangladesh, even when legal fees are waived, transportation costs to and from OCCs, hospitals, and police stations can be prohibitive; additionally, people are not aware of availability of public funding from the District Legal Aid Committee (DLAC) since 1994. Similarly, in Nepal, while legal services are free, some amount of money is required for travel, bringing witnesses, getting copies of documents and so on, and women may have difficulty in arranging money for these purposes. Besides this, as many women are uneducated, they need help filling out the necessary documents, going to the right section of different bodies to get these documents registered, or in acquiring other necessary documents. BRAC in Bangladesh provides up to 30,000 taka to some women, but as resources are limited not all women have access to financial support. It is therefore not surprising that in Pakistan, several in-depth interviewees and key informants stated that hiring a lawyer was too expensive, beyond the economic capacity of most families, and *'a waste of money'*, which is why *'they [survivors] prefer to solve their matters in the village'*.

NGOs providing legal aid is considered especially necessary to support survivors who have decided to report abuse. In Bangladesh, BLAST (Bangladesh Legal Aid and Services Trust) and Community Legal Services (CLS) provide such services. CLS is a five-year programme funded by the UK's Department for International Development (DFID), which aims to support community legal services, advocacy, and research and to build the capacity of partners to deal with vulnerable girls and women, especially those in rural areas. Currently covering 16% of the country, it has developed a training programme (covering confidentiality, case documentation, etc.) that is delivered to union-level legal facilitators. Partners also offer *shalish*, referrals to village courts, and assistance with accessing services such as OCCs and District Legal Aid Committees. In principle, the CLS programme bridges the gap between demand from GBV survivors and the existing services to process cases. In practice, however, not many respondents at the local level mentioned that they use or benefit from the programme.

Another major impediment to accessing services was lack of awareness of available services. The onus is largely on survivors to reach out to services (like NGOs and shelters) but women were generally unaware of the existence of such services. In almost all our interviews and in Pakistan especially, participants reported that they were unaware of any NGOs that dealt with VAWG. Moreover, in Pakistan, if a survivor did go to a shelter or NGO, under-age girls (i.e. minors) were asked to identify their legal guardian and sent back to the guardian, placing them back in the cycle of violence they were trying to escape (KII 12). Indeed, echoing Valters and Jahan (2016), our research suggests that a significant barrier for many survivors is confusion about the legal reporting process. Legal processes also complicate survivors' access to formal justice. *'Reporting violence is a very difficult process, and many people would drop back mid-way'*, explained a key informant from BRAC. Many key informants saw legal aid organisations as critical to compensating for the complexity of the system, and the limited capacity of local officials and providers.

Moreover, an important weakness in the formal response system that may explain why women were hesitant to seek formal justice for IPV is the poor treatment they typically receive at police stations. One key informant described *'a lack of sensitivity in the police service, medical-legal staff, and the staff working at the shelter. A lot of women have told us that the women in the police service are the most verbally abusive. The in-charge of the shelter home has said to a woman that you have had a second marriage, so now we can't do anything for you except tell you to do a third marriage or die in the current marriage'* (KII 14, Pakistan). Biased treatment in court was also noted in Nepal, where *'sometimes the officials have a bias attitude towards women who are filing complaints against their husbands. They themselves have issues related*

*to IPV in their personal lives or are not very satisfied with the present laws or practices on gender equitable justice. In such case, when decisions are to be made by them based on their personal judgement, hearing of the cases gets affected negatively'* (KII 21).

## 8.2 Prevention – building awareness to tackle GBV

Overall, key informants agreed that the government of each country lacks the capacity to adequately address VAWG. They explained that agencies and departments are understaffed and staff inadequately trained, with poor coordination and limited leadership. Most importantly, they highlighted the invisibility of women in debates and dialogues:

*'Ministry of Women and Children Affairs is the focal ministry on VAWG but I don't see a ministry who is a champion,'* explained one key informant in Bangladesh (KII 25). The need to hire trained staff was reiterated in Bangladesh and Nepal: *'The government programmes addressing issues of abuse against women are understaffed so they need to hire adequate human resources'* (KII 4, Bangladesh). In Nepal, poor compensation for legal staff was highlighted as a major reason for high turnover:

*'... these legal advisors are licensed lawyers but the salaries they get paid are very low, so an experienced legal advisor would never go to the districts on that limited salary. So it's those beginners in their professional career that go there but they, too, after accumulating the work experience of one or two years, leave the job.'*

(KII 2)

One suggestion to improve staffing would be to streamline and specify responsibilities for officers according to different types or areas of risk, as suggested by an NGO worker in Gazipur, Bangladesh: *'It would be great if there were officers responsible for specific relevant issues like a government officer monitoring child marriage only'* (KII 4). This was, he felt, the only way to make any sustainable progress against VAWG, given that current efforts are largely NGO driven and NGO activities can be unreliable due to shifting donor priorities and variable funding streams.

Key informants agreed that government capacity was especially weak at local levels in Bangladesh, where women were rarely included in efforts to prevent and address VAWG. *'Women members are like showpiece. Just like flowers in the flower vase,'* explained a key informant from Mymensingh (KII 24). Even where they are *'elected as members of the union council'* or allowed to sit on local violence prevention committees, women members (and even educated women) are *'not taken very seriously'*. This was not the case in Nepal, where women-only committees were the first stop in response systems.

Given limited government capacities around prevention of GBV and IPV, donor organisations, including UN agencies and NGOs, are heavily engaged in raising awareness about VAWG. They are working to ensure that the public not only understands what IPV entails but also to help women and girls understand their rights and how to claim them. While in Bangladesh, efforts are strong and relatively widespread, in Pakistan, the scope of the programmes was limited and large-scale change was hindered by the small number of people the programmes reached.

In Pakistan, recognition of the benefits of including men and boys in programming was also fairly recent. As explained by a key informant at Sindh Development Society (SDS), though SDS began in 1994, it did not start with a focus on GBV. Similarly, AMAL Human Development Network began its work with a focus on HIV/AIDS. The prevalence and severity of GBV in Pakistan, however, brought violence to the forefront of these organisations' remit. In the case of AMAL's work, a realisation that HIV/AIDS interventions and treatment were most successful when men and boys were included highlighted the need to engage men and boys in GBV programming as well. Similarly, at SDS, a key informant explained that *'we realised that if the women become aware but the men aren't, then the awareness of the woman is useless. If the men aren't sensitised, then all this is of no use'* (KII 15). As a result, at the time of our study, both SDS and AMAL had *'integrated engagement of men in all their work around women's empowerment, violence against women, and girls' education'* (KII 15). A key component of including men and boys in programming was the inclusion of understanding and raising awareness about the role played by norms around masculinity in perpetuating violence. For instance, the training modules by SDS *'talked about masculinities with the participants. It focused on the attitude and behaviours of men and women. It taught power balancing – i.e. who should have the power in families. It explained that if there is an imbalance of power, then there can be violence. If extra power goes to any of the spouses, the other spouse can get deprived of their rights'* (KII 16).

### 8.2.1 Facilitating dialogue at household and community levels

One of the key ways that organisations are working to raise awareness about VAWG is facilitating dialogue at the household and community levels (see Box 11 for school and other spaces for awareness-raising). Using techniques ranging from television and radio programmes to street theatre and community discussions, NGOs are working with a wide array of stakeholders to make sure that girls and women know they do not have to tolerate abuse, and that boys and men know which behaviours constitute abuse.

According to some key informants in Bangladesh, it is vital that programmes target several generations at once, creating spaces in households and communities to

discuss topics never before considered open for discussion between generations. *'It is because young people cannot have discussions with parents that they get into unhealthy relationships,'* explained a shelter director from Gazipur (KI I9). Targeting fathers-in-law and mothers-in-law was also mentioned by some key informants as being an important category for programming, since they would be critical in teaching respect to children.

Evidence for *'training sessions on violence against women, qualities of a good father and husband, and generally on women's rights'* were also found in Lyari, Pakistan. Several male participants shared that they had attended awareness-raising sessions as part of the programming efforts. Men and boys were *'encouraged to come and attend the session by SDS [Sindh Development Society]'* (50-year-old man, Karachi), where they learnt *'not to inflict violence on women or any weak person. So, we are more careful about it. Another thing that we learnt is that we must not force our own decisions on our wives. If we see violence we try to stop it and if we can't, at least we feel bad about it in our heart'* (ibid.). This beneficiary reported taking his sons for sessions since he found them so beneficial. Moreover, SDS has formed *'vigilance committees at district level'*, which allows them to gain both legitimacy and influence in the community. These advocacy groups (i.e. mothers' groups, fathers' groups, youth groups) aim to create *'community activists out of anyone'* in order for the message to be spread across the community. In Jameshoro district, there are now as many as 140 community activists (KII 16).

In Pakistan, among the small number of programme beneficiaries, there was general consensus that even months after the awareness-raising sessions, people *'did not see anyone who attended them beat their wife now. They try to give money to their wives so there are no more quarrels in the families'* (young man in Karachi). However, these small-scale positive examples notwithstanding, almost all key informants in Pakistan noted that there was strong *'denial'* that IPV and GBV is occurring in the community, especially among those who are older, making it *'difficult to change mind sets'* (KII 8, Pakistan).

In Nepal, on the other hand, while interviews with key stakeholders, women survivors and beneficiaries reveal that programmes have achieved small changes in attitudes around gendered norms, and that more men are now open to participating in activities than when the programmes were first launched, even when they do participate they are not always active participants. Generally, it was noted that men preferred to sit in committees rather than take part in training sessions, and social mobilisers had to motivate men to join such sessions. Our interviews with adult men also revealed limited interest in programme participation as they considered it to be a woman's issue. Young adolescent boys and married men, on the other hand, were more willing to take part in training, and reported changes in the way they viewed gender responsibilities at home:

### Box 11: Working with schools and religious leaders in Bangladesh

Working through schools, with even the youngest children, was seen by all key informants as a critical point of engagement to tackle VAWG, both because children spend so many hours there and because it is an age-segregated co-educational space in Bangladesh. As the director of a women's shelter observed, *'Teachers should start teaching students at young age what it means to have healthy relationships'* (KII 9, Gazipur).

The United Nations Population Fund (UNFPA) and the NGO, BRAC, have been heavily involved in school-based programming. The former is working in more than 300 schools and 50 madrasas to teach a *'positive attitude towards the opposite sex'* by introducing an *'equity and violence prevention curriculum'* adapted from the Gender Equity Movement in Schools to better fit the Bangladeshi context. The course, aimed at children aged 10-14, covers topics such as child marriage, violence and life-skills, and has been integrated into government textbooks. UNFPA also runs an awareness-raising radio show and operates a helpline for young people. In addition to working to foster gender equality in its schools, BRAC is also supporting adolescent programming for boys to develop positive masculinities and girls to develop voice and agency. There are also efforts directed at preventing VAWG at the tertiary level. UN Women, for example, is working to raise awareness and develop strategies to prevent violence on university campuses and among students. It is forming multi-stakeholder groups, creating formal committees, and supporting international campaigns such as UNITE and the He for She campaign.

In Bangladesh, respondents had mixed views as to whether they believed that religious leaders should play an important role in prevention efforts. Some believed that they were central, given their influence over social norms. Others believed that they were less relevant in today's

modern world, while others still believed that they might slow progress.

Several NGOs reported that working with religious leaders is critical to securing local buy-in and *'touching millions of Bangladeshis'* (KII 28). *'The imams and muezzins should discuss about these issues to build social awareness. They have to play a more active role in this,'* argued one respondent from Mymensingh (KII 16). Some religious leaders clearly agree. One key informant from Save the Children reported that religious leaders are very supportive in the areas in which their organisation works, even using weekly services to talk about child rights and sexual abuse. Several UN agencies are also working with imams to raise awareness on VAWG and sexual and reproductive health and rights, albeit without proof of effectiveness.

Other key informants had concerns about relying too heavily on religious leaders to disseminate messages about VAWG, because *'their value system is difficult'* (KII 28). One, for example, believed that as society became more capitalist – and interconnected – religious leaders were becoming less influential than the media in terms of instigating the sorts of change that reduce VAWG (KII 35). She explained that based on her previous work with religious leaders, it was not uncommon for them to have headline messages aligned with NGO goals – and more subtle messages aimed at supporting the traditional social and religious norms that disadvantage women and girls.

Several respondents noted that growing religious extremism is threatening recent progress on gender rights more broadly and VAWG specifically. According to a key informant from BRAC, this fundamentalism – which originates from migrants who have returned from Middle Eastern countries such as Saudi Arabia – is leading to greater restrictions on women and girls and higher rates of VAWG. This theme is echoed by the survivors included in our research, some of whom reported that they had been subjected to violence at the hands of their returnee husbands.

*'My father never assisted my mother in kitchen. I am a part of this training and that training taught us many things and the scenario has changed now... Even husbands assist their wives in the kitchen now... I assist my wife on her every work and she too assists me in my work'*

(IDI with 26-year-old male beneficiary)

Changing attitudes were also noted among older men who participated in training sessions, as reported by a key informant from the WDCC:

*'They [men] are happy after the training. We had ex-Gurkha army men participating in the training.'*

*'They said "Sister, you gave this training a little late to us. We used to just force our wives to have sex, we never thought about their desire. We thought they were just being shy. But now we know we were committing crime."'*

(KII 15)

Overall, in the three study countries, there were some positive stories where either survivors of IPV managed to navigate their way through the judicial system, often against the odds, and achieve a successful outcome; or narratives about men who are defying dominant hypermasculine gender norms to support women and efforts to eradicate IPV. In all three countries, there were

several male respondents who could be categorised as positive outliers, who had taken part in programming efforts against VAWG. As a result of participation in awareness-raising training sessions – some of which included sessions with spouses participating as couples – there was evidence of significant changes in attitudes and behaviours. In some cases, participants even went on to take up a career in the social justice field. Excerpts below indicate changes as a result of programme participation (see also Box 12):

*‘Before IBR [Institute for Basic Rights], I would have liked to become a man like my friends. After IBR, where we saw and studied things, saw the Western life, I changed. Our attitude towards women changed. Before that, in early adulthood, we had different perspectives, blaming women for everything. Like looking at women and thinking about sex. First, we have to make friends with them and then try to have sex. But after IBR, this changed. I learnt they are not sex objects.’*

*(27-year-old man, Lyari, Pakistan)*

*‘The father’s group is a part of SDS programme. It talks about the qualities of a good father. What are his duties? How should he behave with his children, his wife and other family members and neighbour? They talk about what are the things that a woman can do and what a man can do. Such as they ask us, “can a woman teach in the school? Yes she can.” Then “can she ride a donkey cart?” Yes, (smiled) I have seen that. “Can a woman lift weights? Yes, she is strong enough,” like that... It has very good effect on my life. For example, I learnt how to handle my anger. I learnt many activities to control it. I also learnt what violence on women is. These sessions had a very good effect on my relations with my wife. Like at the moment I am jobless and trying hard to get a job. So sometimes I get frustrated, but attending these sessions helped me to deal with the frustrations. I am trying my best to get the job. You know, these sessions are after two or three months and I did not see anyone who is attending them beats his wife now. They try to give money to their wives so there are no more quarrels in the families.’*

*(IDI with 30-year-old man, Hyderabad, Pakistan)*

## 8.2.2 Building gender awareness among the police force

Efforts are also underway to improve the capacity of local police departments, providing gender awareness training to officers as well as hiring more female officers. Evidence of lack of gender sensitivity among police officers was a major barrier cited for under-reporting (see above). Thus, the women’s activist organisation Naripokkho in

Bangladesh, for example, is running a variety of projects aimed at making police services more accessible to survivors of VAWG. Since 1998, volunteers have regularly been visiting police stations, observing how officers interact with women who come to report, and offering suggestions for improvement.

*‘We are trying to monitor the process of the implementation of law... Where are the gaps? What are the limitations of the service providers? And we share our recommendations and findings in a positive manner so that they can realise what actually is wrong.’*

*(KII 31)*

In Pakistan, however, while sensitivity training is underway, attitudes are not changing ‘fast enough to keep up with the demand’ (KII 14).

Because police stations remain highly segregated environments that effectively force women to report violence to men, Naripokkho and the UNDP (under the Police Reform Programme) are also working to encourage departments to become more women-friendly by hiring more women. These efforts appear to be paying off. Between 2009 and 2014, the number of female police officers doubled, from 1.8% to 5.24% (UNDP website). In Nepal, previously, women used to present to the Women and Children Development Department to solve issues of GBV or domestic violence. However, for the past few years, after the establishment of female police cells to take up cases of GBV in each ward, and women being informed about this special provision, they have begun to approach the local police in cases of domestic violence or IPV, as reported in both study sites (Kapilvastu and Rupandehi). Our female beneficiary respondents were very forthcoming in sharing that if the husband perpetrates violence, ‘one should go to the police office’ and that it is common for women from their village to go there in such cases. Hence, while earlier cases went to the district police through the Women and Children Development Department, now they go directly from the local police to the women’s cell at the district-level police.

### Box 12: Learning from positive outliers

Hussein is a 26-year-old married father from Lyari. After surviving a difficult childhood – and being exposed at university to equitable ‘Western’ ideals – Hussein not only rejects violence as a solution but is making ‘women’s problems’ his main aim.

Hussein’s childhood was ‘pretty bad’. His mother died while he was a toddler and his father, on the rare occasions that he was on leave from work and back in Pakistan, drank so much that he often did not even know who he was. Driven to learn from his earliest years, Hussein’s step-mother and uncles made him spend most of his childhood studying in a madrasa rather than at school. ‘I didn’t want to learn the Quran,’ he explained, ‘I would go and get beaten... at even a very small mistake such as reading a word wrongly while reciting the Quran.’ He continued, ‘We would get hit in the legs with sticks. They would make us lie down and hit us.’ The violence in Hussein’s childhood was not confined to the madrasa. One of his aunts punished his younger brother, who was ‘mischievous’, with an iron – burning him badly near his kidney. Another time, he and his friends witnessed an elderly man raping an 11-year-old boy.

Hussein’s adolescence was even more violent than his childhood. At that point, living in Gwadar, in order to pursue his education, he not only saw his good friend taken by intelligence agencies and ‘tortured for a couple of months’ because of his involvement in student politics, but regularly saw bodies that were brutally desecrated and left in public spaces. ‘I don’t think there would be more violence anywhere else in the world,’ he sighed.

Girls and women in Pakistan, Hussein knows, face not only the day-to-day violence that permeates the country but also myriad forms of gender-based violence. ‘I have seen a woman in my house being forced to marry a man who was mentally ill,’ he explained. ‘Among my neighbours,’ he added, ‘women would be hit, abused, sometimes beaten with tools’. One neighbour, he said, shot his wife because he believed she was unfaithful. Men believe this violence is ‘justified’, Hussein explained, because there are *fatwas* that say ‘a woman can be hit as long as her bones don’t break’.

Hussein is determined to not only break the cycle of violence in his own family, but to ensure that his young daughter grows up with ‘freedom to do whatever she wants’. ‘The man who beats women is not a man,’ he exclaimed, adding that ‘women should have the same rights as men. They should be able to live according to their own lifestyles.’ Hussein attributes his fervent beliefs about girls’ education and women’s rights to his participation in IBR – a club he joined while at university.

Recently Hussein went back to Gwadar. Seeing that ‘there is no college for girls,’ he ‘talked to the DC regarding a building to be set up’ for girls to study. Also, he added, ‘we have worked with the police’ about the sex abuse that girl students are facing. ‘When we learnt about the problems women are facing, we made that our main aim,’ he explained. ‘The woman is the survivor, we can’t do much for her,’ he continued, but in order to reduce violence against women, ‘I think it is important to engage men’.

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# 9. Conclusions and recommendations

Overall, the findings from our multi-country study show that the WHO's multidimensional definition of IPV resonates with the **patterning of IPV** in these contexts, with the critical addition of economic violence. Not surprisingly, verbal and psychological forms of violence are rarely discussed or reported, but our primary research findings suggest that they form a fundamental part of women's experiences of IPV.

Overall, we found a surprising degree of similarity across the three focal countries in terms of the multi-level influences that are driving and triggering IPV. While there are some context-specific variations (e.g. the *Gauna* system of marriage in Nepal), broadly speaking, the structural drivers of gender inequality and conservative social norms are critical factors that need urgent attention.

However, our findings also show the need for **culturally resonant and context specific definitions of IPV** to be included in any umbrella conceptualisation of IPV in the region, since these would arguably help to dismantle deep-rooted conservative discourses and norms. For example, violence linked to dowry, acid throwing, *fatwa* and polygamy are all significant dimensions of IPV experiences in the three study countries. Yet whether these practices constitute violence is highly contested in the region, with many such behaviours being accepted as expected and even culturally sanctioned.

From the **perspective of many men and boys** in our sample, some form of violence within relationships with intimate partners – wives or girlfriends – is acceptable and justified on the basis of needing to control girls and women and take corrective action to ensure that they comply with conservative gender norms. This is not to say that the attitudes of men and boys are not changing – however, the pace and degree of change is uneven, with men often professing 'modern' and 'egalitarian' attitudes but when probed on their perceptions of the ideal woman/wife/ girlfriend they fall back on notions of docile and submissive femininities.

The study also revealed mixed findings around the interplay between age and attitudes towards IPV: on the one hand, adolescent and recently married young men tended to exhibit deeply rooted conservative norms and hypermasculine traits, whereas middle-aged men tended to be more accepting of women as potentially equal partners. There was also a sense, however, that when men become

'too old', it is difficult for them to change and go against entrenched gender norms.

In terms of **multi-level influences of IPV**, the key message from our cross-country findings was that the different levels are highly inter-related. At the **individual level**, the most salient influences include: level of education (with lower education levels among men often, though not always, associated with higher levels of IPV, while higher education among women was often a risk factor for IPV); substance abuse (drugs or alcohol); and being exposed to some form of violence (within the household or community) as a child or adult. At the **household level**, in-law relationships are a key trigger of IPV, with women being subject to abuse either directly from their in-laws or from their husband, fueled by in-law pressures; low socioeconomic status of the household was another driver. Finally, at the **community level**, a range of gender norms appear to be key drivers of IPV, including those around family honour (which involves control of female sexuality), child marriage, early marriage and arranged marriage, acceptability of violence (by men and women), dowry practices, and restrictions on women's mobility. While education and employment are intersectional factors that influence IPV, it is deep-rooted gender norms that shape boys' and men's hypermasculine identities; given that these are fostered from a very early age, this makes tackling IPV very challenging. Although there is some evidence on positive change resulting from access to new technologies (e.g. information about IPV services), a backlash is also evident, especially in Bangladesh and Pakistan, with conservative religious forces (among others) championing entrenched patriarchal norms that often condone violence and hypermasculinities.

**Institutions (formal and informal) at all levels – the macro, meso and micro** – play a vital role in either promoting or stalling progress in tackling IPV. Micro-level institutions (including the extended family and tribal groupings, informal courts and arbitration systems, women's GBV monitoring groups, community-based organisations and NGOs) are often the first port of call for survivors. The interface with religious leaders at community level is also important, although our findings suggest that they often serve as a conservative force so would unlikely be the first port of call for women experiencing IPV. Meso-level institutions also emerged as

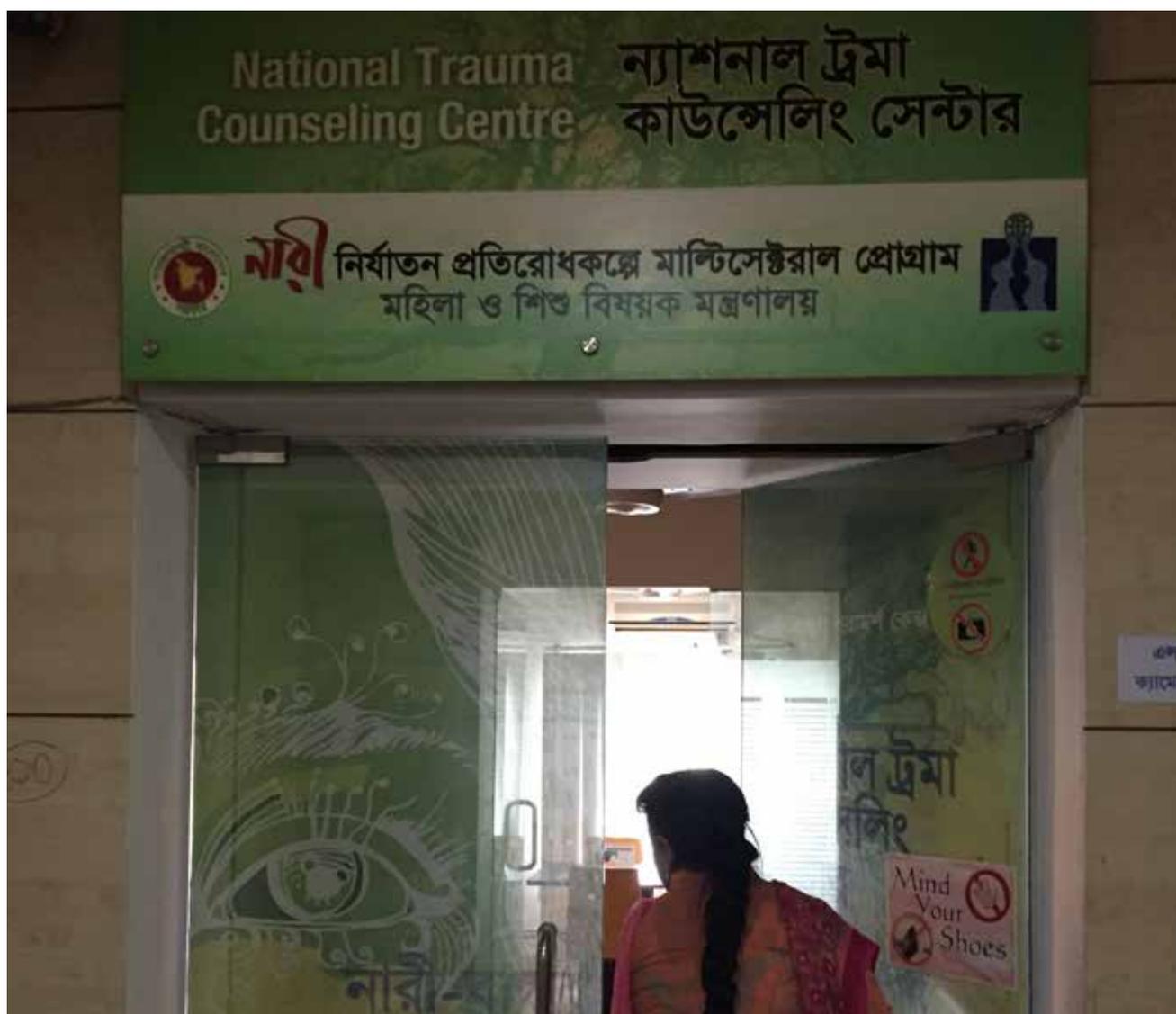
key mediators of IPV responses. These include schools, health clinics (including one-stop centres), police stations (including female police cells in Bangladesh and Nepal), formal legal structures (including legal aid provisioning) and sub-national level representatives of political parties.

At the macro level, given the range of fragilities faced in these contexts, we see considerable diversity in the patterning of institutional responses to IPV and support for broader women's rights agendas. In Nepal, women's rights and programming to prevent IPV are an explicit approach taken by government following the post-conflict peace accord, although implementation is proving challenging, with limited coverage and resources. By contrast, in Bangladesh, which has a liberal approach to civil society interventions and considerable resourcing, the type and breadth of programme coverage is significantly stronger; however, conservative gender norms remain a significant barrier, and there is currently considerable backlash from rising religious conservatism. In Pakistan, the challenges are much greater; not only is there a conservative

government whose ability to check traditional tribal and patriarchal forces is arguably more limited, but there is also considerable decentralisation and fragmentation of laws and policies, which in practice means that resources for tackling IPV are extremely limited.

Overall, the **programming infrastructure** to respond to IPV is relatively more robust in Bangladesh and Nepal compared to Pakistan, where responses are highly fragmented. Even so, in all three contexts, the extent to which existing programming engages with men and boys is limited. Additionally, in all countries programming tends to be very limited in coverage and duration, and is neither integrated nor sufficiently intensive to be transformational. See the discussion on recommendations below for further details.

Table 6 identifies key recommendations, with possibilities and opportunities for how they could be implemented. It also identifies which institutions could implement them, along with challenges that may be encountered.



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**Table 6: Key recommendations and opportunities to address IPV through policy and practice**

Recommendation	Operationalisation	Who	Opportunities	Challenges
<b>Promote definitions of IPV that have cultural resonance</b>	<ul style="list-style-type: none"> <li>Build on standardised measurements for IPV and identify agreed indicators that have cultural resonance</li> </ul>	<ul style="list-style-type: none"> <li>Academics, educationalists</li> <li>Regional bodies – South Asian Association for Regional Cooperation (SAARC), WHO Regional Office, UNFPA, UNICEF, UN Women</li> </ul>	<ul style="list-style-type: none"> <li>Securing a place at the table at regional meetings</li> <li>Promoting opportunities for dialogue between academics, civil society and educationalists</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring that the definition adequately captures variations within countries on IPV attitudes and behaviours</li> </ul>
<b>Ensure programming responds to regional patterning of IPV</b>	<ul style="list-style-type: none"> <li>Invest in awareness-raising not only on IPV but also on the relevant laws and policies that exist on GBV, inheritance, dowry, divorce etc., and the services available</li> </ul>	<ul style="list-style-type: none"> <li>Government, media, NGOs/ CBOs</li> </ul>	<ul style="list-style-type: none"> <li>Use interactive approaches, such as community theatre, working through schools, community dialogues, safe spaces for women and girls to discuss these issues, and work with male role models</li> <li>Use media/social media to reinforce this messaging</li> </ul>	<ul style="list-style-type: none"> <li>Risk of fragmented messaging that fails to build on or complement different messages from different sectors and levels</li> </ul>
<b>Engage with men and boys to better tailor programme interventions, while maintaining a strong gender and rights focus that is inclusive of women and girls</b>	<ul style="list-style-type: none"> <li>Identify entry points where different groups of men and boys are most likely to be receptive to messaging, including religious institutions (e.g. mosques and churches), schools, youth groups, cafes, sports events and locations</li> </ul>	<ul style="list-style-type: none"> <li>All actors, including communities</li> </ul>	<ul style="list-style-type: none"> <li>Given that social norms become more rigidly enforced and personally salient in adolescence, it is critical to reach boys as early as possible, ideally when they are pre-adolescent or very young adolescents, and inside the family</li> <li>Work through educational establishments and youth clubs to reach adolescent boys and young men, including through influencing curricula development</li> <li>Work with role models of positive and progressive masculinities, including celebrities or progressive religious leaders</li> <li>Invest in pilots to test different approaches</li> <li>Promote cost-cutting learning on promising models of engaging men and boys</li> </ul>	<ul style="list-style-type: none"> <li>Risk of backlash by boys and men, especially if such measures are not carried out in a way that is culturally resonant</li> </ul>
<b>Ensure that programming approaches respond to the multi-level influences of IPV</b>	<ul style="list-style-type: none"> <li>Ensure the promotion of an inter-sectoral and multi-level approach through a national coordinating agency or inter-agency working group</li> <li>Pay attention not only to programming that addresses IPV specifically, but also to opportunities to mainstream IPV prevention through programming related to e.g. women's health, livelihoods/ economic empowerment, food security, infrastructure and transport</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Women or Justice as possible champions</li> <li>Support from donors and (I)NGOs</li> </ul>	<ul style="list-style-type: none"> <li>Given the diverse programming entry-points, there are opportunities to work with the following target groups: men and women as couples, in-laws, community and religious leaders, media leaders (given that the media often reinforce discriminatory attitudes), police and the health sector at different levels, and employers</li> <li>Programming entry points can also include programmes to build women's skills, credit and savings schemes, programmes on substance abuse and employment opportunities for men and women</li> </ul>	<ul style="list-style-type: none"> <li>Risk of backlash, especially from religious leaders and conservative political parties</li> <li>Limited and short-term funding cycles</li> <li>Weak institutional enforcement mechanisms</li> </ul>
<b>Map and engage strategically with key institutions at different levels, especially in an effort to counter backlash against women and girls' empowerment</b>	<ul style="list-style-type: none"> <li>Improve the availability of information and the skills and knowledge of service providers to prevent, screen for and respond including making referrals re. IPV within and across the justice, legal, protection, health and education sectors).</li> <li>Promote legal reforms to criminalise IPV behaviours (e.g. marital rape), and for the prosecution and sentencing of IPV perpetrators.</li> </ul>	<ul style="list-style-type: none"> <li>Government, NGOs and donors</li> </ul>	<ul style="list-style-type: none"> <li>Harness existing local structures, including formal and informal justice systems</li> <li>Develop cross-country learning around promising practices through, for example, SAARC, with support from donors as needed</li> <li>Enhance reporting of IPV to test and strengthen justice and police systems</li> <li>Enhance referral systems across sectors on IPV</li> </ul>	<ul style="list-style-type: none"> <li>Limited resourcing and lack of gender budget monitoring</li> <li>Lack of incentives, given limited funding and institutional prestige related to GBV/IPV issues</li> <li>Lack of demand, given the often hidden nature of IPV and the limited awareness of existing services</li> <li>Problem of legal loopholes and elite capture, which undermine reporting, prosecution and transparency /accountability</li> </ul>
<b>Invest in, strengthen and improve programming, including monitoring, evaluation and lesson-learning related to programming</b>	<ul style="list-style-type: none"> <li>Ensure greater investment in primary and secondary prevention initiatives.</li> <li>Provide greater investment for prevention and treatment services to ensure adequate intensity and duration of programming.</li> </ul>	<ul style="list-style-type: none"> <li>Government</li> <li>NGOs</li> <li>Donors</li> </ul>	<ul style="list-style-type: none"> <li>Invest in monitoring and evaluation of existing programming to inform new and scalable programming approaches</li> <li>Rigorous monitoring will also improve the quality of services as well as transparency and accountability</li> <li>It is critical to monitor and evaluate implementation of the law at a national and sub-national level</li> </ul>	<ul style="list-style-type: none"> <li>Gender- and social-norm change are often slow and non-linear processes and funding cycles are too short to allow for the necessary continuity</li> </ul>
<b>Strengthen data collection and analysis that involves both men and women, boys and girls from diverse geographical, ethnic etc. groups with regard to IPV practices</b>	<ul style="list-style-type: none"> <li>As part of this work, invest in strengthening culturally appropriate tools and scales to measure forms of economic and emotional violence</li> </ul>	<ul style="list-style-type: none"> <li>Researchers in the region</li> <li>Donors that support research</li> <li>UN agencies that are responsible for the achievement of the Sustainable Development Goals in relation to GBV reduction</li> </ul>	<ul style="list-style-type: none"> <li>Growing global and regional attention to issues of IPV and recognition of lack of data</li> </ul>	<ul style="list-style-type: none"> <li>Limited research funding</li> </ul>

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