Final Report

On

Scopes, Opportunity and Challenges for a Gender Based Violence (GBV) Survivor for Reintegration Into Society



Date of Submission: 31st October, 2022

Submitted To
GNSPU, HEU

Prepared by
GRM

The work presented here is the contribution of many people. It is gratifying to note the relentless efforts of the colleagues of Health Economics Unit, GNSPU and GRM to complete the study. I personally appreciate the input made by the following colleagues for designing the study and finalizing the report.

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Finally, special thanks are due to project beneficiaries, local stakeholders and in particular the Self-Help-Groups, Union Committees, Student's Forums, Community Health Volunteers, Governmental Officials at local and Upazila level, project staff HEU management and to all local NETWORKS who had given their valuable time and information for the study.



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Acronyms

GBV	Gender-Based Violence
MoHFW	Ministry of Health and Family welfare.
HEU	Health Economics Unit
NGO	Non-Governmental Organization
GNSPU	Government, NGO & Stakeholders Participation Unit
GO	Government Organization
NGO	Non-Government Organization
FGD	Focus Group Discussion
KII	Key Informant Interview
BMRC	Bangladesh Medical Research Council

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

EXECUTIVE SUMMARY

In Bangladesh, gender-based violence comes in many forms: physical abuse; husbands throwing wives out of the home in domestic disputes; husbands demanding that their wives get more dowry money from their families, and child marriage, among others. The COVID-19 pandemic has only increased the problem, as unemployment and other financial stresses have grown.

The problem, however, is global. The United Nations estimates that 35 percent of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner (not including sexual harassment) at some point in their lives. In some nations, that number rises to 70 percent.

Rehabilitation and reintegration– both social and economic – are another vital area for mainstreaming the survivors of gender-based violence. They must be supported rather than shunned, and they must have the financial resources to survive without their abusive husbands.

Survivors must also be re-empowered through skills training, so that they can find jobs, and through ongoing education, so that they can graduate. Re-empowerment must also be aligned with rehabilitation. The stigma of being abused must be eliminated. The norms that perpetuate gender-based violence must change.

During our study we've conducted total 12 FGD, 14 KII and 10 Case Studies in 8 districts of Bangladesh to explore the scope of accessing and utilization GBV services and recommend future areas of improvement across the GBV rehabilitation service components. From the collected data, we've identified various scopes and challenges in terms of both accessing and utilization of GBV services and as per the challenges we've prepared some key recommendations along with a policy matrix, which will certainly help relevant policy makers to make better policies for improving GBV service components in Bangladesh.

INTRODUCTION

BACKGROUND

Gender Gender-based violence (GBV) continues to be one of the most prevalent and persistent issues that women and girls are facing globally[1]. In Bangladesh, over two-thirds (72.6%) of ever-married women experienced one or more such forms of violence by their husbands at least once in their lifetime, and 54.7% experienced violence during the last 12 months[2].

Gender-Based Violence is inextricably linked to the gender norms and unequal power relations present in society, and violence against women and girls is one of the manifestations of these inequities. Thus, it is rooted in women's subordination in society relative to men[1]. It constitutes a breach of the fundamental right to life, liberty, security, dignity, and equality between women and men, non-discrimination, and physical and mental integrity. GBV is often used interchangeably as most GBV is inflicted by men on women and girls. However, there is increasing recognition that men and boys and gender minorities can also experience violence based on gender, for example when they do not conform to the traditional norms of masculinity.

Of lifetime experiences, controlling behavior is commonest, reported by more than half of ever-married women (55.4%), followed by physical violence (49.6%), emotional violence (28.7%), sexual violence (27.3%) and economic violence (11.4%)[2]. The experience of one or more incidents of intimate partner violence during the last 12 months was also measured. The most common form was controlling behavior, experienced by more than one-third (38.8%) of ever-married women, followed by emotional violence (24.2%), physical violence (20.8%), sexual violence (13.3%), and economic violence (6.7%). Partner violence was highest in rural areas (74.8% of ever-married women) and lowest in city corporation areas (54.4%)[2]. However, despite being a developing country with conservative social norms, Bangladesh stands out as a shining new example in South Asia with impressive gains in gender equality. Bangladesh is ranked 136 out of 189 countries in the gender inequality index (UNDP Human Development Index Report, 2018)[2]. In Bangladesh, there is a clear indication of the high prevalence of domestic violence. Women and girls are vulnerable to both domestic and public violence. Domestic violence includes physical and mental torture by husbands or other relatives and also includes early marriage, dowry-related violence, sexual abuse in the household, polygamy, and marital rape. Forced and early marriage is still a pervasive phenomenon although the legal age for marriage is 18 years[4].

There are various socio-cultural challenges and barriers for a GBV survivor to resume life during the violence aftermath. Lack of social and family support further adds to the miseries. Resuming and coping with social system for a GBV survivor seek to facilitate change by addressing the underlying causes and drivers of GBV at a population level. Such initiatives in other similar context countries have traditionally included initiatives to economically empower girls and women, enhance legal protections for the survivor, and enhanced women's rights and

[1] Health Sector Response to Gender Based Violence Protocol for Health Care Providers

[2] UNDP Human Development Indices and Indicators 2018, Statistical Update: http://hdr.undp.org/sites/default/files/2018_human_development_statistical_update.pdf

gender equality within national legislation and policy[3]. Increasingly, programs are also targeting the transformation of social norms that justify and sustain acceptance of survivor[3]. Families and communities have shared beliefs and unspoken rules that both proscribe and prescribe behaviors that implicitly convey that GBV against women is acceptable, even normal.

There are several institutional actors in the country, both GO and NGO, to facilitate and solicit justice and rehabilitation of GBV survivor. Surviving further violence and coping with social norms are two major challenges in the process. These institutional actors are more likely to be more linked GBV survivors due to service modalities. GNSPU, being the mandated Gender Focal Point of MoHFW is obliged to create evidence bases towards formulating a policy directive for better outcome of health policy and procedures.

As Gender Focal point of MoHFW, GNSPU has undertaken a survey of various agencies providing health and other essential services for the GBV survivors. Subsequently, a GBV service directory has also been developed by GNSPU to quickly identify essential services in a particular area. In this connection, GNSPU seeks to undertake research in order to establish a modality for social reintegration of a GBV survivor for reintegration into the society.

OPERATIONAL DEFINITION OF KEY TERMS

1. **Reintegration of GBV survivors:**
   Reintegration of the GBV survivors' states that "it is a continuous process involving civil society organizations and the government, with the aim of rehabilitating the survivor psychologically, socially, legally, and empowering them economically to ensure their return, willingly, to their native environment (the family and local community), or to an alternative environment, with the commitment of the parties concerned to provide legal, social, health and economic services[i].

   The study team has explored the scopes, opportunities, and challenges for survivors to reintegration into society according to this definition.

2. **Gender-based Violence:** GBV is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. GBV is an umbrella word. In this study, we included the survivors of physical violence, mental/emotional violence, domestic violence, intimate partner violence, sexual violence, and verbal abuse.

3. **GBV survivors:** In this study**,** we included male, female and transgender survivors who are above 18 years old. We excluded child survivors (male & female) from this study.

4. **GBV services:** A survivor needs proper psychological, legal, economic, and social services for reintegration into society. The study team finds out the organizations both GO and NGO that give existing GBV services through Gender Based Violence Service

[3] Perrin et al. Conflict and Health (2019) 13:6. Accessed at https://doi.org/10.1186/s13031-019-0189-x, on 11.08.2021

Directory. We have explored the scope and opportunities of medical, legal, psycho-social, and economic rehabilitation services for GBV survivors.

OBJECTIVES

The objectives of this study are:

1. To explore the scope of accessing and utilization GBV services.
2. To prepare case studies for unveiling challenges for a survivor to cope in the society
3. To recommend future areas of improvement across the GBV rehabilitation service components.

TARGET POPULATION

The study was conducted among the GBV survivors who were Males, females, and transgender. In addition to that, GRM team has interviewed the relevant stakeholders as well as officials.

STUDY AREA

The study area for this study were 8 districts of Bangladesh. These are: Barishal, Dhaka, Jhalakathi, Rajshahi, Khulna, Chittagong, Sunamganj and Cox's Bazar. Figure-1 Shows the study area profile for this study.

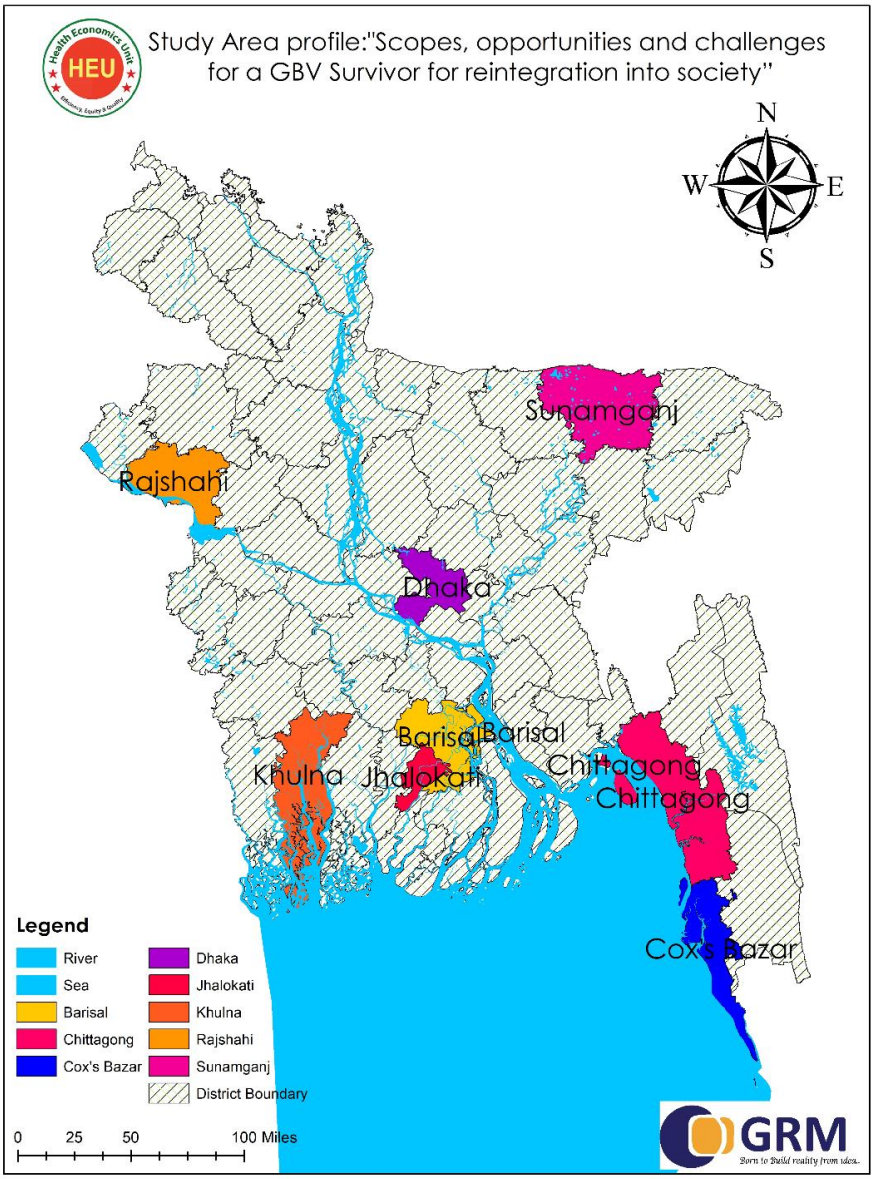


Figure 1: Study Area Profile

METHODOLOGY

Research team has followed a qualitative method for this study. Study team ensured the meaningful participation of the respondents for covering the study locations, meeting the study objectives and engagement of relevant stakeholders as well as study officials. The study followed the below steps to complete and produce a quality study.

1. ***In the first stage,* Desk review*:*** Articles/literature was read thoroughly and study team generate idea and information by that data collection instruments (DCI) was prepared.
2. ***Following that,*** Tools development and finalization with Proper Validation was done with the consultation of the expert and project team members.
3. ***After that, the*** GRM Research team recruited the field team and a 3-day training program was conducted with the field team.
4. ***In the second stage, Qualitative data Collection:*** KII with secondary stakeholders, FGD & Case study with target groups had been conducted to collect the qualitative data initially which had facilitated helped to bring more insights.
5. ***At the Third stage, Report Preparation:*** After Checking the collected data quality, and validating data with the Health Economics Unit (HEU) team a thematic analysis was done and based on that analysis this report is prepared.

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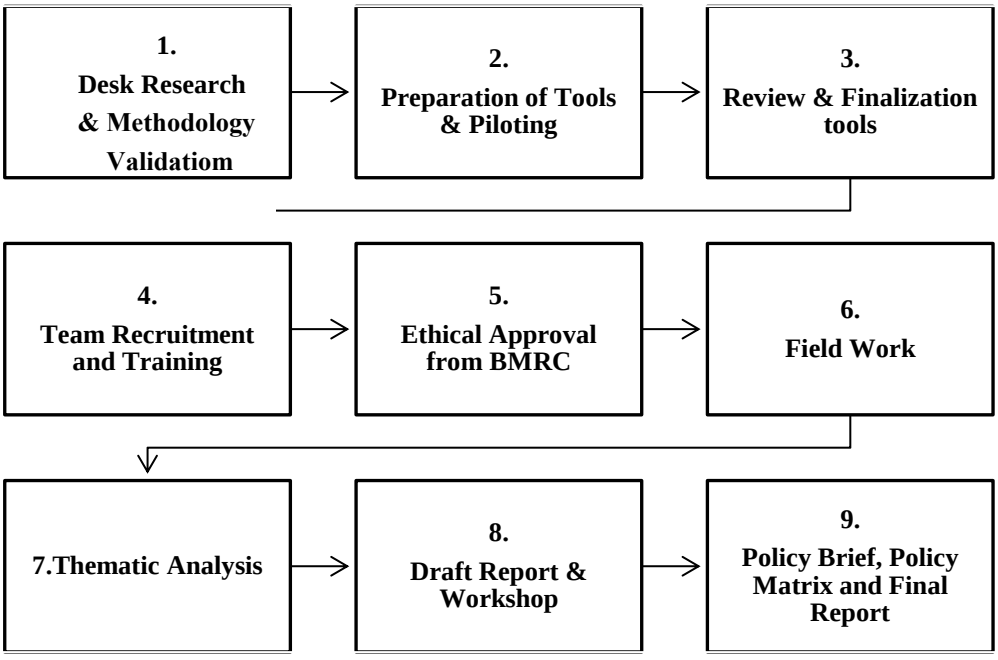


Figure 2: Workorders of the study

LITERATURE REVIEW

The study team has gone through multiple literatures of Bangladesh along with the countries having similar socio-economic condition such as India, Nepal, Pakistan and found some interesting recommendations for Bangladesh.

TOOLS PREPARATION AND VALIDATION

The study team prepared tools for the study as per objectives and literature review and validated those through a tools validation workshop, which was held in Health Economics Unit (HEU).

QUALITATIVE RESEARCH TOOLS

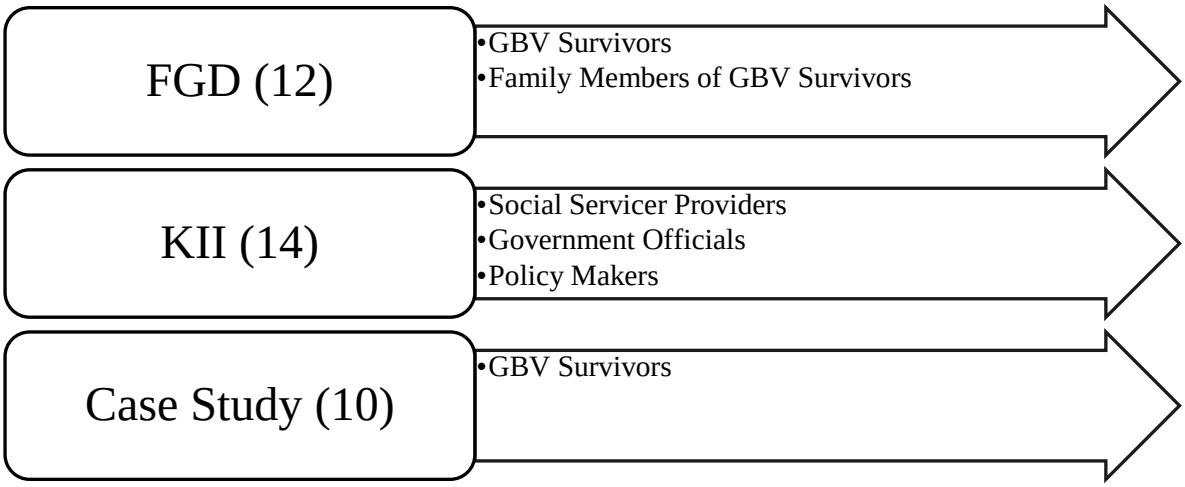


Figure 3: Qualitative Sampling Snapshot

ETHICAL APPROVAL

Ethical approval has been taken from BMRC (Bangladesh Medical Research Council) before field activities.

DATA COLLECTION APPROACH

For the data collection GRM had recruited 4 facilitator and 4 Notetakers and organized 3 days long training with them. Then, team started their field activity right after the completion of the training session. The field team of GRM had conducted Focus Group Discussion (FGD), Key Informant Interviews (KII), Case Studies using Bengali language guideline and checklist with main beneficiary (GBV Survivors) and others key stakeholders.

DATA ANALYSIS

GRM had used the thematic analysis for analysing the collected data. {Thematic analysis is a qualitative data analysis method that involves reading through a data set (such as transcripts from in depth interviews or focus groups), and identifying patterns in meaning across the data to derive themes.} Thematic analysis involves an active process of reflexivity, where a researcher's subjective experience plays a central role in meaning making from data. GRM followed the following steps for data analysis:

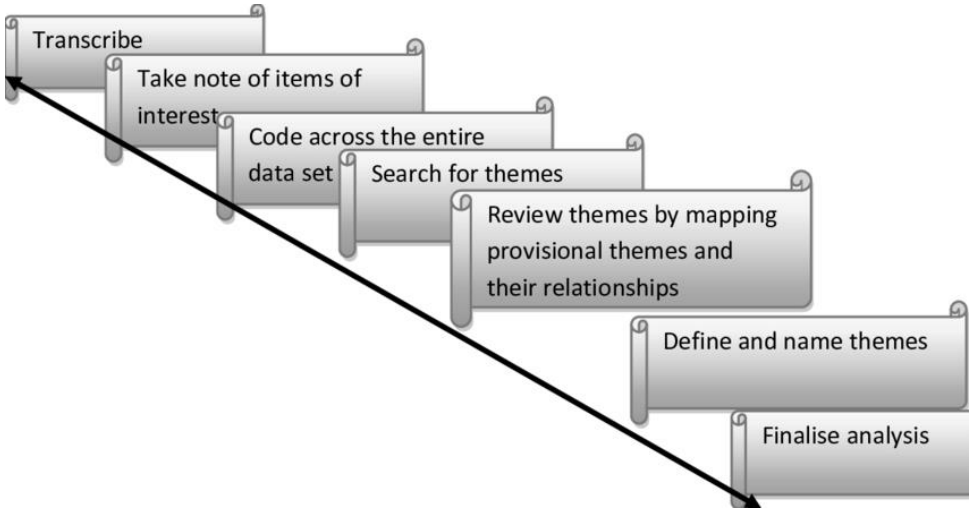


Figure 4: Thematic Analysis Approach

First of all, study team transcribed all the FGDs, KIIs, and Case Studies. Then, study team taken notes of the items of interest based on the objectives of the study. GRM research team had coded across the data set. Then, study team searched for the themes and reviewed themes and their relationships, defined the theme, and finalized the analysis.

LIMITATIONS OF THE STUDY

- The study team needed to ask questions very carefully during the FGD session and case study because of protecting the respondents from their traumatic conditions (psychological distress or recalling the experience) based on their GBV experiences.

- Other than that, in terms of identifying male and transgender survivors, study team also faced some difficulties. The GRM research team had overcome these limitations through rapport building with the survivors, taking enough time to conduct the session as well as the help of different organizations (Legal, social service, rehabilitation etc.)

- As there was flood in Sunamganj district during the data collection period, we had to collect data later.

RESULTS

Reintegration of the GBV survivors' states that "it is a continuous process involving civil society organizations and the government, with the aim of rehabilitating the survivor psychologically, socially, legally, and empowering them economically to ensure their return, willingly, to their native environment (the family and local community), or to an alternative environment, with the commitment of the parties concerned to provide legal, social, health and economic services. It also aims at working with the family and local community to attempt changes in the environment that was inducing violence against the survivor and to help re-embrace them.[4]

This study followed a qualitative method ensuring the meaningful participation of the respondents covering the study locations. The study was conducted among males, females, and transgender who are survivors of gender-based violence. Also, the Key Informant Interviews were taken from the stakeholders related to GBV services as per the Gender-Based Violence Service Directory. The study team of GRM conducted a total of 12 focus group discussion (FGD) (Each FGD group consisted of 6 to 8 participants) with the survivors and study team conducted 14 key informants' interview (KII) for this study**.**

KEY FINDINGS FROM THE FGD OF THE FEMALE SURVIVORS:

INTIMATE PARTNER VIOLENCE / DOMESTIC VIOLENCE:

The Center for Disease Control and Prevention (CDC) identifies four types of intimate partner violence—physical violence, sexual violence, stalking, and psychological aggression. The majority of the respondents had faced multiple forms of Intimate Partner Violence. They were physically tortured by their husband several times during their conjugal life. Even in front of their children, they were beaten brutally by their husbands. Their husbands didn't take responsibility for the maintenance of their children. Focusing on small matters survivors were physically and mentally tortured by their partners at the instigation of other members of their in-laws. Findings from the study revealed that the common causes behind this domestic violence are dowry, drug addiction, and extra-marital affairs. [5]

SEXUAL VIOLENCE

According to WHO, Sexual violence includes acts that vary from verbal abuse to forced penetration and several forms of coercion, from social pressure to intimidation to physical force. In Bangladesh, victims of sexual abuse endured numerous social, psychological, and economic difficulties. [6]

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[4] Abu-Awwad. Nida (November 2016). Reintegration of Women survivors of Gender-based violence: Combating Violence against women in Palestinian Society. Institute of Women's Studies, BirZeit University. p.29 In: http://iws.birzeit.edu/node/182

5 https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf

6 Sifat RI. Sexual violence against women in Bangladesh during the COVID-19 pandemic. Asian J Psychiatr. 2020 Dec;54:102455. doi: 10.1016/j.ajp.2020.102455. Epub 2020 Oct 22. PMID: 33271734; PMCID: PMC7577916.

According to this study, A case study of a forty-year-old female who lives in Batiaghata, Khulna can be considered. This forty-year-old female was a victim of sexual assault by her neighbor. She is a day laborer and works at a jute mill factory. She usually earns only 145 TK per day. Her neighbor wanted to occupy her land illegally. Because of the dispute over the land, she was sexually assaulted by them. One respondent claimed that her husband secretly recorded their private moments and shared them with his friends.

MENTAL ABUSE

The field study shows that most of the respondents had suffered from multiple mental problems after the violence happened to them. Moreover, one respondent from the Chittagong district said that her husband gave her some medicine mixed with water without her consent. After drinking water, she had no memory of what happened and sleeps for three to four days while wearing the same clothes. She experienced strange feelings. She felt lightheaded and dizzy. The survivors were also verbally abused by their partners or other people in society. Another respondent said that she had an injury to her head due to physical torture, so she couldn't remember anything for a long time. Many of them had sleeping disturbances, anxiety, and panic attack.

EFFECTS OF WITNESSING DOMESTIC VIOLENCE ON CHILDREN

The effects of domestic abuse on children may be apparent within a short period, while other damages may be noticed in the long run. Some of the immediate effects that children experience after witnessing domestic violence are anxiety, post-traumatic disorder, and aggressive behavior. Despite being spared from physical abuse, the trauma of domestic violence is enough to cause dangerous changes in children's developing brains. These changes may cause nightmares, changes in sleep patterns, anger, irritability, difficulty concentrating, and children may sometimes have the ability to re-enact aspects of the traumatizing abuse observed. [7] Evidence shows that exposure to IPV increases the child's attention towards threatening stimuli, a behavioral pattern that is known to increase the risk to develop internalizing problems, including social and general anxiety, social withdrawal, and depression. [8] From the study, it is found that Almost all of the female survivors of domestic violence have one or more children. The majority of those children had witnessed domestic violence happened with their mothers. An abusive partner can very easily become an abusive parent or guardian—physically, verbally, and emotionally harming their children.

[7] Tsavoussis A, Stawicki SP, Stoicea N, Papadimos TJ. Child-witnessed domestic violence and its adverse effects on brain development: a call for societal self-examination and awareness. Frontiers in public health. 2014 Oct 10;2:178.]

[8] Mueller I, Tronick E. The long shadow of violence: the impact of exposure to intimate partner violence in infancy and early childhood. International Journal of Applied Psychoanalytic Studies. 2020 Sep;17(3):232-45

SCOPES OF MEDICAL SERVICES

Almost all respondents said they didn't know exactly where they could receive medical services after violence occurred. They never heard about OCC or Victim Support Centre. They normally went to a nearby hospital for medical services. Many of them took medicine from a pharmacy without consulting with a doctor. They went to OCC after getting a referral from the district hospital.

SCOPES OF PSYCHO-SOCIAL SERVICES

Most of the respondents didn't receive any support for their mental health. Most of them didn't know about the existing services. Some of them received medications for mental problems. No one received formal counseling from any psychiatrist.

SCOPES OF LEGAL SERVICES

Most of the respondents didn't want to take legal action only for saving their marriage. They want to go back to their husband even after being beaten several times. Many of them thought about their child's future so they wanted to adjust with their husbands. Also, litigation costs a lot of money so many survivors didn't take legal support. Many of them went for help from a local leader, and by mediation, they tried to settle their problem.

The majority of the survivors took legal services from BLAST. They heard from Police about BLAST. They were satisfied with the legal support of BLAST as it is free of cost. To get alimony for children, they took legal action with the help of BLAST. At first, BLAST arranged arbitration for most of the cases. If there were no solutions from arbitration, then survivors filed cases.

CHALLENGES

MEDICAL SERVICES

If there were no injury marks in the survivor's body after physical torture, in that case, the medical report became negative according to the survivors. According to a survivor, "*In my body, there was no sign of torture as my husband tortured me in a tricky way. They didn't want to write based on my verbal information. They wanted to see the injury marks. There were many marks on my head. But in my head, it was difficult to see. So, the medical officer didn't want to write anything*."

LEGAL SUPPORT

Many survivors reported that Police didn't take their cases. A survivor from Barisal mentioned, "*criminals have a strong economic background, and they provide a bribe to the police as they remove three names among four criminals from the charge sheet, even the criminals showed power and said I can't do anything to them".*

Blast arrange arbitration by giving notice to the opposition. But, most of the time the perpetrator didn't come for a meeting. Blast had to send the notice again. It took more time. Sometimes the accused remained absconding. This creates a long line of cases. Because of prolonged litigation,

survivors showed mistrust toward the law. According to one of them, "*the law is very strict but there is no visible action, they are only passing time by giving date after date".*

Survivors from the Rajshahi district said that to get the maintenance money for the children, survivors must pay the lawyer an additional 500 TK every month. It adds extra suffering to them.

FINANCIAL CONSTRAIN

Most of the survivors were from lower socio-economic groups. They were not financially independent. They were dependent on their family for financial matter. This is very difficult for them to manage all their living expenses. According to one survivor, only 2000 TKs were granted as alimony for her elder daughter. However, she didn't receive any rearing costs for her younger kid from her husband. They wanted financial support also for their children's education.

RECOMMENDATIONS FROM FEMALE GROUP

- They want employment according to their qualification.
- Existing law is strict but there is no strict implementation.
- Dowry system should be stopped so that the next generation doesn't have to face the same problem.
- Government should focus on making them economically independent. Government can give them space and jobs.
- They want employment.
- Medical reports should be given promptly.
- Nepotism/favouritism should not be practiced while providing government assistance like sewing machines.
- Single parents needed more money as alimony. The process for receiving alimony should be less complicated and speedier and transparent.
- Prolonged litigation should be reduced.

FINDING FROM THE TRANSGENDER GROUP:

CHALLENGES FACED IN SOCIETY

They were the victims of high-level social stigma and discrimination for displaying feminine behaviors, which were started by their families. They are verbally abused by the people of society. They couldn't stay at home and in society. They felt neglected by the people of society. So, they left their families an\d lived in the hijra community. Sometimes they were beaten by young gangsters, they snatched their mobile and money.

For their feminine behaviors, they were teased by boys in their early school life. Even teachers misbehaved with them. They faced huge discrimination from their teachers though they had good academic results. After that, they were denied employment due to a gender issue.

DEPRIVED OF FAMILY PROPERTY

They were also deprived of the right to family property. Family members didn't give them share. They didn't complain to the local government for fear that everybody knows about their gender.

SEXUAL VIOLENCE

In their childhood, many of them were sexually assaulted by a close person like a madrasah teacher or relative. One of the respondents was sexually assaulted by a journalist in Cox's Bazar. Another respondent was sexually assaulted by a lawyer.

CHALLENGES

LEGAL SUPPORT

They did not get any proper judgment from Police and local politicians like the chairman.

MEDICAL SERVICES

They received medical services from various private Organizations like Light House and Bondhu Social Welfare. Doctors didn't treat them well, so they avoid going to the government hospital for treatment. From the entry point to the hospital corridor, everyone uses bad language to address them. It destroys the mentality of taking services. Except for Dhamrai Upazila Health Complex, transgenders in that area can receive medical services on a specific day of the week.

One of the respondents went to a government district hospital for treatment after being sexually assaulted by a friend. He was mistreated, verbally humiliated, and condemned by the on-duty doctors. Confidentiality during physical examination didn't maintain by the doctor. The same incident happened to many of them. One respondent from Barishal mentioned that he went to a government hospital with kidney disease, but got no treatment because of his gender. They didn't get treated like normal people.

INCOME INEQUALITY

If they work as a day laborer, people give them half of their pay. They face income disparity. If they run a small business, people don't pay properly.

RECOMMENDATION FROM TRANSGENDER

- They proposed for education allowance for transgender. After getting out of the family as teenagers, they could not complete their education for lack of financial support. If they get an education allowance from the government, they can complete their study. According to them, it will be helpful for the future in case of getting a job.
- They want individual identification cards.
- They want easy access to medical and legal services for the betterment of their life.
- To stop verbal abuse awareness should be created among the people in society, it should start with local leaders and religious leaders of Pouroshova and ward level. They could aware other people of human rights.
- Awareness meetings should be held with the society's key persons about transgender.

- Educated transgenders could be recruited for various posts like office staff, cleaners, etc.
- In case of medical treatment, they want better treatment with proper confidentiality.
- They should be engaged in the programs that run for them.
- Anyone who ever-teasing third genders should be prosecuted.
- They should also get the respect that a woman gets.
- The actual number of genuine hijras should be identified.
- They got training in various income-generating activities like sewing, and parlour work from the government, but don't involve with any activities because of financial constraints. So, they want funds and a place for a shop to start a small business.

FINDINGS FROM KII:

KOTOWALI MODEL THANA – BARISHAL

SCOPE OF LEGAL SERVICES

- **OPEN HOUSE DAY-** where victims could directly come and talk about their problems with the police.
- They held a monthly meeting with community police.

RECOMMENDATIONS

- Sufficient training should be needed for victim handling.
- Need a dedicated team for victim support.
- Need a separate wing for survivors.
- Need a dedicated doctor for Thana.
- Forensic department of the Hospital should be directly linked with Thana. (which is practicing in India)
- DNA lab is necessary for every district.

BLAST/JHALAKATHI:

- It is not enough to give training; they have to have the mindset to work.
- Although there are many NGOs in Jhalakathi, but there is no project for GBV survivors.

SCOPES

They run campaigns at District and sub-districts levels to aware the general people.

CHALLENGES

- The health sector receives a good budget from the government, but the rural people do not get any benefits. Even there is no doctor present in Community Clinic.
- There are huge communication gaps between various services like medical, legal etc.
- Every thana has a separate desk but they do not properly use that desk.
- Social welfare department have no enough manpower. There is only one officer in whole upazilla.
- They do not have the proper mentality to work.

RECOMMENDATIONS

- All facilities with decision-making power should be decentralized
- We need to ensure accountability.

BLAST / BARISHAL

SCOPES

- Blast has many awareness programs. They have an awareness program every month.
- They have a referral system, and they refer some cases to government organizations for example, Zilla legal aid committee.
- Most of the victims settled down their cases with the perpetrators.
- Blast takes some initiatives for people in jail to get rehab services.
- They give sewing machines to those who come from jail.
- They have a project for the rehabilitation of the victims named “Legal Empowerment and Gender Diversity”.
- There are available services for all survivors including transgender.

CHALLENGES

- They have a fund crisis.
- We face many challenges to the patriarchal mentality.
- We have faced challenges with witnesses. Most of the time they don’t want to come to court. In the case of medical reports, doctors are the witnesses. They didn’t want to come if they got transferred to another district.

RECOMMENDATION

- The Government needs to add more staff. Case coordination committee meetings should be in every district. The government gives letters to them to arrange meetings every month. But there is no implementation.
- With a judge, there is also need a mediation officer. He should be trained specially in counseling and advocacy.

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

DHAKA MEDICAL COLLEGE – DHAKA

SCOPES

- There are available services for all survivors including transgender, but they didn't come due to social barriers.
- They have referral linkage with the National Trauma Counselling Centre (NTCC) and Regional Trauma Counselling Centre (RTCC)
- They hold follow-up meetings with survivors every three months.

RECOMMENDATION

- Training is needed repeatedly for the service providers.
- There are only 8 beds for the patients from 2001. So, there should be increased the bed's number for patients.
- The cases rarely go to trial, most of the victims settled down their cases with the perpetrators.
- Better medical care and nursing care are required for victims.
- Government funding should be increased. There is not enough of a supply of medications.
- It is necessary to improve the quality of the food served.
- There should be increased awareness among people about sample collection from victims.

CHALLENGES

- It is challenging to find survivors because they changed their addresses.
- Because the legal process takes so long and most of them have a financial crisis, victims prefer to settle down.

UPAZILA HEALTH COMPLEX (UHC), DHAMRAI, DHAKA

- They give medical services on a separate day for transgender. They have a separate room, 201 number room, where they give services to the third gender.
- Transgender does not want to come to the hospital for social stigma. But When people can easily take them as a person, then they can integrate with other people for service.
- If there is an assault case, then they write an emergency note, then they inform police, and they try to keep the documents.
- There is no adequate scope for training regarding GBV services for health service providers. This training should be held in every year.
- Need to ensure referral system as they cannot refer trans-gender.
- They cannot work for psychological assault for inadequate manpower.

- From doctor to 4th class grade employees need regular awareness types training programs. They need social and psychological training as they receive patients.
- We need to aware people of a survivor's rights.
- There is a coordination gap between organizations who give various services to the survivors.

BLAST – CHATTAGRAM

SCOPES

- After receiving complaints, they try to go for arbitration at first.
- If someone is injured heavily, they refer to OCC or government hospital or district health complex for medical services.
- They send a letter to both the victim and perpetrator requesting that they appear for arbitration. There are two different types of letters that they send. they send a second letter if they do not respond to the first. BLAST file a lawsuit if they don't reply to the second letter.
- They had a third-gender project in Cox's Bazar and Dhaka named "Legal Empowerment and Gender Diversity" (LEGD).
- They have some projects for garments employee for empowerment

CHALLENGES

- Manpower crisis

ZILLA SADAR HOSPITAL – SUNAMGANJ

SCOPES

- They maintain government protocol for the examination of survivors.

CHALLENGES

- To provide primary service, they do not have enough consultants or medical officers. We have only one gynae-consultant who work for examination The survivors should get their primary exams as soon as possible. They can provide service at any time if they have sufficient manpower. However, doing both morning and night shifts is not viable for one person. Therefore, they have a manpower shortage.

OCC CELL - SUNAMGANJ

SCOPES

- All things depend on the victim. If she wants mediation, then they arrange mediation. If she wants to go to legal aid or a police station. Then they link the victim to the other organization.
- They see all the victims in the same manner including transgender.

CHALLENGES

- They don't get any funds for the awareness program.
- They have no affiliation with any NGO.
- They do not have ultra-sonogram and X-ray facilities. We have to refer victims in Sylhet.
- There are no facilities for DNA tests, so we have to send samples in Dhaka, it takes a long time to get results.

RECOMMENDATION

- We should involve religious leaders for creating awareness among people against domestic violence.
- We should include more clinical psychologists for counseling the survivors.
- We need to focus more to reduce gender-based violence rather than improving service.

COXS BAZAR - DISTRICT LEGAL AID OFFICE:

SCOPES

- They have a referral mechanism because many victims require mental support.
- Police provide the necessary assistance.

CHALLENGES

- The legal system is overloaded with cases, they give more preference to alternative dispute resolution.
- Promoting Peace & Justice (PPJ) is an ongoing project, however there aren't enough staff members.
- He is the only legal assistance officer in all of Cox's Bazar, and he is supported by an assistant. His helper performs many tasks, such as operating computers and serving as a finance officer. Thus, they require additional personnel.
- The office cannot function without a legal officer when he visits the thana level.

UKHIYA SADAR HOSPITAL

SCOPES

- They maintain proper documentation forms for GBV survivors.
- They maintain confidentiality.
- They receive proper training for GBV case management.
- They have a psychologist for mental counseling besides that they work with ActionAid, an NGO.

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

CHALLENGES

- They do not have enough manpower for the night shift.
- In the thana level they got many pressures for GBV cases.
- Previously patients didn't come to take services, but nowadays the scenario has changed.

RECOMMENDATION

- There should be more awareness programs for general people about the services including reintegration.

KHULNA MEDICAL COLLEGE - KHULNA

- They provide medical services to a victim first then help to get legal services.
- They have a lawyer to process the case.
- The woman's affairs department give them training on income-generating activities.
- Existing manpower has enough training but needs more manpower.
- Training sessions didn't hold in last 5 years.
- DNA reports take huge amount of time as there are no facilities

ACD (ASSOCIATION FOR COMMUNITY DEVELOPMENT) - RAJSHAHI

SCOPES

- They have two shelter home
- They give employment to the victims.

BLAST- RAJSHAHI

- At first, they give suggestions to solve the client's issues when failed they tried to solve problems by arbitration. After that, they go for a case.
- They refer many cases to the district legal office.
- They arrange yearly awareness meetings at the root level. They have a program called Blast fair.
- They give service free of cost.
- They have well-trained manpower, but shortage of manpower is a challenge.
- Sometimes they face challenges during arbitration, and middleman shows power like local leaders.
- Some marriages happened without registration, and they face many challenges during file a case.
- They have no job security, so many newcomers have dropped out.
- Though Blast is a donor Based organization, they face financial crisis.
- They need more fund.

CASE STUDY-1: (FEMALE) – BARISHAL

Jannatul Ferdouse, age 26 lives in Kashipur, Barisal shared her woeful story of domestic violence. She was physically tortured by her husband several times during her conjugal life

Related to domestic violence

The pathetic picture of domestic violence against women in Bangladesh is increased tenfold in recent years. Almost 50% to 70 % of women are reported as survivors of domestic violence in a year by their life partners and in-laws. The most common forms of violence include physical, economic, and psychological violence and these are interlinked with each other.

Pathetic incidence of violence:

Her husband was working abroad. After 15 days of their marriage, her husband started beating her. While staying in abroad, her husband didn't contact her and also didn't bear any expenses of daily living for her as she was a housewife. Even she complained that her husband didn't give any financial support to their four-year-old son. Rather, he demanded dowry from her father continuously. Her in-laws continuously complain about her to her husband. One day, focusing on small matters her husband brutally beat her at the instigation of other family members. Then she went for help from a local leader, and by mediation he tried to settle their problem. After that incident, again she was physically assaulted by her husband in front of her child. The next day she was rescued and admitted to the OCC in Barisal Medical College and Hospital by police. Police asked her for permission for legal action against her husband and in-laws. But she refused to take any legal action against the tyrant only for saving her marriage. According to Jannatul, "*I was so foolish that I refused to take legal action even after my father agreed so, only for the sake of my child did I tolerate all the injustice".*

Situations remain the same after Arbitration:

After arbitration in local Thana by police and respected people of society, her husband agreed to take her to a separate house. But he broke his promises and the whole family started a conspiracy against her. After 20 days, she was again tortured by her husband. That time she was again admitted to OCC and with their support, she filed a case against her husband and in-laws. But she complained about the services of OCC, and that her report was manipulated by police. Though she had bruised marks on her body, the report was negative. She mentioned, "*criminals have a strong economic background, and they provide a bribe to the police as they remove three names among four criminals from the charge sheet, even the criminals showed power and said I can't do anything to them".*

Showing mistrust towards law:

With the support of BLAST, a case was filed. Her husband went abroad during the trial. Her in-laws were present at a hearing from BLAST, they wanted to meet up this case by giving divorce and providing money to the victim. But Jannatul said, *"what do I do with money, could I get back my previous life, I had been tortured both physically and mentally for 5 years, and my child didn't get a proper upbringing, proper food, if every burden has money value, then I want all compensation of those 5 years, I also want employment that I would give a better life to my child."*

Because of prolonged litigation, she showed mistrust toward the law. According to her, "*the law is very strict but there is no visible action, they are only passing time by giving date after date".*

She was mentally ill after going through that physical and mental torture. All those incidents will remain in her child's memory as childhood trauma. During that time her family supported her a lot. She is now at her father's home. Her father's economic condition is very poor. She is going through severe financial hardship as she bears all costs of rearing her child. For the betterment of her life, she desperately needed rehabilitation support, which she is not receiving from anywhere.

CASE STUDY-2 (FEMALE) - KHULNA

Roksana Begum, forty-year-old, lives in Batiaghata, Khulna, and was a victim of sexual assault by her neighbor. She is a day laborer and works at a jute mill factory. She has earned only 145 TK per day. She has two sons and two daughters, rather than she has no relatives. Her husband married another woman and left them. She is the only living child of her parents. Hence, she has a legal right to patrimony. But her neighbor wants to occupy her land illegally. Because of the dispute over the land, she was sexually assaulted by them.

Related to sexual violence

According to WHO, Sexual violence includes acts that vary from verbal abuse to forced penetration and several forms of coercion, from social pressure to intimidation to physical force. In Bangladesh, victims of sexual abuse endured numerous social, psychological, and economical difficulties.

Roksana complained to the police about her neighbor. By knowing that, they verbally abused her. One day while returning from work at night, she was encountered by the perpetrators on the road. They tied her hands and mouth and took her to a secluded place. They raped her and gave death threats to her.

Steps were taken by survivors after violence:

After passing two days with confusion about what should do next, and whom to tell about that incident, she came to OCC in Khulna Medical College and Hospital. All medical tests and examinations were carried out by OCC. Then they informed local thana and filed a case against the criminals. Consequently, police arrested one criminal, and another remain fugitive.

Challenges faced by survivor:

Roksana faced economic challenges as she didn't know about the free legal support provided by government organizations or NGOs. The cost of pursuing the case is substantial. According to her words, "I work for only 145 takas per day, how will I pay, how can I buy rice, how can I manage all other home expenses? the lawyer allegedly claimed one day while asking for extra money".

She and her family are frequently threatened by the offenders' relatives. They also verbally abused her on her way to the workplace. But the people of her community are on her side. The criminals exhibit strength because they are financially stable. Roksana believes she won't receive a fair trial. She wants criminals to be punished at any cost.

It is a pathetic story of a poor middle-aged woman. It would be beneficial for her survival if she could receive the required legal assistance without having to pay for it.

CASE STUDY-3: FEMALE – RAJSHAHI

Naznin Ara, aged 35 years, lives in Rani Nagar in the Rajshahi division. She was a housewife. Her husband was a government service holder. He had numerous extramarital relationships with women. Additionally, he requested dowry from Naznin's parents. Her husband began torturing her physically and mentally as a result of these conditions. She had been admitted to the CMH several times for physical assault. She complained to the workplace of her husband. Her husband's employment received her complaint, but they were unresponsive and advised her to launch a civil lawsuit instead. She didn't complain to the police in order to save her family. After serving in the government for 18 years, her husband filed for divorce, to get a pension properly. He used to ration out his wife and children. But didn't provide them with that.

Domestic violence-related case:

The practice of requesting a dowry from the bride's family has been forbidden in Bangladesh since 1980. Despite this, the practice is still prevalent in our country.

Most Bangladeshis believe that in order to save their family, women must put up with oppression. Another significant aspect contributing to domestic violence is the dowry system.

Legal action was taken by the survivor:

To get alimony for her two children, Naznin took legal action with the help of BLAST. But she claimed that she didn't get enough money for her children. Even on a monthly basis, her husband neglected to send her money; but, after police pressure, he finally paid for their children. Only 2000 TK were granted to her as maintenance costs for her elder daughter. However, she received no money for her younger kid. To obtain this maintenance money every month, she must pay the lawyer an additional 500 TK. It adds extra suffering to her. Her husband doesn't inquire about their children. She said, "*After a while, I'll have to set up my daughter's wedding since, in this society, marriages cannot be granted without the presence of the father."* She also worries about how she will pay for her children's future expenses, such as their wedding and education.

Single parents like Naznin needed more money as alimony. The process for receiving alimony should be less complicated and speedier. Be sure to keep the entire process absolutely transparent, it should be added. It will contribute to the improvement of their quality of life.

CASE STUDY-4: FEMALE (CHATTAGRAM)

Jasmin Akhter is a victim of domestic violence. She's 24 years old now. She resides with her parents at Pahartoli in Chattagran. She has a three-year-old daughter.

Society still believes that domestic violence is silly violence that usually occurs in families. This normalization of domestic abuse brings many hardships for women. Even women are unsure of what to do in case of such assault.

She got married in 2018. Her husband started mental torture from the first day of her marriage. He informed her that he had no desire to wed her. He has a relationship with his cousin. He agreed to marry her under pressure from his family. He forbade her from speaking to her family. Even she was prohibited from leaving the space. Without her consent, her husband gave her some medicine mixed with water.

After drinking water, she has no memory of what happened and sleeps for three to four days while wearing the same clothes. She experienced strange feelings. She felt lightheaded and dizzy. She claimed that prior to marriage, she was in good health. Her husband secretly recorded their private moments and shared them with his friends. She told, *'I Sleep in My Own Deathbed, I was like paralyzed patient*". She conceived while this was happening. She remained ill the entire time she was pregnant. She arrived for a medical examination but had no memory of anything. After that, she gave birth to a daughter in a private hospital. Why she was giving birth to a daughter, was another reason for torture. her husband physically tortured her. Even he pushed an injection in her head several times. By doing this, he wanted to make her mentally ill.

After that, she came to OCC in Chittagong Medical College and Hospital. She has three days to file a complaint against her husband with OCC. She waited a few months before taking any legal action because she believed her spouse would change. In the meantime, her family arranged an arbitration with the help of local leaders. But her husband did not attend to this. her husband sent a divorce letter to her after some days. Then she filed a lawsuit against her husband from Blast. She wants compensation and alimony for her child.

She always receives assistance from her family and neighbours. Her relatives urged her to get remarried. Because of her daughter, she does not desire a second marriage. She considers how her children will grow up and how having a source of income will benefit them.

CASE STUDY-5: FEMALE (DHAKA)

Shefali Akhter Chowdhury, age: 50 years old and mother of one daughter. She lives in Bonogram, Dhaka. After two years of her marriage, her daughter was born. At that time her husband had an extramarital affair. She was physically tortured by her husband. She went to the police station to file a case. Police suggested she come to Blast.

After facing physical torture, she had dental problems as well as ENT problems. She received treatment from Dhaka Medical College Hospital. She was cured and satisfied with the treatment. In 2017, with the help of Blast, she met with a lawyer. He suggested she start studying in a law college. Then she has admitted to City Law College. After finishing her study, she worked as a junior lawyer. Now she worked under that lawyer.

The case against her husband was dismissed after eight years. It takes a long time to solve this case. Her complaint was about the lengthy process of the case. But she was satisfied with the verdict of the case.

CASE STUDY – 6: TRANSGENDER (COX'S BAZAR)

Akhi Moni, a transgender who lives in Cox's Bazar, is 24 years old. He studied in a Madrasah. When he was just 8 years old, he experienced sexual assault by his teacher.

Many diverse persons, including one's own family members and sexual partners, transactional sex clients, and community members, engage in gender-based violence against sexual minorities.

Victim of sexual assault at an early age:

One day, his teacher (hujur) asked him to meet him alone in a room after class. Then his teacher (hujur) forcefully sexually abused him. He was severely injured after that incident. But he didn't tell about that incident to anyone in his family. He stopped going to Madrasah. His mother scolded him a lot for not going to Madrasah. After that, he shared his bad experience with his family. They complained to the headmaster. The madrasah committee drove that teacher (hujur) away. He was admitted to primary school and passed SSC from a school.

Separated from family and society:

One day some people came into a program besides his home. For his feminine behaviors, he was recognized by the transgender community. There was some stuff from Bondhu (NGO), then Akhi came to know about the services given by their organization. He took medical services from Bondhu. He faced numerous problems from other members of society, leading him to consider leaving his family and moving elsewhere. In the meantime, he knows about the leader (guruma) from the other transgender. He moved to Bagerhat and stayed with the leader there for two to three years. Then he felt a mental connection to his family. But his family was not supporting him. After that, he lived with the transgender community. He told about society's perception of transgender, *"they told me that why I walked like a hijra (transgender). Why do I go for dance-singing? Why not behave like a normal man? My family didn't change their minds. They said to me to not come, as, for me, my younger brother lost his respect. So, I do not go there. Then I left my area"*.

Deprived of desired services:

During the time of the pandemic, he was very helpless. They live their lives by collecting money from the shops. If shopkeepers cannot sell products, then they cannot give them money. Also, in the time of corona, the wedding ceremony was also obstructed. As they collect money from those types of ceremonies. The government gives relief to others. So, he went for relief. But they not give him relief. They locked the gate and said that he has a good amount of money as they collect money from shops. So, they do not need the relief. Then Bondhu, an NGO provided them relief three times and 4.5 thousand takas by Bkash.

There is another story about the sexual violence that happened to him. At 11 pm, after a program he came back home, a man took him to dance at his wedding. He was a journalist. He took him to a lonely house. Then Akhi said to him that there was no sound box, no people, and what kind of wedding it was. Then he said that there was no wedding, he took him just for dance. Then Akhi refused him and said he wanted to go home. But the journalist didn't agree and locked the gate. He grabbed Akhi's throat and threat to murder him. The journalist forcefully raped him. The next day, he went to the police station with his friend and complained about that man. Then the officer said, he will call him, but he won't. Then Akhi went to the police station several times. His incident was covered by local newspapers. Nevertheless, he didn't get any help from the police. Akhi also came to a lawyer with the help of Bondhu, but he didn't get any legal support as he had no sufficient money.

Ideas for Income generating activities:

Akhi got training in parlor work from the government. But he doesn't involve with income-generating activities. According to him, *"After training, they gave me a certificate but I need a fund to run a small business. As because we are transgender, many people do not rent their space to our shop. We need funds. I can give 50% money, but if the government can give me another 50% money, then it will be easier. If we can run a small business, then we do not collect money from shops and stop dancing in the program, other people of the society will give respect to us".*

His experience demonstrates that if transgender people are involved in income-generating activities, it will be effective to deter them from illegal behavior.

CASE STUDY-7: MALE (RAJSHAHI)

Related to Domestic violence

Forty-eight-year-old Md. Khokon, lives in Rajshahi and runs a small business like he has a tiny confectionary shop. He said that his wife had started mentally torturing him after some years of their marriage. His wife demanded more financial support than he had been able to do. Khokon has no remarkable assets for that reason his wife verbally abused him a lot. As per his narration financial matter was the main cause of violence.

In Bangladesh, it is known by everyone that females are the primary survivors of gender-based violence. But nowadays an alarming number of men are suffering from domestic violence. It may be by their legal life partner or other family members.

According to his words, *"I had to go through tremendous psychological torture by her as she was not well behaved, sometimes used slang, even she did not cook food for me and my children, I also deprived of decision-making opportunities in case of important family matters as we have two children".* After that, he was suffering from mental illness for a long time such as unsocial behavior, remain fierce. But he did not take any psychological treatment for those illnesses.

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

The tendency in Hiding violence

He did not talk about his wife's misbehaving with other people like relatives or friends because of social obloquy and other social factors. In a patriarchal society till now people consider a man as a weak person when he admits such a thing. He told his in-laws about his wife's misbehaving several times but no effective steps were taken by them. At the last limit of endurance, he filed a complaint against his wife in Union Parishad. A letter/order had been sent to his wife for social arbitration though she denied it two times. He expresses his feelings, *'everybody talks about violence against females, but here happening opposite of it."*

Situation changes after taking legal support

At last, he consulted with his close friend who is a lawyer. By whom does he know about the legal services provided by BLAST (Bangladesh Legal Aid and Service Trust). BLAST mediates his objection against his wife by social arbitration within four months. They were counseling both of them, providing effective solutions for future conjugal life. After that, his wife's behavior toward him improves a lot. But he does not know about professional psychological counseling and couple counseling services.

Importance of moral values

He also mentioned the importance of family values. A person's behavior and attitude highly depend on his/her family values. He said that *"my mother-in-law verbally insults my father-in-law, by observing this attitude my wife also does the same".* Respect for everyone should be taught in the family.

Role of government

He told, "*the need for more awareness of domestic violence against males, need specific laws and regulations for males, there are plenty of laws in favor of females, but no single law for males."*

CASE STUDY-8: MALE (DHAKA)

Transgender are verbally abused by the people of society. Loneliness, insecurity, feelings of embarrassment, loss of self-esteem, and anxiety about attending school are a few of the acute psychological effects of verbal violence. Depression, self-harm, fear of strangers, panic attacks, and psychosomatic disorders, are examples of long-term impacts. Transgender students may develop unhealthy coping mechanisms as a result of a lack of safety or support, which encourages risky behavior.

Ahad Ali Dewan lives in Dhamrai, Savar. He is 27 years old. He has completed his graduation. He described how his classmates verbally abused him. For his feminine behaviors, he was teased by boys in his early school life. Even teachers misbehaved with him. He faced huge discrimination from his teachers though he had good academic results. After that, he was denied employment due to a gender issue.

Besides this, he was a victim of sexual violence. When he was in class five, he was sexually assaulted by a close relative. He didn't tell that incident to family members because of fear.

The community used to shame his family based on her gender issues. His parents separated him when he was in his adolescence. Because they believe he is incapable of handling responsibility, his parents have not given him any. They also deprived him of the right to family property. He didn't complain to the local government for fear that everybody knows about his gender. He said, "*if I complain about someone, at the end of the day they will blame me, that's why it is important to increase awareness among the service providers".*

One day he with his friend went for medical service in Coxs Bazar Zilla Hospital. His friend was HIV positive. The duty doctor told them to get out after knowing that. For this experience, he doesn't go to any government hospital for medical service. He mentioned, "*From the entry point to the hospital corridor, everyone uses bad language to address us. It destroys the mentality of taking services".* There is an NGO named "BANDHU", from which he always takes medical services. There are a limited number of services that are only for transgender.

Ahad addressed the importance of education for the people of their community. He proposed for education allowance for transgender. After getting out of the family as teenagers, they could not complete education for lack of financial support. If they get an education allowance from the government, they can complete their study. According to him, it will be helpful for the future in case of getting a job. He also mentioned, "*if society accepted transgender people as normal, it would improve the overall quality of their lives".*

CASE STUDY-9: TRANSGENDER (BARISAL)

Md. Topu Hossen, age forty years, from Kashipur, Barisal shared his miserable experiences as a gender-based violence survivor. He was a listed dancer on the Bangladesh National Television.

There are different varieties of Gender-based violence include (physical, sexual, psychological, or economic) sexual coercion/rape, social stigma, and discrimination. In the matter of MSM/TG person, structural discrimination, such as being forced out of their own family home or being treated in an unsympathetic manner by healthcare providers and police may also directly or indirectly include GBV. Actual numbers of GBV survivors among MSM/TG populations remain out of track for the reason that most of the cases are unreported to the authority.

Sufferings as a Transgender

He was a victim of high-level social stigma and discrimination for displaying feminine behaviors, which was started by his family. He mentioned, "*In my childhood when I am dancing on the stage, everybody claps for me, but the same people use bad language back off the stage, it hurts me a lot, if a disabled child is accepted normally by family members why not we, our family separate us due to social pressure".*

After being sexually assaulted by a friend, he went for treatment in a government District hospital (name of the hospital). The duty doctors misbehaved with him, verbally abused, and also condemned him. Confidentiality of treatment didn't maintain by the doctor during taking history as well as the examination of the private organ as many outsiders like representatives of pharmaceutical companies were present in that treatment room. He shared the same

experiences as his other friend in his community. He emotionally said, "*it is essential to provide proper counseling to the doctors that they should consider everybody as a human being, as they behave with me like an animal, not only the male, female is human, we are also human being".*

After that, he doesn't go to any government hospital for medical treatment. He didn't go for legal action because he believes that police don't help transgender people as they also verbally abused them. As per his information, MSM/TG mainly take medical services from some NGOs who worked only for them. Because of his feminized attitude, he didn't get good jobs and couldn't complete his education.

One day, a hijacker snatched his belongings like his mobile and money. In that situation, he was afraid and confused about seeking help from anyone. Because he was previously experienced verbal violence from other people in society like young men (maastans) who teased him on the roads. The whole day he could not get any money to buy food. Then another one from their community helps him to get rid of that situation.

From victim to activist

After going through the above situations, Topu decided to do something by which he can help others like him. So, with the help of some friends, they run an institution named "Sopnochoya". From this organization, they provide medical and psychological support to transgender. Weekly one day doctor came and provided treatment to them.

According to his words "*only people like me can understand my feelings, and my problems with empathy, so representatives of our community should be included in the development projects for transgender, also educated transgenders could be included in the medical, and legal service sectors, this will be added some value in the society as well as help to change the perspectives of society towards transgender"*.

Some Insights as a Transgender

He mentioned the necessity of an individual identification card. He wants easy access to medical and legal services for the betterment of their life. He added, "*If the local government such as Chairman, counselor take them in front of society, give them proper dignity, aware the other people about human rights, it will help change the frame of mind of society towards transgender".*

CASE STUDY-10: MALE (CHITTAGONG)

For the purpose of eradicating crimes against women and children, the Nari o Shishu Nirjaton Daman Ain 2000 (as revised in 2003) was passed. However, it is also claimed in a number of media outlets that sometimes women misused this law.

Mohammad Nasir is a 30-year-old male from Pathar Ghata of Chittagong in Bangladesh. He faced mental torture by his wife and in-laws. His family life was only one year. He lived in a joint family with his elder brother's family. But his wife wanted to live separately. She had a quarrel with his brother's family. He wanted some time for economical settlement. His mother-in-law took offense at him. his wife misrepresented him to her. He was working one day. After giving permission to her to go to her mother's house, she declared that she didn't want to return to her husband. Then he set up an arbitration with the help of Blast to get his wife to his house.

Victim of false allegation

Three months later, she started same issues once more. Again, she visited her father's residence and didn't come back home. At that time his wife was pregnant. His wife didn't inform him about the birth of their child. Even, she filed a false case against Mr. Nasir. They claimed that he failed to cover their daughter's living expenses in their lawsuit. However, he wished to have a family with her, but she cheated on him. He didn't even make her suffer. He came to know about her extramarital affair. She wanted to leave him for that reason.

He had legal assistance from Blast. Their divorce was finalized. Their kabin cost three lakhs takas. He paid 1.5 lakhs to his wife, and he will now give the rest of the money by installment payment. He provides 2000 takas as the child's cost of living. He is satisfied with the services of the Blast. But he is mentally depressed about what happened to him. He said, *women have many opportunities to seek legal services but men haven't, taking advantage of this, women can file false cases, so it is necessary to have specific laws and regulations for males.*

According to studies, the number of false cases filed under section 11 of this act is rising daily as the divorce rate rises in our society. So, policymakers should address this issue deeply.

RECOMMENDATIONS

Based on the results from the FGD, KII and Case Study the following recommendations are made:

- Sufficient training should be needed for survivors handling at every level
- DNA lab test facilities are necessary for every district.
- Government funding should be increased. There is not enough of a supply of medications (HIV, STD, Pregnancy Prevention etc.) for survivors.
- The supply chain and process of utilization of necessary medication and other logistics needs to be faster
- Basic psychology training should be introduced for doctors.
- We should include more clinical psychologists for counseling the survivors.
- Medical reports should be given promptly.
- Public Service official needs to be involved in the awareness program related to GBV services.
- In the case of medical reports, doctors are the witnesses. They didn't want to come if they got transferred to another district.
- There should be increased awareness among people about sample collection from survivors.
- Prolonged litigation should be reduced.
- Law should be introduced for the male survivors
- There should be a hotline for GBV services.
- The Government needs to add more staffs. Case coordination committee meetings should be held in every district. Although government gives letters to them to arrange meetings every month. But there is no implementation.
- We should involve religious leaders for creating awareness among people against any form of GBV.
- There should be more awareness programs for general people about the services including reintegration.
- Nepotism/favouritism should not be practiced while providing government assistance like sewing machines.
- Those are not able to inherit land legally (Transgender), They should be considered during the listing of landless

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

POLICY MATRIX

SCOPES, OPPORTUNITY AND CHALLENGES FOR A GENDER BASED VIOLENCE (GBV) SURVIVOR FOR REINTEGRATION INTO SOCIETY

Specific Objective	Relevant Recommendations
To explore the scope of accessing and utilizing GBV services.	I. The supply chain and process of utilization of necessary medication (kits) and other logistics needs to be faster. II. To minimize prolonged litigation medical reports should be given promptly. III. Forensic department of the Hospital should be directly linked with Thana. (Which is in India) IV. Strengthening the existing psychological counselling services V. Manpower should be increased for GBV services (medical, legal etc.) VI. Implementation of existing law for violence against women and children. VII. Law should be introduced for male survivors. VIII. Separate service section (medical) should be introduced for Transgender survivors.
To prepare case studies for unveiling challenges for a survivor to cope in the society	N/A - 10 Case Studies have been prepared for the final report
To recommend future areas of improvement across the GBV rehabilitation service components.	IX. Sufficient training of survivors handling should be needed for service providers X. Nepotism/politicization should not be practiced while providing government assistance like sewing machines and allowance. XI. There should be more awareness programs regarding the GBV service components

Scopes, Opportunity and challenges for a Gender Based Violence (GBV) Survivor for reintegration into society

Recommendations	Key/Major Activity (What to do)	Strategies (How to Do)	Responsibilities		Timeline			Resource intervention		Objectively Verifiable Indicators (OVIs)				Means of Verification (MOV)	Remarks
			Lead	Support	Short	Medium	Long	HR	Finance	Process	Output	Outcome	Impact		
I, II, III	• Procurement Supply and Management • Inter-ministerial Coordination	• Increased utilization of DNA lab test facility • Improve supply chain and utilization mechanism • Improve the flow of information	MoHFW ,(GNSPU)	Ministry of Law, Justice & Parliamentary Affairs, (MOLPJ), MoHA & DGHS,	√			√	√	Capacity Building Training Developing multi-sectoral coordination	Organized training Developed coordination	Well trained staffs	Improved GBV Services	Observation Checklist, Medical Records Review Report	
IV, V	Recruit adequate skills and manpower	• Organized skill-based training	MoHFW ,GNSPU as a focal point of GVB	Health Service Division (HSD)	√		√	Yes	√	Human Resource Management and Coordination	Increased skilled manpower	Improved and Increased Manpower		Monitoring and Observation	
VI, VII	• Proper implantation of existing law • Introduced law for male survivors	Track and Monitoring through officials	MoHFW ,GNSPU as a focal point of GVB	Ministry of Law & Justice Division			√	√	√	Presence of monitoring bodies at local and national level	Formed monitoring and implementation cell	Improved Law Implementation		Monitoring Committee	
VIII	Creating opportunities for them accessing the mainstream service section	Mutual strategy development with stakeholders	MoHFW ,GNSPU as a focal point of GVB	Health service division Unit, Ministry of Social welfare	√	√	√	Yes	Yes	Discuss view with different stakeholders and NGO through consultation	Mitigation of Conflict	Improved GBV Service for Transgender		Observation, Survey, Field visit, Yearly review	
XI, X, XI	• Training arrangement • Awareness-raising programs • TNA • Ensuring Transparency	Training Module Development Involvement of community mobilizers (religious leaders etc.)	MoHFW, GNSPU as a focal point of GVB	HSD ,Ministry of Social welfare, NGOs	√	√		Yes	Yes	Awareness meeting with relevant stakeholders	Training Curriculum Development	Increased trained manpower Increased awareness		Post-training assessment and observation	

SNAPS OF THE FIELD & OTHER ACTIVITIES

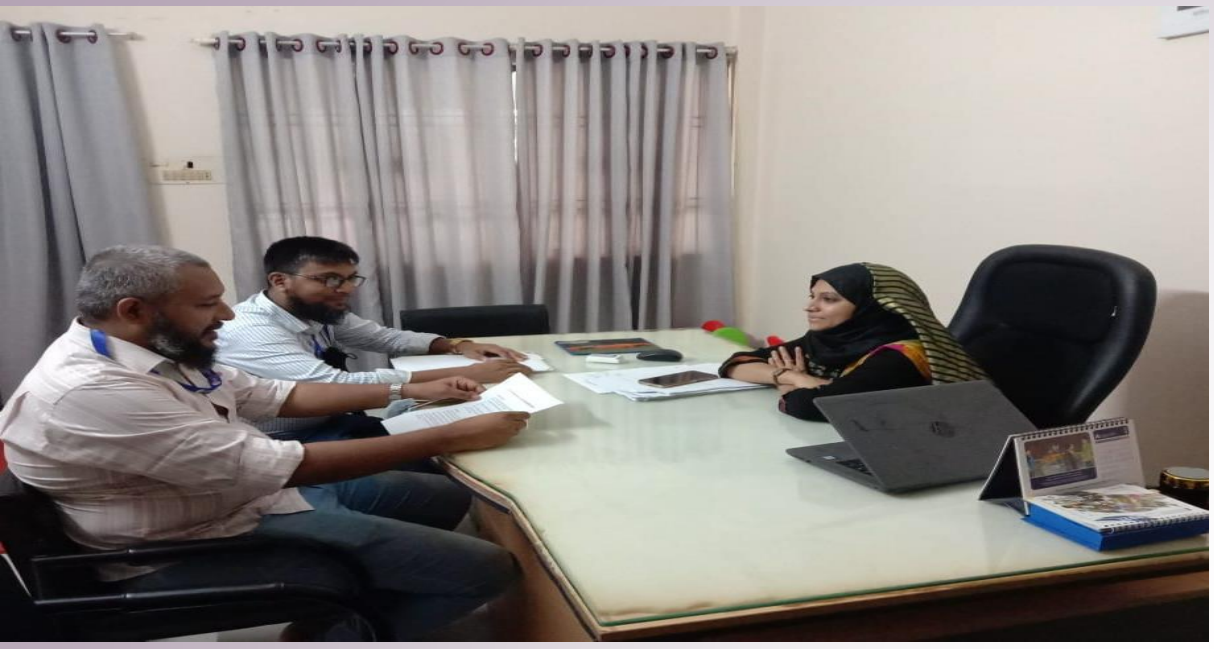








FGD: FEMALE, MALE AND TRANSGENDER









KII WITH GOV. AND NON-GOV. STAKEHOLDERS



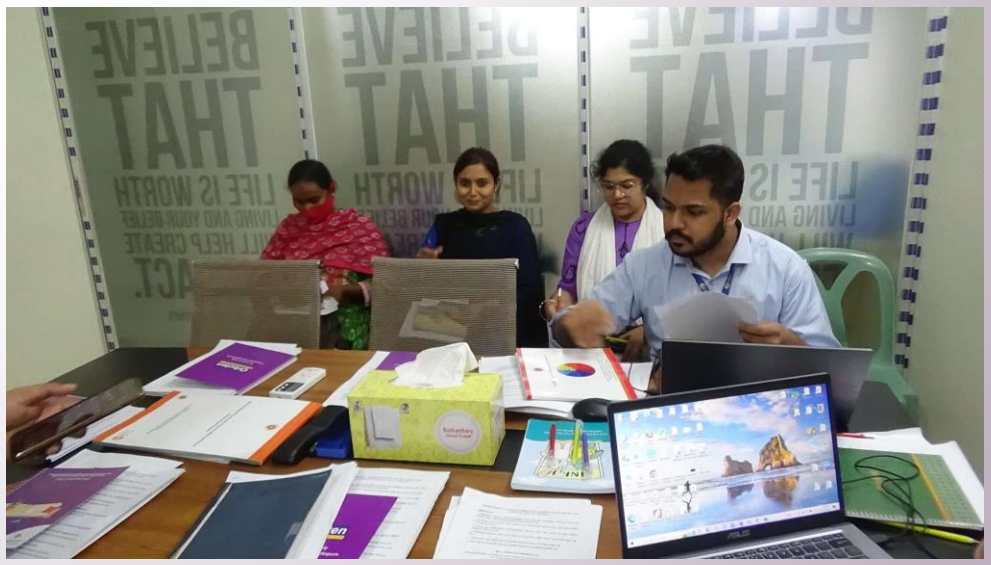
METHODOLOGY VALIDATION WORKSHOP



DATA VALIDATION WORKSHOP



TOOLS VALIDATION WORKSHOP



FIELD TEAM TRAINING



Study Team with the Consultant

APPENDICES

TOOLS

KII

FGD

CASE STUDY

Tool 1: Key Informant Interview (KII)

(This is a checklist, implying that the researcher chooses questions depending on the flow of discussion and may not necessarily ask all questions)

General Instructions:

- KII sessions should not be more than 60 minutes. This may be extended based on the interest of the participants, but not more than 90 minutes' maximum.
- Participants must agree in advance to take part by signing/consenting in the attendance sheet provided by this guideline.
- All senior study team members, including the Team Leader, will facilitate the KII session in Bangla.
- A note-taker will be designated and take discussion notes in Bangla.
- A short debriefing session for the KII participants will be made by the facilitators to validate the information given by the participants.

Ethical Instructions:

In conducting the KII session, social science research protocol and policies should be followed rigorously. Listen to the respondent with respect, maintain privacy and confidentiality by not disclosing KII findings to other groups.

- Photographs can only be taken with the prior permission of the participant.
- Recording can only be done with the prior consent of the participant.
- The consent note will be read out to the participant and all participants will be informed that they can withdraw from the discussion at any point if s/he so wish.
- Any sensitive issue such as religion, ethnicity, caste, sexual identity, and Gender will be discussed carefully.
- Gender is the issue for the client and the study too. Gender is a much more familiar word than it was until the last couple of years. Therefore, for this particular client and research, the word Gender should be taken as a part of normal terminology.

Consent Form:

Under the guidance of GRM, a research team is working for Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare. Gender-based violence (GBV) continues to be one of the most prevalent and persistent issues that women and girls are facing globally. In Bangladesh, over two-third (72.6%) of ever-married women experienced one or more such forms of violence by their husband at least once in their lifetime, and 54.7% experienced violence during last 12 months2.

Gender Based Violence is inextricably linked to the Gender norms and unequal power relations present in the society, and violence against women and girls is one of the manifestations of these inequities. Thus, it is rooted in women's subordination in the society relative to men. It constitutes a breach of the fundamental right to life, liberty, security, dignity and equality between women and men, non-discrimination and physical and mental integrity. GBV is often used interchangeably

as most GBV is inflicted by men on women and girls. However, there is increasing recognition that men and boys and Gender minorities can also experience violence based on Gender, for example when they do not conform to the traditional norms of masculinity.
For this study, we need information from you as a project stakeholder. All the information shared in this discussion will be used only for this study and your identity will not be disclosed in any form during or after completion of this study. The discussion will take about one hour. We need to take notes during this session. We may also need to take your action-oriented snapshot if you allow. If you permit us, we may also record the discussion. We invite you to participate freely and fully in the session as a participant. We hope for your active participation in the session. However, you have every right to withdraw you at any time in this session. If any topic makes you uncomfortable, please say so to the facilitator. If you agree to participate in our discussion session, and for us to record the discussion, please sign/consent to the attendance sheet.

- YES (if the answer is YES, continue the interview)
- NO (if the answer is NO, stop taking the interview)

(Note to Facilitator: Please explain what they are giving consent to - write it out and read it out to each person so they are clear.)

Attendance Sheet

Venue:
Date:
Discussion Starting Time:
Discussion Closing Time:

Date: SL	Name	Age	Name of Department with Designation	Signature
01				

- **Availability of GBV Services**

1.Do you think GBV services are available for all survivors (Male, Female, Transgender, Boys, Girls)? If positive, what kind of services are available for them? If negative, to detail (with barriers described here)?

2. Do you think that GBV services available in your area are suitable for the survivors? If positive, what kind of services are available for them? If negative, why they are not available?

- **Awareness about GBV Services:**

1. Do you think the survivors are aware of GBV Services? If positive, what kind of program/activities are available to make them aware? If negative, what kind of activities or programs can be introduced?

2. What steps can be taken to increase awareness about the GBV services (availability and accessibility)? How these steps can be taken to increase awareness about the GBV services?

- **Accessibility of GBV Services:**

Do you think (male, female and transgender, boys and girl survivors) have access to GBV services easily? If negative, what are the challenges to taking GBV services from the survivor end?

- **Utilization of GBV Services:**

Do you think survivors are utilizing GBV services? If positive, what kind of GBV services they are receiving? If negative, then what are the challenges to using these services?

- **Survivors of Gender-Based Violence**

Who are the primary survivors of Gender-Based Violence? (Probe: Male/Female/Transgender). If it's Male/female/transgender, what can be the reason behind this? What are the patterns of sexual violence happening with survivors? And who are the perpetrators actually (Probe: Family Members, Peer Groups, Relatives/Others?

- **Sexual Violence**

2. What are the common GBV service demands from the survivors you are experiencing under your programs?
3. What are the common barriers you experience while delivering GBV services to survivors?
4. Do you have any suggestions for humanitarian aid organizations and services working in this space to overcome these barriers?
5. How do you feel about providing GBV services to survivors?
6. Do you feel you have been enough trained?
7. How do community members feel about you providing GBV services to survivors?

- **Medical Service:**

1. What facts do you ensure while conducting any kind of examination? (Probe: General Physical, Injury, Genital Examination or having other investigations)
2. Do you have enough facilities to conduct this examination? If negative, what's the reason behind this?
3. What are the challenges of ensuring such kind of facilities?
4. How do you provide support to survivors who come to the center for having this kind of examination? Do you feel any challenges from the survivor end?

5. Do you follow the GBV protocol? If yes, how do you think it is enough for providing services to survivors? If not, why don't you follow the protocol?

7. Is there enough facility for STI services or medication?

- **Medico-legal Service**

1. Are there enough facilities to provide medico-legal support at your workplace? If negative, what's the reason behind this?
2. Does the survivor only seek medical support above medico-legal support?
3. Do you follow the medical report and examination form in case of registering the survivor(male/female)? If yes, how helpful it is? If negative, why don't you follow?
4. What type of GBV violence is more prevalent according to registration? (Sexual, Physical, Psychological GBV)

- **Psychosocial Service**

1. As there is the GBV protocol for health care providers available, do you follow that?

2. Do you provide any psychological care and support to them? If yes, how did you provide this? if not, what's the reason behind this?

- **GBV Rehabilitation service:**

2. Government NGO and INGO initiatives regarding GBV Rehabilitation service**?**

3. What steps can be taken for future improvement in GBV rehabilitation service components? (Probe: Recommendation)

4. What can be the coping strategy for the survivors in society? What steps can be taken to improve the overall situation of Gender-based violence?

5. How we can reintegrate the survivors into society?

GAP

- What was the gap between services expected and available?

Challenges

- What were The social and policy barriers?

Recommendation:

- What steps can be taken for future improvement in GBV service components? (Probe: Recommendation)

Overall Opinion of Interviewer:

Name and signature of facilitator:

Name and signature of note taker:

Date:

Tool 2: Focus Group Discussion (FGD)

(This is a guideline, implying that the researcher chooses questions depending on the flow of discussion and may not necessarily ask all questions)

General Instructions:

- FGD sessions should not be more than 1 hour and 30 minutes. This may be extended based on the interest of the participants, but not more than 1-hour maximum.
- In each FGD session, a maximum of 12 and a minimum of 6 participants should be included.
- The seating arrangement should be U-shaped so it's easy to communicate directly with all participants.
- Participants must agree in advance to take part by signing/consenting in the attendance sheet.
- One consultant/Senior Team member will facilitate the FGD session.
- A note taker will be designated and take discussion notes in English/Bangla.
- A short debriefing session for the FGD participants will be done by the Facilitator to validate the information given by the participants

Ethical Instructions:

In conducting the FGD session, social science research protocol and policies should be followed rigorously. Listen to everyone with respect, maintain privacy and confidentiality by not disclosing FGD findings to other groups.

- Photographs can only be taken with the prior permission of the participants.
- Recording can only be made with the prior consent of the participants.
- The consent note will be read out to the participants and all participants will be informed that they can withdraw from the discussion at any point if s/he so wishes.
- Any sensitive issue such as religion, ethnicity, caste, sexual identity, and gender will be discussed carefully.

Consent Form

I would like to invite you to feel comfortable expressing yourself and to share your thoughts and experiences during this discussion. At the same time, I would also like to ask that we all be respectful of one another and that what we share remains in this interview. The topic of the discussion is - **"Scopes, opportunities, and challenges for a GBV Survivor for reintegration into society"**. Of course, if you are not comfortable sharing anything, you do not have to, and that is also OK. The recording is being made of the discussion session and we will be taking keynotes so we remember what we've discussed today, however, we will not share your individual responses to anyone, only anonymous quotes and the overall results will be included in reports. Your name will not appear anywhere to ensure that your responses cannot be linked to you. Our discussion is likely to take between 30 to 45 minutes. While we hope you can stay throughout the discussion, it is your choice to stay or leave at any point. In addition, it is up to you which questions you do or do not answer. Do you have any questions that you would like to discuss before we begin?"

❖ Can we take the interview now?

• YES (if the answer is YES, continue the FGD)

• NO (if the answer is NO, stop taking the FGD)

(**Note to the Facilitator:** Please explain what they are giving consent to - write it out and read it out to each person so they are clear.)

Attendance Sheet

SL	Name	Address of those participants	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Date:

Discussion Starting Time:

Discussion Closing Time:

Discussion with Target People

Focus Group Discussion (FGD) Guideline

Discussion Topic	Questions / Guideline
KAP- **Knowledge**	1. What do you Think about Gender-based Violence (GBV)? 2. Do you know about Gender-based Violence (GBV) response mechanism? 3. Have you seen any violence around you? 4. Did anyone help you to solve those violent problems? 5. Have you ever been abused by anyone (mental, physical, sexual, neglect)? 6. Who and where your problem can be solved?
KAP- **Attitude**	1. Please share your experience regarding GBV response?
KAP- **Practices**	1. Changes in your life happened at that time? (What changes happened, how you defined survivors, how you help them now, who help them now) 2. What practices/coping mechanisms do you adopt to overcome the situation? 3. Challenging factors for the survivors? 4. How do you consider the project of HEU project for GBV survivors?
GBV Part and services	1. What are the myths (traditional story), family, and community beliefs you have heard about GBV issues and needs in your community? 2. Do you get support from your family members for your GBV issues (Post Traumatic Stress Disorder (PTSD), depression, anxiety, substance misuse, self-harm and suicidal behavior, sleep disturbances, etc.)? if negative: why? And so, where do you get support? What do you think about GBV services available in your area? 3. Do you see GBV activities around your surroundings? (Male/Female/Transgender)
Change over time	1. Change of condition 2. Changes over time 3. Future expectation 4. Improvements of the condition
Challenges	1. In terms of rehabilitation services, did you face any difficulties?
Support	1. Do you get any survivor-friendly support? 2. What kind of support do you get (Physical, cognitive, social, emotional, and others)?

	3. Does anyone help you in your real-life problems other than any training session by mentoring, giving suggestions, hearing your problems, or others? 4. What extent do law enforcement people help & support?
Need/ Suggestions	1. What type of need do you feel to solve your problem/issues/ improve the situation? 2. What are your suggestions for developing the early recovery in the context of GBV survivors? 3. What steps do you think should be taken to improve the quality of rehabilitation services? 4. How the survivors can be reintegrated to the society?

Debriefing: Please give a short summary of this discussion before closing and verify if the participants agree with the discussion points and then thank them for their time.

Case Study Checklist

Project Background

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For this study, we need information from you as a project stakeholder. All the information shared in this discussion will be used only for this study and your identity will not be disclosed in any form during or after completion of this study. The discussion will take about one hour, but it can also depend on the situation. We need to take notes during this session. We may also need to take your action-oriented snapshot if you allow. If you permit us, we may also record the discussion. We invite you to participate freely and fully in the session as a participant. We hope for your active participation in the session. However, you have every right to withdraw at any time in this session. If any topic makes you uncomfortable, please say so to the facilitator. If you agree to participate in our discussion session, and for us to record the discussion, please sign/consent to the attendance sheet.

I have read the description above and understood all of the arrangements as well as the implications for the use of all the material collected. Based on the content of this form, I hereby give my free consent to be photographed and to obtain information for case story.

Consent

I, _____, consent that you can use the information gathered for the case study entitled "Scopes, opportunities and challenges for a GBV Survivor for reintegration into society". I understand that at the exception of the title of the project, the journal and the website that will publish the case study, all the other identified requirements that I have signed in the consent form will be applied exactly like they were described, especially those who relate to the confidentiality and protection of my personal information

_____ _____

Signature of participant Date

Declaration of the person responsible to obtain the consent

I, _____, certify that I have explained this form to the participant and answered any and all questions that she/he asked on the matter and have clearly identified that she/he can revoke their consent and withdraw, at any time, their participation to this study as described above. Thus, I will ensure that the objectives of this study will be pursued and the confidentiality respected.

Signature: _____ Date _____

Case Study-guideline

"Scopes, opportunities, and challenges for a GBV Survivor for reintegration into society"

Name of the beneficiaries	
Para and/or word no.	
Village	
Union	
Upazila	
District	
No. of the family members	
Occupation most of the area people	
Occupation	
Family members (Describe) (Husband/wife name, Children and their condition)	
When and how did it happen and where? Please tell us about that.	

Did you share with anyone regarding that? If positive, to whom did you share and how did they react? If negative, what's the reason behind this?	
What's your current situation of you?	
Are you facing any challenges as a GBV survivor? If positive, what are those major obstacles/challenges?	
Story of the beneficiaries' sufferings	
How did you overcome it? Did you follow any coping strategies on your own or did anyone suggest different coping strategies to you? If positive, what were the strategies and how did you maintain them? If negative, how did you survive without following coping strategies?	
Story of survival from the sufferings	

Are you aware of GBV services? If positive, who notified you regarding this and how did you utilize that?	
What exactly did you receive? (Details)	
What was the condition before receiving this?	
After receiving the service, how did you use it?	
After using how did you get benefits from it?	
Story of the beneficiaries' sufferings before receiving the service	
What is the condition now?	
Do you want to provide some suggestions regarding GBV services? (Probe: Improvement)	

Say of ward counsellor	

Your thoughts and descriptions –

*Don’t forget to take 2-3 good pictures of the beneficiaries with his/her benefited things.