

Factors Influencing Help-seeking to One-stop Crisis Centers: Unveiling the Wounds of Violence Against Women

Shuvashis Saha¹, Mohammad Kabir Uddin², Shajib Kumar Hazari³

How to cite this article:

Shuvashis Saha, Mohammad Kabir Uddin, Shajib Kumar Hazari/Factors Influencing Help-seeking to One-stop Crisis Centers: Unveiling the Wounds of Violence Against Women/Journal of Global Public Health. 2022; 4(2):65-71.

Author's Affiliation: ¹MSc, University of Bergen, 5007 Bergen, Norway, ²MSc, National Skin Center, Bangladesh, ³MPH, World Health Organization (WHO), Dhaka 1212, Bangladesh.

Corresponding Author: Shuvashis Saha, MSc, University of Bergen, 5007 Bergen, Norway.

E-mail: shuvo4rdc@gmail.com

Received on: 12.07.2022

Accepted on: 15.08.2022

Abstract

Objective: This study aims to explore the factors that influenced help-seeking to the One-stop Crisis Centers (OCCs) by the victims of violence against women (VAW) in Bangladesh.

Methods: A qualitative document analysis of 146 case studies of victims from OCCs of different tertiary hospitals was done. Data were retrieved from the official Newsletters published between 2008 to 2018.

Result: Four distinct themes emerged which influenced victims' help-seeking to OCCs: i) situational crisis, ii) social network, iii) legal resources, and iv) victims support system.

Conclusion: Recognizing the influencing factors of help-seeking to OCCs by the victims of VAW might help the policymakers to identify the most important gatekeepers and channels to OCCs. Greater disclosure and help-seeking can be achieved through greater community indulgence.

Keywords: Violence against women; One-stop Crisis Centers; Comprehensive care; Help-seeking; Sexual violence; Spousal violence; Victims support system.

Introduction

Violence against women (VAW) is a serious global health problem.¹ According to World Health Organization (WHO),² intimate partner violence (IPV) and non-partner sexual abuses are the most common forms of VAW and grave public health concerns. In Bangladesh, more than 50% of married women were found physically and/or sexually abused by the partners in their lifetime.³⁻⁵ Current media reports show an alarmingly increased rate of

reported non-partner sexual violence incidents.^{6,7} The most commonly committed violence types against women in Bangladesh are domestic violence, acid throwing, rape, child abuse, human trafficking, child labor, and forced prostitution.⁸

Health problems do not necessarily cause help-seeking. Studies around the world suggest that disclosure and help-seeking of abused women are influenced by various socio-demographic factors such as age, education, and income of the victims,

type of violence, the severity of violence, having child, and service accessibility.⁹⁻¹⁴ However, the majority of studies and data regarding the issue are based on the developed countries. Help-seeking could be determined by the nature of violence and availability of different entry points into the health system, but there have been very few discussions about which could be the most feasible and important entry point in lower and middle income countries.¹⁵ In Bangladesh, a very low rate of institutional help-seeking among the battered women has been found which is mostly influenced by a severe life-threatening situation and/or their children at risk.⁸ This study tried to portray an overall picture of formal help-seeking by the victims of VAW in Bangladesh with a theoretical approach.

One-stop Crisis Centers (OCCs) are unique structures established within the tertiary level hospitals of Bangladesh providing comprehensive care to the victims of VAW i.e. medical care, temporary shelter, psycho-social counseling, legal support, and rehabilitation. From the establishment of the first OCC in 2000 till March 2019, a total of 36441 victims of VAW received care from these OCCs.¹⁶ However, there is little knowledge we know about the victims' journey to these shelters. Very few studies have been conducted in these centers because of the restricted access. This study is the first of its kind taking an in-depth insight into factors aiding the help-seeking of the survivors at OCCs with the theoretical approach of the Socio-ecological model. The Socio-ecological model is increasingly being used by researchers and other international organizations like WHO and the Center for Disease Control and Prevention (CDC) in order to understand and prevent VAW.^{4,17} The model observes the complex interactions between individuals, relationships, community, and societal factors at different levels to study any interpersonal violence and its traits.

Materials and Methods

A qualitative document analysis was done to generate the findings of this study. The study documents were quarterly published Newsletters of Multi-Sectoral Program on Violence against Women (MSPVAW) containing case studies of the victims of VAW seeking help at OCCs. Thirty Newsletters published from 2008 to 2018 were retrieved from the official webpage of MSPVAW¹⁶, and 146 case studies from these Newsletters were selected for this study narrating the stories of the survivors of VAW seeking help at various OCCs.

Case studies were found categorized as physical assault, sexual assault, and burn cases.

Document analysis is a systematic review or evaluation of both printed and electronic documents and involves analysis through skimming, reading, and interpretation.¹⁸ The 6 steps thematic analysis of Braun and Clarke was adopted for analyzing the texts from the case studies.¹⁹ The theoretical lense of the "Socio-ecological model" guided the emergence of themes through a deductive approach. Emerged themes were discussed and final themes were reached after further review of data and categorization of earlier themes. Confidentiality was given prime importance while extracting and analyzing data by omitting names and places of residence. Ethical clearance was taken from the Ethical Review Committee of Bangladesh Medical Research Council (BMRC) prior to starting the study [Ref: BMRC/NREC/2016-2019/855].

Results

Total 146 case studies of victims of VAW attending various OCCs were analyzed for this study; 69 were physical assault cases, 59 were sexual assault cases and 18 were burn cases related to VAW. Almost all the physical assault cases were victims of spousal violence and sexual assault cases were majorly child victims. The majority victims in the case studies were from rural areas (n=82) and the rest from urban areas (n=58). The backgrounds characteristics of the victims are shown in Table 1.

The qualitative analysis of the case studies resulted in the emergence of 4 themes that influenced the help-seeking of the victims to the OCCs. Multiple factors were found aiding the help-seeking of the victims to the OCCs ranging from individual to societal dimensions of the Socio-ecological model. A list of themes and corresponding subthemes has been summarized in Table 2.

Theme 1. Situational crisis

In majority cases, help-seeking was initiated due to the most recent abusive incident which caused severe acute injuries and serious deterioration of health. Some incidents were life-threatening and the perpetrators attempted to kill the victims. A generalized delayed help seeking was observed among all violence types of victims. Many rape victims held up disclosing the abusive incidents to the point of late pregnancy. Urgent healthcare needs prompted help-seeking to OCCs. A case study narrated the story of a spouse:

Table 1: Background characteristics of the victims

Variables	Physical violence	Sexual violence	Burn	All cases
Age of the clients	(n = 64)	(n = 59)	(n = 18)	(n = 141)
Mean (years)	25.42	13.4	23.5	20.16
Standard deviation ($\pm$ years)	7.02	6.04	11.3	9.27
Range (min – max) (years)	40 (8 – 48)	32 (3 – 35)	36 (9 – 45)	45 (3 – 48)
Perpetrator				
Husband	62	-	9	71
House master	3	-	4	7
Mother-in-law/other in-laws	25	-	-	25
Stepmother	1	-	-	1
Neighbors	1	39	4	44
Lover	1	6	-	7
Relatives	-	5	-	5
Local man/teacher/coworker	-	17	-	17
Local goons	-	2	-	2
(*mutually inclusive cases)	-	-	-	-
Cause of violence				
Child abuse	3	-	4	7
Domestic violence/dowry	62	-	9	71
Rape	-	51	-	51
Gang rape	-	9	-	9
Incest taboo	-	1	-	1
Acid crime	-	-	6	6
Area of residence				
Rural	37	38	8	82
Urban	29	14	9	53
Urban slums	-	4	1	5
(*missing data 6 cases)	-	-	-	-

A 20-year-old victim was married to a truck driver 4 years back. She was tortured mentally and physically very often for dowry and it increased day by day. One day husband tied both her hands and feet and pushed broken glass into the vagina causing severe injury and bleeding. Neighbors informed her father of hearing screaming. She was

taken to the local primary health care center from where she was referred to Rajshahi Medical College and Hospital. Two surgeries were performed and then she was shifted to the OCC of the respective hospital.

Physical assault victims were beaten

Table 2: Themes and sub-themes that influenced help-seeking to OCCs

Themes	Sub-themes
Situational crisis	Most recent abusive incident Perceived severity Severe deterioration of health
Social network	Family support Rescue by neighbors Help from local journalists, lawyers and NGOs
Legal resources	Law enforcers' aid (police, Rapid Action Battalions, Women Affairs Officers) Legal advice facilities in the OCCs
Victim support system	Health system referral Comprehensive care within the OCCs Shelter home facilities

mercilessly with sticks, iron rods, and bricks causing abrasion, fracture, swelling, and bleeding in multiple body parts. Few victims were stabbed with knives and strangled by a rope. Some victims reached the OCCs in a senseless condition and emergency surgeries were required to save their lives. Similarly, many sexual assault victims who were minor girls presented serious health conditions at OCCs like loss of consciousness and severe vaginal bleeding. The story of a 15-year-old sexual abuse victim was narrated by a case study:

A 15 year old victim studying in class 9 was abducted by a gang of local goons with the help of her friend. She was captivated for 4 days, raped several times and then thrown beside rail line. She returned home and narrated whole incident to her mother. Her mother told to keep it secret for social prestige. However, after 17 days mental and physical conditions deteriorated severely so that she was taken to the secondary level hospital of the city. From the hospital she was referred to OCC of Dhaka Medical College and Hospital. All forensic and other tests were done, a case was filed and accused were arrested. She was given treatment as per the advice of psychiatric department of the respective hospital. Later a medical board was formed as her condition was not changing and treatment given as per the decision of the medical board. She was released after 23 days.

Theme 2. Social network

Community people played crucial roles in the journey to OCCs by the victims. In majority cases, victims were taken to the hospitals by their parents (n=92) and neighbors (n=26). Fifty case studies depicted, neighbors rescued the victims from violent scene upon hearing them screaming and took them to hospital or called their parent. In few cases, local journalists and lawyers assisted victims to get formal help. The story of a 32 year old

housewife depicted in a case study:

The 32 year old victim got married to an expat 3 years back. After 4 months of marriage, husband left for abroad. Husband came back lately and demanded 5 lac taka for the expenses to take her abroad with him. As her father was dead and her mother could not manage the money. Husband threatened to marry 2nd time for dowry. Some days later she got to know that her husband had married 2nd time. When protested against the 2nd marriage, she was severely beaten by the husband. On hearing scream, neighbors rescued her and sent to mother's house. Later she was taken to OCC of MAG Osmani Medical College and Hospital.

Theme 3. Legal resources

Law enforcement agencies like the police and its Special Forces, and the local Women Affairs Officers acted as gatekeepers of help-seeking. Law enforcers rescued the victims where escape and help-seeking were difficult for the victims. One of the case studies narrated the story of a child victim of sexual assault:

A 6-year-old was raped by an 18-year-old neighbor outside the house. She was threatened not to disclose but her mother got to know about the matter the next day as she became very sick. However, her mother could not take her to the hospital because of the pressure from local leaders. She took medicines from a local general practitioner. As the news spread, 3 days later the local Women Affairs Officer came to rescue and took the victim to OCC of Rajshahi Medical College and Hospital. The accused was arrested.

Moreover, legal assistance was provided to the victims in the OCCs to file legal cases against the perpetrators. In 87 case studies, perpetrators were arrested and 39 were reported absconded.

Theme 4. Victim support system

The case studies revealed a network of referral system from various levels of the health system to the OCCs and from OCCs to various departments within the hospital. Twenty-four victims were referred from primary healthcare centers, 10 from secondary level hospitals, and 2 from victim support centers of police. A network of channels helped victims to reach the OCCs where a comprehensive care model was ensured to them.

OCCs provided healthcare services, medico-legal, and forensic investigation services, legal assistance, social and rehabilitation support, psycho-social counseling, and provision of safe shelter homes. Fifty victims from the case studies received specialized healthcare from various departments of the respective hospitals and medical boards were formed to provide critical treatment to some seriously ill victims. Within the OCCs various ministries and NGOs were found working together to provide comprehensive care to the victims at OCCs with a multi-sectoral approach. A case study depicted the story of an 11-year girl housemaid:

After an 11-year-old housemaid rescued by police from a dustbin in the capital city of Dhaka, she was taken to an OCC and given care for 40 days with the formation of Medical Boards. While providing legal assistance, the Ministry of Women Affairs requested the Ministry of Home Affairs to shift the case to a speedy trial tribunal.

Moreover, OCCs provided temporary safe shelters to the victims. Victims stayed in the OCCs for 2 to 50 days depending on the need. Social services were managed for some of the victims in the forms of free medicine, free clothes, sewing machine, financial support, and shelter home accommodations. A case study on sexual assault narrated the story of a child victim:

A 35 year old sexual abuse victim was divorcee and jailed for some family dispute. The local mayor helped her to get bail and then took her to his relative's place where he raped her. He raped her again at place and then she went to the OCC. A case was filed. He tried to bribe her but the victim denied on consultation with the OCC personnel. The accused then tried to bribe the coordinator of the OCC and offered 1 lakh taka to remove the evidences of rape. However the coordinator called the accused with the money and meanwhile informed the elite force RAB. The accused was arrested in the OCC while trying to give money to the coordinator. Cloths and blood samples of the survivor was taken for tests. She stayed in the OCC

for 23 days.

Discussion

This study revealed help-seeking was triggered by acute health conditions and perceived need for medical care. Support from family and neighbors and assistance from various government legal agencies helped the victims to reach the OCCs. Moreover, the health system referral system allowed the victims channeled to the OCCs. A delayed help-seeking was evident in the majority of victims.

Many of the core findings of this study are consistent with various other studies conducted both in developed and developing countries.²⁰⁻²² The delayed help-seeking could be explained through the notion of 'good womanhood' in the strict patriarchal South-Asian culture, which attributes silence, tolerance, and virginity to the women.²³ In such a cultural context many women may seek healthcare due to violence, but don't reveal the actual cause for help-seeking. However, OCCs being situated in the urban centers within the tertiary level hospitals and away from the community provide the victims the privacy and safety they needed in such situation.

This study scrutinized the role of various formal and informal facilitators or gatekeepers of help-seeking who played important roles in rescuing and taking the victims to the support centers. Parents and neighbors played dominant roles which are congruent with other studies conducted in Bangladesh.^{22,25,26} Formal and legal agencies took dominant roles in more serious cases to rescue the victims. This scenario is different in developed countries where formal sources are the primary resource of disclosure and help-seeking of VAW.^{12,27,28} This difference could be due to the differences in community structures. With proper community awareness, mobilization, and participation programs, community people can be used to achieve greater help-seeking among the victims of VAW in Bangladesh.

The study further suggested the utilization of the robust health system infrastructure and its referral chain to provide care to the victims of VAW in Bangladesh. A strong primary health care system of Bangladesh previously played a pivotal role in achieving some the Millennium Development Goals (MDG 4 & 5) Proper training of healthcare providers might help in greater disclosure and formal help-seeking among the victims of VAW in Bangladesh.²⁹ The study further revealed inter-

sectoral referrals and intra-hospital referrals which seems to be very convenient and feasible way to provide comprehensive care to the victims VAW with a one-stop approach in a low resource setting.

Considering the agenda and objectives of the MSPVAW, it can be assumed that cases included in the Newsletters were intended to show activities of MSPVAW and OCCs. Generalizability cannot be drawn with such a sample. However, the qualitative inquiry allowed an in-depth insight into the phenomenon of help-seeking through the narratives of the victims' lives. The findings were primarily descriptive in nature and no causal relationship could be established.

Conclusion

To conclude, it can be outlined that help-seeking to OCCs was initiated due to urgent medical needs and assisted by various formal and informal sources. The case studies revealed that parents and neighbors backed the victims to reach the OCCs in most of the cases. The findings highlight that greater disclosure and formal help-seeking of VAW can be achieved through greater community indulgence through community health education programs.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not for-profit sectors

Conflict of interest

The authors declared no potential conflict of interest to publication and authorship.

Ethical approval

Ethical clearance was taken from the Ethical Review Committee of Bangladesh Medical Research Council (BMRC) prior to starting the study [Ref: BMRC/NREC/2016-2019/855].

Acknowledgement

We are very grateful to the personnel at One-stop Crisis Center in Dhaka Medical College Hospital for giving us idea about the source of data. This research work was initiated as a master's thesis at the Center for International Health, University of Bergen, Norway. We are grateful to the concerned authorities who guided the work during the master's phase.

References

1. WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization, 2013.[Cited 2020 December 11]. Available from: https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf.
2. WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. World Health Organization, 2013.
3. WHO. Violence against women- key facts. World Health Organization, 2017, November 29. [Cited 2020 December 11]. Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.
4. WHO. WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. World Health Organization, 2005. [Cited 2020 December 11]. Available from: https://apps.who.int/iris/bitstream/handle/10665/43309/924159358X_eng.pdf.
5. Chowdhury MAK, Rahman, AE, Morium S, Hasan MM, Bhuiyan A, Arifeen SE. Domestic violence against women in urban slums of Bangladesh: a cross-sectional survey. J Interpersonal violence. August 2018. <https://doi.org/10.1177/0886260518791235>.
6. Hasnat MA. We can't talk about rape. Dhaka Tribune. 2017; May 14. pp. 2.. [Cited 2020 December 12]. Available from: <https://www.yumpu.com/en/document/view/58484191/e-paper-sunday-may-14-2017>.
7. Islam R. Rights situation remains alarming. The Daily Star. 2018, January 1. [Cited 2020 December 12] Available from: <https://www.thedailystar.net/frontpage/rights-situation-remains-alarming-1513159>.
8. Wahed T, Bhuiya A. Battered bodies & shattered minds: Violence against women in Bangladesh. Indian J Medical Research 2007; 126(4): 341.[Cited 2020 December 15] Available from: <https://search.proquest.com/openview/79daff7f5dbc0b1dae5ee534ea7a9a2/1?pq-origsite=gscholar&cbl=37533;2020>.
9. Kamimura A, Bybee D, Yoshihama M. Factors Affecting Initial Intimate Partner Violence-Specific Health Care Seeking in the Tokyo Metropolitan Area, Japan. J Interpersonal Violence, 2014; 29(13): 2378-2393. <https://doi.org/10.1177/0886260513518842>.
10. Bui HN. Help-Seeking Behavior Among Abused Immigrant Women: A Case of Vietnamese American Women. Violence Against Women 2003; 9(2):207-239. <https://doi.org/10.1177/1077801202239006>.
11. Estrellado AF, Loh J. Factors associated with battered Filipino women's decision to stay in or leave an abusive relationship. J Interpersonal

- Violence 2014; 29(4): 575-592. <https://doi.org/10.1177/0886260513505709>.
12. Hodges TA, Cabanilla AS. Factors that impact help-seeking among battered Black women: application of critical and survivor theories. *J Cultural diversity* 2011; 18(4).
 13. Kim JY, Lee JH. Factors influencing help-seeking behavior among battered Korean women in intimate relationships. *J Interpersonal Violence* 2011; 26(15): 2991-3012. <https://doi.org/10.1177/0886260510390946>.
 14. Taherkhani S, Negarandeh R, Simbar M, Ahmadi F. Barriers to seeking help among abused Iranian women. *J Adult Protection* 2017; 19(5): 261-273. <https://doi.org/10.1108/JAP-03-2017-0007>.
 15. Colombini M, Mayhew S, Watts C. Health-sector responses to intimate partner violence in low-and middle-income settings: a review of current models, challenges and opportunities. *Bulletin of the World health Organization* 2008; 86: 635-642.
 16. Multi-Sectoral Program on violence Against Women (MSPVAW). Ministry of Women and Children Affairs, Government of Bangladesh, 2021. [Cited 2020 December 17] Available from: <http://mspvaw.gov.bd/contain/29>.
 17. CDC. The Social-Ecological Model: A Framework for Prevention. *CCD*; 2020 January 28. [Cited 2020 December 23] Available from: <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>.
 18. Bowen GA. Document Analysis as a Qualitative Research Method. *Qualitative Research J* 2009; 9 (2): 27-40. <https://doi.org/10.3316/QRJ0902027>.
 19. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3(2): 77-101.
 20. Ahmad F, Driver N, McNally MJ, Stewart DE. "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Social Science & Medicine* 2009; 69(4): 613-622. DOI: 10.1016/j.socscimed.2009.06.011.
 21. Fanslow JL, Robinson EM. Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *J Interpersonal Violence* 2010; 25(5): 929-951. <https://doi.org/10.1177/0886260509336963>.
 22. Parvin K, Sultana N, Naved RT. Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. *BMC public health* 2016; 16(1): 383. DOI: 10.1186/s12889-016-3060-7.
 23. Zaman H. Violence against women in Bangladesh: issues and responses. In *Women's Studies International Forum* 1999; 22(1): 37-48. [https://doi.org/10.1016/S0277-5395\(98\)00093-4](https://doi.org/10.1016/S0277-5395(98)00093-4).
 24. Naved RT, Azim S, Bhuiya A, Persson LA. Physical violence by husbands: magnitude, disclosure and help-seeking behavior of women in Bangladesh. *Social science & medicine* 2006; 62(12): 2917-2929. <https://doi.org/10.1016/j.socscimed.2005.12.001>.
 25. Naved RT, Persson LA. Dowry and spousal physical violence against women in Bangladesh. *J Family Issues* 2010; 31(6): 830-856. <https://doi.org/10.1177/0192513X09357554>.
 26. Das TK, Alam MF, Bhattacharyya R, Pervin A. Causes and contexts of domestic violence: Tales of help-seeking married women in Sylhet, Bangladesh. *Asian Social Work and Policy Review* 2015; 9(2): 163-176. <https://doi.org/10.1111/aswp.12055>.
 27. Macy RJ, Rizo CF, Ermentrout DM. Characteristics, needs, and help seeking of partner violence victims mandated to community services by courts and child protective services. *Am J Orthopsychiatry* 2013; 83(4): 588-599. <https://doi.org/10.1111/ajop.12049>.
 28. Grossman SF, Lundy M, George CC, Crabtree-Nelson S. Shelter and service receipt for victims of domestic violence in Illinois. *J Interpersonal violence* 2010; 25(11): 2077-2093. <https://doi.org/10.1177/0886260509354505>.
 29. World Health Organization. Primary health care systems (PRIMASYS): case study from Bangladesh, abridged version. World Health Organization, Geneva; 2017. License: CC BY-NC-SA 3.0 IGO.

