

Social Recovery of Rape Victim in a Tertiary District ‘Barishal’ of Bangladesh: An Incumbent Challenge that Requires Persistent Strategy

Md. Anayet Ullah

Senior Judicial Magistrate, Barishal, Bangladesh

Abstract: *The aim of this study was threefold; (i) to sketch out the nature, trend and attitude towards Social Recovery of Rape Victim (SRRV), (ii) to explore what challenges accrued in SRRV, and (iii) to explore how the concerned address those challenges. A combined (Quantitative and Qualitative) research-method comprising of Survey Method and Key Informant Interview (KII) was chosen and semi-structured interviews with legal professionals, doctors, social workers were conducted. Content analysis was used to structure the findings. Several things around 14 in numbers comprising in broad negative social attitude, insufficient rehabilitation center, lack of awareness and co-ordination, and lack of fair justice were found in connection to challenges behind SRRV. Awareness program, change of social attitude, legal aid, and social-psychological-financial support with concerned efforts are found top in the findings/strategies to mitigate the challenges of SRRV. Though ‘Labeling Theory’ was shown negatively here as the leading to continued deviance and extensive negative view against social recovery of the rape victim was found in this study; the researcher placing ‘Social Approval Approach’ of Japan as the reference takes the stand that the victim as well as the offender should be availed recovery for rectification of the concerned as well as for greater interest of the society as none is criminal by born.*

Keywords: *Rape, Rape Victim, Social Recovery, Challenge, Strategy.*

I. Chapter One: Introduction

Each and every human being has the right to safe and satisfying sex as well as to consent to sex too as viewed Article 16 of Universal Declaration of Human Rights, 1948 [1] but forced sex against the will is turned into sex violence. Rape means sex preceded by force, threat or assault towards the victim unable to consent [2]. One wonders what the negligible condition of policy and infrastructure for SRRV exists. This study has sought to find out the condition of policy and infrastructure for SRRV in Barishal, Bangladesh. In order to contextualize the problem, the chapter covers the point of departure, background of the study, problem statement, justification of the study, legal and policy framework, scope of the study, objective of the study, research question, methodology and data collection, limitation of the study and ethical dimension.

1.1 Point of Departure.

Rape is a persistent social problem incurred by evil mentally person. There are ample policy and institutional mechanism in Bangladesh as to prevent and penalize the rapist. But there is hardly policy, institutional mechanism, and infrastructure as to SRRV though special attention requires here. Rape victim carries a social trauma in her whole life. Stigma and blame are cast barely on the victim and thus the family-members dare to pursue even legal step and struggle to survive in the society that look frown at the survivor. Stern legal action and policy against rape and sexual harassment is available in the national and international document and policy. But the notion of SRRV in Bangladesh is in the way of emerging and there is scarcely documents envisaged SRRV. Academicians, professionals, practitioners, benevolent workers, Government Organization (GO), Non-Government Organization (NGO), and Civil Society Organization (CSO) should perceive vision from now as to SRRV.

1.2 Background to the Study

Sexual violence is a global phenomenon pointed out by Sadik in 2002 as cited in Tsitsi, 2013 [3]. Due to its private nature, the counting of the volume in figure is critical in most countries [3]. Sexual assault is one of the most under-reported offences where numerous victims being reluctant to disclose the incidence before law enforcing agency or medical officers remain out of count in the official statistics [4]. The area of sexual violence

therefore needs to be researched. Hence this study is designed to unearth the condition of existing policy, infrastructure, challenges and strategy relating to SRRV.

In a national survey conducted in the United States of America [USA], 14.8% of women over 17 years of age reported having been raped in their lifetime (with an additional 2.8% having experienced attempted rape) [5]. Pregnant women are not exempted from sexual violence as shown by statistics from the Royal Women's Hospital which indicated that 42% of the violated women who experienced violence by a previous partner were pregnant at the time of the violence and 20% experienced violence for the first time during pregnancy as of World Sexual Violence Report, 2011 as cited in Tsitsi [3].

In Bangladesh the crime continues to increase phenomenally. It is evident from the report of Odhikar, [6] that a total number of 783 females were reportedly raped in Bangladesh in 2017. Among them, 225 were women, 553 were children below the age of 18 and the age of 05 victims could not be determined. Of the women, 14 were killed after being raped, 93 were victims of gang rape and four committed suicide. Out of the 553 child victims, 18 children were killed after being raped, 108 were victims of gang rape and five children committed suicide. Furthermore, 81 women and girls were victims of attempted rape.

It is also evident from the report of Odhikar [7] that a total number of 635 females had been reportedly raped in Bangladesh in 2018. Among them, 176 were women, 457 were girls below the age of 18 and the identity of 02 victims were not reported. Of the women, 89 were victims of gang rape, 15 were killed after being raped and 01 committed suicide. Out of the 457 girls, 88 were victims of gang rape, 32 were killed after being raped and 01 committed suicide. Furthermore, 73 women and girls were also the victims of attempted rape. A total of 05 women were allegedly raped by police, Border Guard Bangladesh [BGB] and members of security force. Among them 04 were children.

At least 1,413 women were raped in 2019, almost double of the 2018 figure of 732, according to Ain-O-Salish Kendra (ASK), a leading rights watchdog. In addition, 1,005 children were raped in 2019, a sharp rise from 571 cases in 2018, according to Bangladesh Child Rights Forum [8].

Neighboring South Asian countries are not much behind in rape spree. In Pakistan, a rape occurs in every hour, and a gang rape in every two hours, according to Human Rights Watch. Every year, hundreds of minority Hindu and Christian girls and young women are kidnapped, forcibly married and converted to Islam in Pakistan, according to the National Human Rights Commission of Pakistan These forced marriages are tantamount to rape with impunity [8].

In 2010, police registered 22,172 cases of rape whereas in 2017 police registered more than 32,500 cases of rape in India, about 90 a day but many cases go unreported [9].The situation in Sri Lanka is marginally less horrific. However, in recent years, a series of rape of foreign tourists has tarnished the image of the island nation. The perpetrators included military police, a monk, a hotel owner, teenagers, construction workers and camp counselors, showing gravity of Sri Lanka's rape problem [8].

Sexual violence has a profound impact on physical and mental health as well as an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences [10]. Blanc revealed that deaths can occur following sexual violence as a result of suicide, HIV or murder [11]. Total 11 rape victims committed suicide in Bangladesh during 2017 & 2018 [6; 7].

1.3 Problem Statement

World Health Organization [WHO], Ministry of Health and Family Welfare [MOHFW], Ministry of Law, Justice and Parliamentary Affairs [MOL], Ministry of Women and Children Affairs [MOWCA], together with others stakeholders are fighting for the rights of the women particularly declaring zero tolerance against the rape. It is a cause of concern that the statistics of rape case is alarming in Barishal as evident in following tables.

Table 1: Rape cases filed with 10 police stations of Barishal since 2016 till November 30, 2019.

Year	Bakerganj	Ujirpur	Babuganj	Banaripara	Muladi	Agoljihara	Mehendiganj	Kajirhat	Gournadi	Hijla	Total
Upto Nov' 19	11	08	03	06	05	06	10	04	08	05	66
2018	06	08	04	07	09	03	02	04	07	03	53
2017	06	12	06	06	06	04	10	03	05	04	62
2016	05	17	02	03	06	04	05	03	05	02	52

Source: Data from field study.

Table 2: Rape cases filed with Nari-o-Shishu Nirjatan Daman Tribunal, Barishal for 2017-2019¹.

Year	2017	2018	2019	Total/3years
Case Filing	105	98	257	460

Source: Data from field study.

The real cases may be more as not all cases are reported with police station. However, it is evident from the table that the reported number of rape cases usually remains roughly above 50 each year in the police station and the number of filing of the case with court was steady around 100 in 2017 and 2018 but in 2019 the number has increased to 257 that is more than twice of the average of the preceding two years. Research shows that the sexual violence affects the victim physically, mentally, socially and even sometime financially. Frequently society - even family - is reluctant to accept the victim warmly. The victim sometimes also requires struggle to survive. Hence, it is necessary to carry out a study as to capacity and lacuna of existing policy, institutional framework, challenges for SRRV and to sketch out strategy their against.

1.4 Justification of the Study

The significance of this study is that it has revealed factors which made negative attitudes towards rape victim and role of family, community, government and NGOs towards SRRV. The results of the study exposed challenges hindering recovery process of rape victim socially. To the community, MOHFW, MOWCA, MOL and non-governmental organization seeking to help rape victim social recovery, the findings and recommendations of the study may help them to come up with campaign strategies to improve rape victim social recovery. As a result, women will be empowered by knowledge provided by this study through its findings and recommendations.

The acceptance of rape myths can be predicted from attitudes such as sex role stereotyping, adversarial sexual beliefs, sexual conservatism, and acceptance of interpersonal violence [12]. The psychological impacts of adult female rape victim are fear and anxiety, post-traumatic stress disorder, depression, poor self-esteem, social adjustment issues, and sexual dysfunctions [13]. Women are more fearful of rape by strangers than by acquaintances and they take in more precautionary behaviors for stranger rape than that of acquaintance rape [14]. The sexual assault of adult women is regarded as a huge social and personal cost to the victims, their families, and ultimately society as a whole [15]. The communities across the USA that have developed coordinated community-based programs to assist rape victims [16]. The socio-cultural determinants existing in Palestinian society are the need to silence the occurrence of the rape, preserve female virginity, and privatize the crime in order to safeguard family honor and reputation, re-victimizes and weakens the victim [17]. Women who were under 21, white, resided in sorority houses, used illicit drugs, drank heavily in high school and attended colleges with high rates of heavy occasional drinking were at higher risk of rape while intoxicated [18]. The victims of rape are generally viewed more sympathetically by females than by males and by Whites than by African Americans [19]. Approximately one in four women is raped in their adult lifetime, which causes severe psychological distress and long-term physical health problems in USA [20]. For most of nation's history, raping a Black woman was simply not a crime and at the same time, the rape of a White woman by a Black man was treated with special violence [21].

Rape myth supporting guidance was associated with innocent verdicts and anti-rape myth guidance with guilty verdicts [22]. The rape victim advocates' perception is that they are re-victimized by the police and medical system [23]. Cognitive Processing Therapy and Prolonged Exposure, Stress Inoculation Training, Eye Movement Desensitization and Reprocessing have gained the most support to the rape victims [24]. The principal causes of Intimate Partner Rape/Violence [IPR/V] were unequal power relations, alcohol and drug dependence, jealousy and the consequences of IPR/V were physical injury (31.87%), constant headaches (27.27%), sleep disturbances (18.18%), excessive fear and anxiety (9.09%), suicidal ideation (9.09%) and hatred for men (4.55%) [25]. Men displayed more of rape-myths acceptance (RMA) than women [26]. Many health problems suffered by women in Nigeria are as a result of rape [27]. The discouragement from the family members, religious leaders and bad social image of Nigeria police play prominent roles in making rape an underreported crime [28]. The population-based survey data from 2001 showed that the high prevalence of lifetime sexual violence: 37% in urban and 50% in rural areas in Bangladesh [29]. The people still do not have positive perceptions for rape victims in Delhi, India [30].

At present Bangladesh, the uncontrolled nature of rape incidents is creating a 'culture of fear' among women in the society [31]. According to the police statistics of Bangladesh, in 1990, the incidents of rape was only 427 (that is 0.61 per 100000 of the female population). Whereas, in 2000, the total number of committed

¹Nari-o-Shishu Nirjatan Daman Tribunal, Barishal has jurisdiction over the 10 police stations as well as metropolitan area of Barishal.

rape was 3140, that is 2.24 per 100000 of female population. In (2000-2010), the incidents of rape are increasing in alarming rate. From 1990 to 2008 the total numbers of rape incidents were 41198. Comparing with the total number of rape incidents (1990-2008), the percentage of rape cases were 6.24 in 2006 and 8.70 in 2007. It represents the increasing rate of the rape incidents in 2007 than 2006, which was 2.46% [32]. On March 20, 2016, the 19-year-old college girl named Shohagi Jahan Tonu was murdered after rape; her body was found near a culvert in Mainamoti cantonment area. Signs of sexual assault before the murder were seen in her body although cantonment area is more secure than any other area. 'Justice for Tonu' was like a movement in Bangladesh over a month, People all over the country were showing their outrage, through social media, street protests. Her dead body was exhumed from the grave for 2nd-time postmortem. But still, now no rapist is found by the police [33]. Therefore, rape is an important 'discourse' in contemporary Bangladesh [34].

1.5 Legal and Policy Framework

Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW] (Bangladesh signed in 1984) wherein the most relevant Article 2 relates to obligation to eliminate against all kinds of discrimination, The Constitution of The People's Republic of Bangladesh (Article 27 that declares all citizens as equal are entitled to equal protection of law and Article 31 that asserts rights to be protected and treated in accordance with law), The Nari-o-Shishu Nirjaton Daman Ain, 2000 [NOSA], The Acid Control Act, 2002 [ACA], The Joutuk Nirodh Ain, 2018 [JNA], Women Development Policy, 2011 [WDP], National Council for Women and Children Development [NCWCD] chaired by Prime Minister of GOB that provides policy guidance and monitors the implementation of critical policy decisions on women's and children's development, National Human Rights Commission [NHRC] as per National Human Rights Commission Act, 2009 [NHRCA], National Legal Aid Services Organization [NLASO] and Gender Responsive Planning and Budgeting [GRPB] are the core legal and policy framework relating SRRV in Bangladesh.

1.6 Scope of Study

The purpose of this study is to assess the challenges, opportunities and strategies of SRRV in Bangladesh. SRRV is a vast task. So the study will focus in SRRV who come into touch/conflict with law within the study area Barishal that is a tertiary District of Bangladesh.

1.7 Objective of the Study

This study has been focused broadly on the SRRV addressing the obstacles. The specific objectives are as follows:

- (i) To know the nature and trend of rape in the study areas;
- (ii) To find out the attitude of society toward rape victim;
- (iii) To reveal the role of society for the recovery of rape victim;

1.8 Research Question

In addressing the above mentioned objectives the study will deal with the following research questions:

- Q.1 What is the nature and trend of rape in the study areas?
- Q.2 What is the attitude of society towards rape victim?
- Q.3 What is the role of society for the recovery of rape victim?

1.9 Methodology and Data Collection

In this study, both quantitative and qualitative research methods have been used. The study area was Barishal including 10 police stations (under District Police), Sher-E-Bangla Medical College Hospital, [SBMCH], Sher-E-Bangla Medical College [SBMC], Safe Home, District Court, and District Bar thereof. For quantitative data, survey method has been used through questionnaire and under qualitative research method, case study, KII are used as the data collection procedure. By using purposive sampling technique primary data has been collected from 56 respondents (community people 26, lawyers 8, doctors 4, personnel of one-stop crisis cell 3, NGOs personnel 3, Judges and Magistrates 4, law enforcement officials 8). This study is mainly based on primary data but some secondary information and data have been used like articles, books and statistics of rape. For quantitative data processing purposes, Microsoft Office 2007 and SPSS-V.20 (Statistical Package for Social Sciences) are used and for qualitative data processing purposes, the observed phenomena are explicated in descriptive ways for both case studies and KII.

1.9.1 Content Analysis

The study significantly relies on review of secondary information. So, it applied content analysis. Information and data for this study is obtained from relevant published and unpublished documents, circulars, reports and publications of related ministries and NGOs. Newspaper and online information is also used. It may

be mentioned here that SRRV is an ongoing process and new phenomenon in Bangladesh. So, content analysis is taken as one of the methods to find out the current scenario of SRRV initiatives and challenges with a specific focus on its implementation.

1.9.2 Survey Method

Survey method helps to get reliable data and organized information on a particular problem. So survey method is adopted to get primary information from related professionals, officials, NGO personnel and experts. The primary data and evidence for the study have been collected from interviews with the concerned professionals, officials, NGO personnel and experts.

1.9.3 Mode of Data Collection

Questionnaire

Questionnaire method is chosen to collect basic qualitative information. Information through questionnaire is collected from the concerned professionals, officials, NGO personnel and experts to know their views about SRRV, challenges hindering SRRV and strategy/way out therefrom.

1.9.4 Technique of Data Collection

- Purposive selection of interviewee;
- Structured , Semi-structured and open ended questionnaire; and
- Informal discussions.

Table 3: List of respondents.

Serial No.	Res. Nos.56	Organization	Respondents	Data Collection Model
1.	26	Community	Community People	Questionnaire
2.	08	Barishal District Bar	Ld. practicing Advocate	Questionnaire
3.	04	SBMCH	Doctors	Questionnaire
4.	03	SBMCH	One Stop Crisis Cell	Questionnaire
5.	03	NGOs	NGOs' personnel	Questionnaire
6.	04	Barishal District Courts	Judges & Magistrate	Questionnaire
7.	08	SP Office and Police Station of Barishal	Law Enforcement Official	Questionnaire

1.9.5 Validation of Data

- Through cross checking of primary data with existing contents.

1.10 Limitations of the Study

Some of the rape victims may not be accessible as they do not report, come into touch/conflict with law or seek help. The researcher therefore focused on those who come in touch/conflict with law or seek help at the study area. It was not easy to engage some of the women in conversation since sex issues are taboo in most cultures in Bangladesh. However, the researcher combined experience as a Judge dealing with criminal cases for several years with good interview techniques to obtain this sensitive issue.

1.11 Ethical Dimension

During this research, standard ethical norms and customs have been respected and abided by. The research has been conducted with consideration to four research ethical main claims: information, consent, confidentiality and utilization. The participants were sufficiently informed about the said research ethical claims. The information regarded that participation is voluntary, respondents' right to withdraw participation at any time without consequences, that participation is confidential and that no unauthorized could take part of the personal data and also that collected data only shall be used for the purpose of the study. It was also informed that interviews were going to be recorded, treatment of tapes, and the participants' possibility to read parts of the thesis that regarded them before finishing and publishing the thesis, as well as their possibility to read the finished master's thesis. The Questionnaire and/or information letter were sent to participants before the interviews were conducted. The Questionnaire and/or information letter included the purpose of the study, information about where the finished master's thesis shall be published and contact information. Moreover, consent was taken before starting each interview. Third party's confidentiality has also been treated as confidential and honored. The assessment is that this standpoint has not affected the research in any negative way.

II. Chapter Two: Conceptual and Theoretical Framework

2.1 Conceptual Framework

Rape is a social problem and it is committed by the evil mentality person on women and children. In 1970, some feminists introduce at first the term of “Sexual Harassment”. The term “rape” is first used by Susan Brownmiller in 1975 in his book “Against Our Will: Men, Women and Rape” as cited in Miah & Kona [35]. From ancient time, women are raped by social father, religious person as the name of religion. If we see the history of war, it tells us that systematic rape is reported as the weapon of war including independence war of Bangladesh [36].

Causes of Rape----->	Consequences----->	Rehabilitation & Reintegration Measures.....>
<p>Individual level</p> <ul style="list-style-type: none"> • Lack of education • Slutty clothes • Social learning • Alcohol abuse • Attitude and gender • Jealously • Psychopathology • Personality traits • Lack of religious knowledge <p>Societal level</p> <ul style="list-style-type: none"> • Class discrimination • Unequal power relations • Erosion of social norms • Lack of sound culture 	<p>Physical</p> <ul style="list-style-type: none"> • Painful intercourse • Urinary infections • Pregnancy • Sexually transmitted disease • Constant headaches <p>Psychological</p> <ul style="list-style-type: none"> • PTSD • Depression • Personality disorder • Distrust of others • Anxiety • Sleep disorder • Suicidal ideation • Hatred for men <p>Social</p> <ul style="list-style-type: none"> • Demoralized situation • Victim blaming • Social negligence • Stigmatized 	<p>Risk reduction program</p> <ul style="list-style-type: none"> • Self-defence training • Educational programs <p>Rape therapy</p> <ul style="list-style-type: none"> • Stress inoculation • Cognitive processing • Supportive counseling <p>Government initiatives</p> <ul style="list-style-type: none"> • One-stop crisis Cell • District Legal Aid Office • District Save Custody <p>NGOs</p> <ul style="list-style-type: none"> • Psychological support • Raise awareness • Legal aid <p>In general roles</p> <ul style="list-style-type: none"> • Family • Community
	Reintegration of Rape Victim into Society	<-----
<i>Source: (Miah & Kona, 2018, p.49) [35]</i>		

Figure i: Conceptual framework of the study.

The above conceptual framework mentioned the rehabilitation measures (of NGO, OCC); some reintegration measures of family and community people and some challenges of rehabilitation and reintegration in context of Bangladesh. By overcoming challenges and for proper adoption of rehabilitation and reintegration measures, comprehensive social rehabilitative and integrative procedures should be ensured for SRRV.

Rape is a global concern and thus different countries took different kinds of initiatives in SRRV and thus there is no ‘one formula fit for all’ as different countries face different types of challenges regarding their level of development, socio-economic and cultural context.

SRRV can be undertaken by government, by parliament or by civil society. International organizations can also be engaged in an enabling or supportive role. The implementation of the initiative can take several forms, depending on its political location, the extent of coverage and the dimensions of SRRV at which it is undertaken. Similarly, the findings and results can be presented in different ways, depending on the objective they are meant to achieve.

2.1.1 Political Location

- ❖ at national, regional or local levels of government;
- ❖ inside government departments, organized by officials and ministers;
- ❖ in elected assemblies, organized by elected representatives; and
- ❖ outside government, organized by researchers, CSO, NGO.

An interactive, consultative process involving all of the above has been found to be particularly effective [37]. SRRV needs to be organized in ways that democratize the process by which SRRV is made and implemented, and give more voice to women’s concerns.

2.1.2 Coverage

- ❖ the whole rehabilitation of rape victim;

- ❖ expenditure of selected departments or programs;
- ❖ expenditure on new projects;
- ❖ selected forms of infrastructure (i.e. safe home, shishu paribar, etc.);
- ❖ development of recovery system; and
- ❖ implementation of new legislation.

2.1.3 Presentation of Analysis

Results of SRRV analysis may be presented in different ways and by different actors.

- ❖ at a number of points in the policy and/or evaluation report;
- ❖ in a special annex to the policy and /or evaluation report;
- ❖ in briefing papers for parliamentarians;
- ❖ in press releases;
- ❖ in submissions to government task forces, planning groups, inquiries, etc.;
- ❖ in research publications; and
- ❖ in popular educational publications.

Consideration must be given to the most effective way to present the analysis from the point of view of accountability, transparency and democratic participation in SRRV processes.

2.2 Theoretical Framework

Theoretical framework is an important aspect of research that can explain empirical phenomenon in systematic way. Two theories have been used for the explanation of SRRV under this study such as, Labeling Theory and Reintegrative Shaming Theory.

Labeling Theory states that deviance is not a quality of the act a person commits; some people and behaviors are more likely than others to be labeled deviant; the deviant label may lead to continued deviance [38]. Under this theory, penal couple is stigmatized. For that reasons, especially rape victim suffered the psychological disorder and adaptation problems. Overall the rehabilitation and reintegration process for rape victim are hampered for negatively labeled her as “bad girl”.

Reintegrative Shaming Theory is developed by John Braithwaite. He (2001) distinguishes between the concepts of disintegrative and reintegrative shaming relating to this theory; disintegrative shaming (stigmatization) occurs when offenders are treated as outcasts but reintegrative shaming occurs when efforts are made to bring offenders back into the community as cited in Barkan, 2009; 238 [38]. So, it can be said that the concept of reintegrative shaming gives the social approval of rape victim so that they can enter normal life again. For example in Japan, this social approval approach is more common and flexible for coming back into positive life of both victim and offender of any offences rather than USA. For social reintegration of rape victim, the familial and social approval is necessary which is emphasized by the reintegrative shaming theory.

2.3 Analytical Framework

The above mentioned theoretical discussion and country perspective of Bangladesh lead to draw an analytical framework for identifying the challenges and way out of SRRV in a systematic way:

The study divides the independent variables affecting SRRV in two parts as inside government variables and outside government variables enunciated in the following Figure ii. The study identifies the most related independent variables which are vital for implementation of SRRV and tries to examine how much they are constraining or conducive for implementing SRRV.

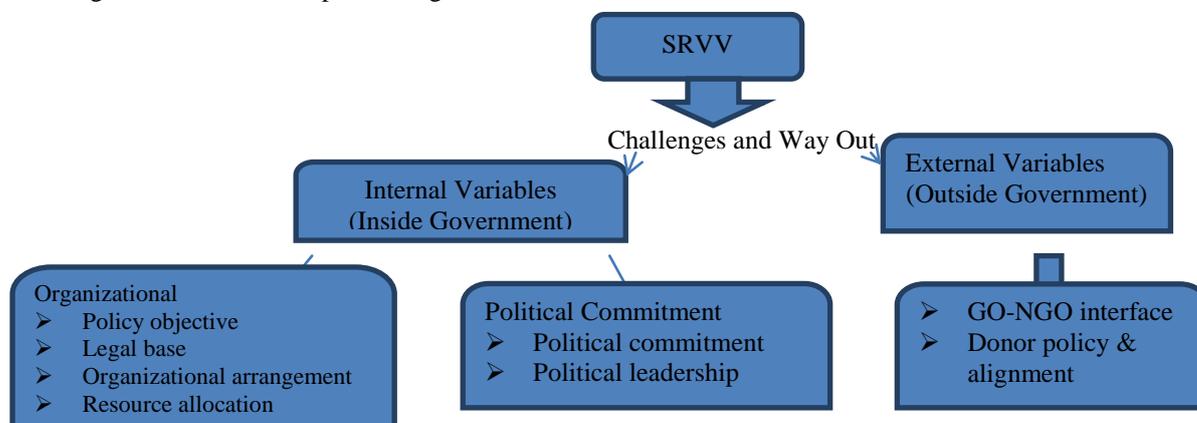


Figure ii: Analytical framework.

2.4 Operational Definitions

2.4.1 Rape

Rape may be defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

The rape of women has been conceptualized both as a crime motivated by individual men's desires for sexual gratification [39, 40] and as a crime motivated by power and control based on patriarchal social structures' "extreme exaggeration of the prescribed and accepted sexual and social roles played by women and men" as separate social classes [41, 42, 43, 44]. Not surprisingly, feminist researchers have emphasized the latter perspective [45, 46] placing rape as a social phenomenon rather than a mere biological one.

2.4.2 Implementation

Implementation is a dynamic process that involves interaction of many variables. In this study, implementation of SRRV is a dependent variable. Internal and external factors related to implementation process are independent variables.

2.4.3 Challenges

Here, 'challenge' stands for constraints and barriers in SRRV. In Bangladesh, GOB is the main actor in implementing SRRV. In case of SRRV, MOHFW, MOF, MOL, MOWCA are vital actors along with CSO, NGO.

2.4.4 Opportunity

'Opportunity' stands for the independent variables extending the scope for SRRV. Most of the developing countries depend on foreign funds for execution of development programs. In Bangladesh SRRV programs depend significantly on donor funding and NGOs. Donor countries also have a say in the way governments use external revenues. However, external actors are not monolithic in their approaches to development or the ways in which they make external resources available. While some have focused on financial criteria for making external resource thus available, others have viewed their role as partners with governments and CSO, supporting the reprioritization of expenditures towards SRRV. Save the Children may be noted here in this regard as for example. Along with donors' assistance, country perspective and ownership of program is important for utilizing the opportunity. NGOs are also working as catalyst. They are involved in advocacy, raising awareness etc. Donors and NGO's are playing conducive role in SRRV. Through using this opportunity properly, SRRV can go a long way to ensure gender equality.

2.4.5 Social Recovery

Social recovery' is a perplexing phrase. Social recovery might be a plan, a process, a goal or a vision. It might be an individual, family or community experience, or an institutional or organizational role [47]. For the purpose of this study, 'Social Recovery' will mean and include recovery the victim from trauma of rape with social support so far required to return the victim into normal life as a member of the society. Comprehensive social rehabilitative and integrative procedures should be ensured for SRRV.

2.5 Explanation of Variables

2.5.1 Policy Objectives

Daniel Mazmanian and Paul Sabatier [48] (cited in Sabatier, 1989) put emphasis on clear policy objectives for policy implementation. SRRV depends fundamentally on the annual budget of the government. In the Policy Implementation process Van Meter & Van Horn (1975) state that standard and objectives elaborate on the overall goals of the policy decision. They move beyond the generalities of the legislative document to provide concrete and more specific standards for assessing program performance. In determining standards and objectives one could use the statements of policy makers, as reflected in numerous documents such as program regulations and guidelines spell out in the criteria for an evaluation of policy performance. These standards and objectives are self-evident and easily measurable in some ways those include OCC, Gender Desk Centre in Police Station etc.

2.5.2 Legal Base

Sabatier and Mazmanian [48] (cited in Sabatier) find implementation process legally structured to enhance compliance by implementing officials and target groups. In context of Bangladesh, legal base is very important for implementation of any policy. Bureaucracy in Bangladesh is very much procedure oriented. SRRV process is very much bureaucratic. So, relevant rules, regulations, circulars, office orders are vital for addressing SRRV. For the prevention of rape, the legal procedures are mentioned under "The Penal Code, 1860"

(section: 375, 376), and “The Nario-o-Shishu Nirjaton Daman Ain, 2000”. In Bangladesh, 80% of rape cases are not reached in the yard of justice and 20% are reached in the legal procedures; but among 15% rape cases, the offender are given acquittal without judgment and 5% rape cases, the offender are given punishment but it is difficult to prove [49]. For this reason the study has taken legal base as a variable and aims to know the strength of legal base for implementing SRRV.

2.5.3 Institutional Arrangement

According to [50] the introduction of new tasks and objectives accompanying policy reform will likely cause modification in the implementing organization. In Ethiopia there is women’s affairs committee to see that every piece of legislation that is passed by the parliament has incorporated the proper gender balance. In this study institutional arrangement is taken as a variable which includes the Multi-Sectorial Program on Violence Against Women [MSP-VAW] that provides health care, police assistance, DNA test, social services, legal assistance, psychological counseling and shelter for the woman victims through OCC, the National Forensic DNA Profiling Laboratory [NFDNAPL], the National Trauma Counseling Centre [NTCC] and the Seven Victim Support Centers [SVSC] – those provide legal support, medication, counseling, and emergency shelter to women and children victims. Special Cell of Police Headquarters comprising female police personnel and a Women Support and Investigation Division those are to investigate cases under the NOSA. MOWCA operates a central cell to coordinate work on combating VAW and established Committees for the Prevention of VAW at district and upazila (sub-district) levels.

2.5.4 Political Commitment

The budget determines from whom the state gets resources, and to whom and what it allocates them. Each decision is apolitical one, as is the decision on the overall size of the budget. Effectiveness and success of SRRV initiatives depends on the degree of political support that the process is able to secure from the highest levels of government, from Ministers of Finance and Ministries Responsible for Women’s Affairs.

Measuring political commitment suggests (HIV/AIDS toolkit, 2000) several approaches. The most direct approach is to measure statements made by leaders as reported in national dailies. A second approach is to track quantifiable indicators of actions that result from political commitment. These might include such items as the existence of a national policy, strategic plan, or highly placed government program. Another better indicator is funding. A third approach is to use a composite indicator that attempts to measure all the aspects of political commitment by using the judgments provided by a panel of well-informed individuals. For this study, ‘Women & Child Protection and Monitoring Project’ [WCPMP] of the Public Security Division of Ministry of Home Affairs is taken as indicator. Content analysis and survey is used to measure how conducive it is in addressing SRRV.

2.5.5 Political Leadership

Since the Beijing Conference in 1995, gender mainstreaming has been adopted almost universally as the strategy by which gender equality is to be pursued. Signing up to a strategy is just the first level of political commitment. The policy is rendered impotent unless there is deliberate and systematic follow-through. Genuine political commitment is demonstrated by political leadership and oversight, which in turn means setting the vision and ensuring the commitment to gender equality stays on the long-term agenda [51]. Political leadership is reflected in the initiatives taken by political leaders. So, initiatives in SRRV are considered as indicator of political leadership.

2.5.6 GO-NGO Interface

Experiences all over the world show that assistance from NGOs act as a positive force in accelerating SRRV. In Bangladesh they are playing active role as catalyst, and advisor. Sometimes the situation also may be reverse. According to Budlender [37]

‘... In many countries, unfortunately there is an antagonistic relationship between NGOs and Government. While governments are often suspicious about NGOs, NGO’s similarly often have hesitations about engaging to closely with government. Often this antagonism centers on resource, as both government and NGOs are dependent on the same donor.’

In this study, GO-NGO interface is an independent variable. The study assumes that NGOs are positive force for implementing SRRV in Bangladesh. Through the indicators like level of cooperation, involvement in advocacy, raising awareness their role is to be revealed.

2.5.7 Donor Policy and Alignment

According to Paris declaration alignment means that donors base their overall support on partner countries’ national development strategies, institutions and procedures. Donors align with partners’ strategies. Donors commit to:

- ❖ Base their overall support – country strategies, policy dialogues and development cooperation programmes– on partners’ national development strategies and periodic reviews of progress in implementing these strategies.
- ❖ Draw conditions, whenever possible, from a partner’s national development strategy or its annual review of progress in implementing this strategy. Other conditions would be included only when a sound justification exists and would be undertaken transparently and in close consultation with other donors and stakeholders.
- ❖ Link funding to a single framework of conditions and/or a manageable set of indicators derived from the national development strategy. This does not mean that all donors have identical conditions, but that each donor’s conditions should be derived from a common streamlined framework aimed at achieving lasting results.

(Source: *MfDR Principles in Action: Sourcebook on Emerging Good Practices*)

Table 4: List of indicators.

List of Variables	Indicators	Method
Policy objectives	WDP, NCWCD.	Survey, Content Analysis
Legal base	Laws/Rules/Regulations/Circulars for SRRV	Survey
Institutional Arrangement	Special Committee/Unit/Cell for SRRV/Gender Equity, training, coordination	Survey
Political Commitment	WCPMP	Survey, Content Analysis
Political Leadership	Initiatives taken by concerned ministers	Survey
Resource Allocation	Amount of allocation in health sector in gender specific program	Survey, Content Analysis
GO-NGO interface	Level of co-operation, role in advocacy, awareness building	Survey
Donor Policy and Alignment	Support on national development strategy in health sector, supply of fund in SRRV/gender issue	Survey, Content Analysis

III. Chapter Three: Data Analysis

The results of field data including survey questionnaire and data cum theory have been discussed in this chapter. The following Table 5 summarizes the socio-demographic characteristics of the respondents under this study. In this study the data was collected from 56 respondents. Table 5 shows that 25.0% of the respondents belong to the age limit 25-34 years, 39.3% of the respondents belong to the age group 35-44 years, 23.2% of the respondents belong to the age group 45-54 years, 10.7% of the respondents belong to the age group 55-64 years, and 1.8% of the respondents belong to the age group 65-74 years old. Thus, most of the respondent age group is sustained 35-44 years old. More than half of the respondents are male (68.00%) and the numbers of female are (32.00%). The religions of the respondents are Islam (87.50%) and Hindu (12.50%). Most of the respondents’ educational qualifications are sustained in above higher secondary level (87.5%). The table also reveals that 26.79% of the respondents are teacher, 21.43% are conducted service, 19.64% are lawyer, 14.29% are police, 5.36% are local representative, 3.57% are conducted business, and 8.93% are conducted others work. The types of family of the respondents are single (73.21%), joint (25.00%) and extended (1.79%). Most of the respondents are married (94.64%) and minimum numbers are unmarried (5.36%). Majority of the respondents reside in urban areas (92.86%) and small numbers reside in rural areas (7.14%). The highest incomes of the respondents belong to the range of taka 22,000-31,000 (55.36%) and the highest expenditures of the respondents belong to the range of taka 22,000-31,000 (46.4%).

Table 5: Socio-demographic characteristics of the respondents.

Demographic Characteristics	Categories	Frequency	Percent
Age of the respondents	25-34 year	14	25.00
	35-44 year	22	39.30
	45-54 year	13	23.20
	55-64 year	06	10.70
	65-74 year	01	1.80
	Total	N=56	100.00
Sex	Male	38	68.00
	Female	18	32.00
	Total	N=56	100.0
Religion	Islam	49	87.50

	Hindu	7	12.50
	Total	N=56	100.0
Educational Qualifications	Primary (Class 1-5)	1	1.79
	Secondary (Class 6-10)	2	3.57
	Higher Secondary (Class 11-12)	4	7.14
	Above Higher Secondary	49	87.5
	Total	N=56	100.0
Profession	Teacher	15	26.79
	Service	12	21.43
	Lawyer	11	19.64
	Police	8	14.29
	Local representative	3	5.36
	Business	2	3.57
	Others	5	8.93
	Total	N=56	100.0
Types of Family	Single	41	73.21
	Joint	14	25.00
	Extended	1	1.79
	Total	N=56	100.0
Marital Status	Married	53	94.64
	Unmarried	3	5.36
	Total	N=56	100.0
Residential place	Rural	4	7.14
	Urban	52	92.86
	Total	N=56	100.0
Income	2,000-11,000	2	3.57
	12,000-21,000	13	23.21
	22,000-31,000	31	55.36
	32,000-41,000	6	10.71
	42,000-51,000	1	1.79
	52,000-61,000	2	3.57
	No response	1	1.79
	Total	N=56	100.0
Expenditure	2,000-11,000	3	5.35
	12,000-21,000	21	37.5
	22,000-31,000	26	46.4
	32,000-41,000	3	5.4
	42,000-51,000	1	1.8
	52,000-61,000	1	1.8
	No Response	1	1.8
	Total	N=56	100.0

3.1 Attitude towards Rape Victim

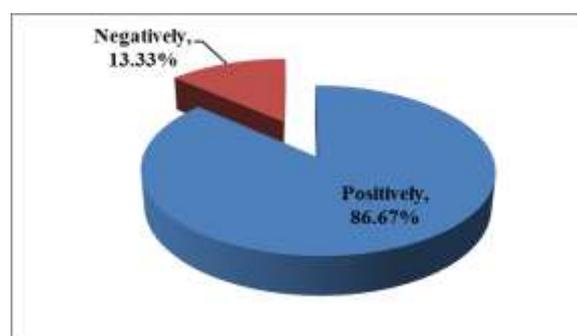


Figure- iii: Acceptance of rape victim by community people.

In the above Fig. iii, the attitude of community people (n=60) on rape victim are explored. Most of the respondents are educated for that reason they expressed the positive attitude (86.67%) and they showed their negative attitude (13.33%) towards rape victims.

3.2 Nature and Trend of Rape

The Table 1 mentioned hereinbefore refers that total 233 rape cases (as per report of Police Stations) were reportedly lodged with the 10 police stations under Barishal District Police through the years in 2019 (up to 30 November), 2018, 2017, and 2016. The observation of First Information Report (F.I.R.) of each Police Stations, it can be said that the nature of most of the rape cases are acquaintance, then date rapes and small portion is stranger rapes. The literature indicates that acquaintance rape was more common than stranger rape [14]. It may presume that the trend of rape cases is roughly in increasing in Bangladesh every year particularly to the beginning of 2019.

Table 6: Association between Sex of the Respondents and Priority of Rape Victim and her Family by Lawyers.

			Priority of Rape Victim and her Family		Total
			Highest priority	Lowest priority	
Sex of the Respondents	Male	Count	7	4	11
		% within Sex of the respondents	63.6%	36.4%	100.0%
		% within Priority of victim and her family	43.8%	66.7%	50.0%
		% of Total	31.8%	18.2%	50.0%
	Female	Count	9	2	11
		% within Sex of the respondents	81.8%	18.2%	100.0%
		% within Priority of victim and her family	56.2%	33.3%	50.0%
		% of Total	40.9%	9.1%	50.0%
Total	Count	16	6	22	
	% within Sex of the respondents	72.7%	27.3%	100.0%	
	% within Priority of victim and her family	100.0%	100.0%	100.0%	
	% of Total	72.7%	27.3%	100.0%	

The above Table 6 shows that among the 22 lawyers 72.7% give the highest priority and 27.3% give just priority for the acceptance of rape victim and her family. The male lawyers give highest priority (31.8%) and just priority (18.2%). On the other hand, the female lawyers give highest priority (40.9%) and just priority (9.1%). Comparatively, the female lawyers give the highest priority more rather than the male lawyers for accepting and providing rehabilitation measures of rape victim and her family. The victims of rape are generally viewed more sympathetically by females than by males [19].

3.3 Role of Community for the Recovery of Rape Victim

Table 7: Assistance of community people for the reintegration of rape victim (N=60).

Assistance Types	Frequency		Percent		Total(%)
	Yes	No	Yes	No	
Advise to legal aid	39	21	65	35	100
Psychological support	38	22	63.33	36.67	100
Social support	28	32	46.67	53.33	100
Economic aid	16	44	26.67	73.33	100
Advise to medical aid	16	44	26.67	73.33	100
Fair justice	6	54	10	90	100
Social rehabilitation	3	57	5	95	100
Awareness by mass media	3	57	5	95	100
Educational assistance	2	58	3.33	96.67	100

The various roles for the reintegration of rape victim by community people (n=60) have mentioned in Table 7. The roles are advise to legal aid, favor (65%) and disfavor (35%); psychological support, favor (63.33%) and disfavor (36.67%); social support, favor (46.67%) and disfavor (53.33%); economic aid, favor (26.67%) and disfavor (73.33%); advise to medical aid, favor (26.67%) and disfavor (73.33%); fair justice, favor (10%) and disfavor (90%); social rehabilitation, favor (5%) and disfavor (95%); awareness by mass media favor (5%) and disfavor (95%); and educational assistance, favor (3.33%) and disfavor (96.67%). It is seen that

community people have been emphasized more on the advice to legal aid (65%). The communities across the USA that have developed coordinated community-based programs to assist rape victims and they have remained of three types of programs to address sexual assault: coordinated service programs, interagency training programs, and community-level reform groups [16].

3.4 Government and NGO Initiatives for the SRRV

Table 8: Rehabilitation measures provided by one-stop crisis cell (N=3)

Rehabilitation Measures	Frequency		Percent		Total(%)
	Favour	Disfavour	Favour	Disfavour	
Security	3	0	100	0	100
Psychological support	3	0	100	0	100
Medical aid	3	0	100	0	100
Legal aid	3	0	100	0	100
Economic aid	2	1	66.67	33.33	100

It is shown in the above Table 8 that among the three personnel of One-stop Crisis Cell supported various rehabilitation measures as security (100%); psychological support (100%); medical aid (100%); legal aid (100%); economic aid (66.67%). They give most emphasis on security, psychological support, medical aid, and legal aid.

Table 9: Various aids for rape victim by police (N=16)

Rehabilitation Measures	Frequency		Percent		Total(%)
	Favour	Disfavour	Favour	Disfavour	
Effective investigation	16	0	100	0	100
Legal aid	15	1	93.75	6.25	100
Measures for proper trial Aid	15	1	93.75	6.25	100
Security and safety	13	3	81.25	18.75	100
Psychological support	8	8	50	50	100

It is apparent from the above Table 9 that the 16 law enforcement officials who at least dealt with rape case provided various aids as effective investigation, favor of almost all the persons (100%); legal aid, favor (93.75%) and disfavor (6.25%); measures for proper trial, favor (93.75%) and disfavor (6.25%); security and safety, favor (81.25%) and disfavor (18.75%); psychological support, favor (50%) and disfavor (50%). So it can be said that they have given more emphasis on effective investigation (100%). The investigators internationally use information from the victim statement for the successful investigation of rape [52].

Table 10: Rehabilitation measures for rape victim by non-government organizations (N=6)

Rehabilitation Measures	Frequency		Percent		Total(%)
	Favour	Disfavour	Favour	Disfavour	
Raise awareness	5	1	83.33	16.67	100
Legal aid	4	2	66.67	33.33	100
Psychological support	3	3	50	50	100
Training program	3	3	50	50	100
Shelter home	2	4	33.33	66.67	100

Table 10 shows that the six personnel of Non-Government Organizations mentioned various rehabilitation measures for rape victim as raise awareness, favor (83.33%) and disfavor (16.67%); legal aid, favor (66.67%) and disfavor (33.33%); psychological support, favor (50%) and disfavor (50%); training program, favor (50%) and disfavor (50%); shelter home, favor (33.33%) and disfavor (66.67%). They give more emphasis on raise awareness (83.33%); then emphasis on legal aid (66.67%).

3.5 Major Challenges for the SRRV

Table 11: Challenges of recovery of rape victim (N=60)

Challenges	Frequency		Percent		Total(%)
	Favour	Disfavour	Favour	Disfavour	
Negative social attitude	31	29	51.67	48.33	100
Lack of legal aid	12	48	20	80	100
Insufficient rehabilitation center	12	48	20	80	100
Social problems	9	51	15	85	100
Lack of social responsibility	9	51	15	85	100
Lack of financial help	9	51	15	85	100
Political influence	9	51	15	85	100
Legal harassment	8	52	13.33	86.67	100

Familial negligence	5	55	8.33	91.67	100
Low chance of self-dependent	5	55	8.33	91.67	100
Negative religious attitude	5	55	8.33	91.67	100
Lack of psychological support	5	55	8.33	91.67	100
Lack of awareness	4	56	6.67	93.33	100
Lack of fair justice	4	56	6.67	93.33	100

Table 11 shows that the 60 community peoples mentioned various challenges for the recovery of rape victim into the society as negative social attitude, favor (51.67%) and disfavor (48.33%); lack of legal aid, favor (20%) and disfavor (80%); insufficient rehabilitation center, favor (20%) and disfavor (80%); social problems, favor (15%) and disfavor (85%); lack of social responsibility, favor (15%) and disfavor (85%); lack of financial help, favor (15%) and disfavor (85%); political influence, favor (15%) and disfavor (85%); legal harassment, favor (13.33%) and disfavor (86.67%); familial negligence, favor (8.33%) and disfavor (91.67%); low chance of self-dependent, favor (8.33%) and disfavor (91.67%); negative religious attitude, favor (8.33%) and disfavor (91.67%); lack of psychological support, favor (8.33%) and disfavor (91.67%); lack of awareness, favor (6.67%) and disfavor (93.33%); lack of fair justice, favor (6.67%) and disfavor (93.33). The major challenge for the recovery of rape victim into the society is the negative social attitude (51.67%). The negative reactions are responsible for silencing function, to stop talking about rape survivors' experiences to anyone and to get negative reactions from family, friends, and professionals [53].

Table 12: Problems of recovery of rape victims (N=5)

Problems	Frequency		Percent		Total(%)
	Favour	Disfavour	Favour	Disfavour	
No familial acceptance	4	1	80	20	100
No social acceptance	4	1	80	20	100
Lack of psychological strength	2	3	40	60	100
Lack of awareness	1	4	20	80	100
Lack of social values	1	4	20	80	100
Loss of familial esteem	1	4	20	80	100

Table 12 shows that five respondents of judges and magistrates mentioned the problems of recovery of rape victims into society as no familial acceptance, favor (80%) and disfavor (20%); no social acceptance, favor (80%) and disfavor (20%); lack of psychological strength, favor (40%) and disfavor (60%); lack of awareness, favor (20%) and disfavor (80%); lack of social values, favor (20%) and disfavor (80%); loss of familial esteem, favor (20%) and disfavor (80%). They emphasized more on no familial acceptance (80%), no social acceptance (80%) as the problems of recovery of rape victims into society.

3.6 When Class Five Student Tasfia is a Rape Victim?

Tasfia (pseudonym), aged around 12 years and a student of Class # V, hailing from Bakerganj Upuzila of Barishal got admitted @ around 4.20pm as of 10/12/2019 into Unit # II, Department # Gynecology & Obstetric, SBMCH (admission registration No.69760/181) with a complain of an unexpected pregnancy and the concerned Indoor Medical Officer Dr. Kulsum Akter Labani (Code:133289) after medical investigation was compelled to do a caesarian operation on 14/12/2019 due to deteriorated health condition of the victim and a female baby is born. In the study, it has been found that as and when the guardian of the victim has been able to trace the matter, stage of possible abortion has elapsed by that time and different threats & stigmas were reinforced by the local people. A FIR has been lodged with the concerned police station [Ref.: Bakerganj Police Station Case No.22 dated 22/08/2019 under Section 9(1) of NOSA] against a specific person whose name has also been asserted by the victim during recording the victim statement under Section 22 of NOSA by the Learned Senior Judicial Magistrate Rezwana Afrin. It is also found that the investigating officer of police after filing Police Report (popularly known as Charge Sheet) against a single accused of the FIR requires further investigation of the case so as to ascertain paternity of the new born baby as the victim being too young could not possibly tell the exact name(s) who came touch with her in this regard. Here social, economic, mental, physical, legal and medical (DNA test) challenges against SRRV are involved intrinsically.

3.7 A Single Letter of SBMC involves a Lot of Issues for SRRV

The Supreme Court of Bangladesh considering the rape case as a critical issue has directed to examine rape victim in the country by lady doctor and to record the statement of rape victim (S.22 of NOSA) by lady judicial officer. SBMC (recently observed its golden jubilee) is the oldest and biggest Medical College of the southern part of Bangladesh. The Department of Forensic Medicine of SBMC has recently requested all the concerned issuing an official letter (Ref.: Memo No.dtg/19/272 dated 04/12/19 with illegible signature of the Departmental Head) to produce rape victim for medical examination within 12.00pm. SBMC enjoys weekend

day and (as per recently established digital attendance instrument in SBMCH) the official/doctors is supposed to ensure attendance of by 8.30am that is at best only 3½ hours against each official day only is available for examination of rape victim. What is the fate of the rape victim who requires to have medical examination within the rest 147.00 hours of the week (after deduction 3.50X6=21.00 hours) and the situation must worsen the victim who requires to go examination after 12.00pm of Thursday that follows weekend day. Customarily (also due to nature of job and associated with posting in SBMCH like other medical college) most post graduated doctors of the SBMCH manage the class, exam and other teaching/administrative responsibilities of SBMC and it the within the ambit of the regular job. Right now, it has been found in the study that around dozens of female post graduated doctors of SBMCH do chamber outside SBMCH in the city of Barishal over the day. In this situation, the apathy from top to the local administration to treat the rape victim sincerely is crystal clear.

Table 13: Mitigation of challenges in recovery of rape victim (N=60)

Mitigation of Challenges	Frequency		Percent		Total (%)
	Favour	Disfavour	Favour	Disfavour	
Awareness program	30	30	50.00	50.00	100
Change of social attitude	22	38	36.67	63.33	100
Legal aid	19	41	31.67	68.33	100
Educational opportunities	17	43	28.33	71.67	100
To ensure punishment	14	46	23.33	76.67	100
Psychological support	12	48	20	80	100
Financial aid	12	48	20	80	100
Religious life	10	50	16.67	83.33	100
Chance of employment	10	50	16.67	83.33	100
Change of familial attitude	9	51	15	85	100
Social support	7	53	11.67	88.33	100
Social security	6	54	10	90	100
Raise state opportunities	5	55	8.33	91.67	100
Training program	5	55	8.33	91.67	100
Strong familial bond	4	56	6.67	93.33	100
Chance of self-dependent	4	56	6.67	93.33	100

The above Table 13 shows that sixty community people mentioned the mitigation of challenges for the recovery of rape victim into society as awareness program, favor (50%) and disfavor (50%); change of social attitude, favor (36.67%) and disfavor (63.33%); legal aid, favor (31.67%) and disfavor (68.33%); educational opportunities, favor (28.33%) and disfavor (71.67%); to ensure punishment, favor (23.33%) and disfavor (76.67%); psychological support, favor (20%) and disfavor (80%); financial aid, favor (20%) and disfavor (80%); religious life, favor (16.67%) and disfavor (83.33%); chance of employment, favor (16.67%) and disfavor (83.33%); change of familial attitude, favor (15%) and disfavor (85%); social support, favor (11.67%) and disfavor (88.33%); social security, favor (10%) and disfavor (90%); raise state opportunities, favor (8.33%) and disfavor (91.67%); training program, favor (8.33%) and disfavor (91.67%); strong familial bond, favor (6.67%) and disfavor (93.33%); chance of self-dependent, favor (6.67%) and disfavor (93.33%). They emphasized more on awareness program (50%).

The researcher has discussed by this time on field data analysis and now intends to analyze data cum theory analysis. Deviant label may lead to continued deviance and penal couple is stigmatized as envisaged in **Labeling Theory** enunciated in the Theoretical Framework section of this paper. It is evident from the Table 2 that the number of filing of the case with court was steady around 100 in 2017 and 2018 but in 2019 the number has increased to 257 that is more than twice of the average of the preceding two years. It is found in the study that 'deviant labeling' notion is intermingled in our society. It is also asserted in the theory that negative label i.e. 'bad girl' hampers rehabilitation and reintegration of the rape victim that is also found in the study (*vide* Table 10) wherein around 67% respondents disfavour shelter home for rape victim presumably foreseeing that the people would call them (rehabilitants at the shelter home) *kharap mohila, nosto meye* etc. those are associated with nearer English term 'bad woman/girl'.

Reintegrative Shaming Theory contains two segments those are (i) **disintegrative shaming** (stigmatization) offering the offenders as outcasts and (ii) **reintegrative shaming** giving social approval of rape victim to return normal life. However, it is found in the study (*vide* Table 7) that the maximum (95%) respondents views against social rehabilitation of the rape victim in context of reintegration. However, the victim as well as the offender should be availed reintegration (i.e. social approval approach practiced in Japan) for rectification of the concerned as well as for greater interest of the society as man is not criminal by born.

IV. Chapter Four: Conclusion

4.1 Summary of the Study

The results of case studies and key informant interviews have been discussed into the following paragraphs. In this study a series of case-studies have been conducted. From the analysis of case studies, it can be said that the most vulnerable group of rape victims are children and women. In Bangladesh, children (under the age of 18 years) are victimized more for rape; in 2011, children are victimized (55%) and women are victimized (45%) for rape [54]. The research findings indicate that the psychological impacts of adult female rape victim are fear and anxiety, post-traumatic stress disorder (PTSD), depression, poor self-esteem, social adjustment issues, and sexual dysfunctions [13]. Most of the rapes have been committed at night and very little numbers also committed at the day time under this study.

The probability of suffering personal victimization is directly related to the amount of time that a person spends in public places (e.g. on the street, in parks, etc.), and particularly in public places at night [55]. Most of the rapists are known (before relationship with victim, same village or beside village) and few rapists are unknown to victim. From the analysis of case studies it can be said that most of the rape are acquaintance and date rape and small numbers are stranger rape, gang rape under this study. River, land and char area of the study place are prone to more rape than that of plain land area.

The literature indicates that women are more fearful of rape by strangers than by acquaintances and they take more precautionary behaviors for stranger rape than acquaintance rape but the acquaintance rapes are more common [14]. By analysis of the ages of rapists under this study, it is found that maximum (around 99%) rapists are adult and matured. The result indicates that the ages of the majority rapists are 21-30 years in Bangladesh [54]. The support for rape victim are not sufficient from family, friends, relatives, society, OCC, NGO, law enforcement organization and the ultimate judiciary department for the recovery measures under this study. The research findings indicate that the adjustment of victims is impeded by social stigmatization, lack of support, care and concern from families and friends, ineffective justice system and burden of proof [56].

The KII have been conducted on four different professionals and holistic pictures of perception of judges, doctors, OCC, and NGO personnel have been explored. The rape trial are hampered by the lack of awareness of evidence relating to rape, faulty medical report, corruption of various stages of law, and the societal negative impact on rape victim. The literature revealed that a rape victim's physical attractiveness would differentially influence the decisions of simulated jurors [57]. Rape victims have been found re-victimized by offender, police, doctor, by the words and gestures of the advocate in the prosecution period under this study. The findings indicate that rape victim advocates describe the power of police and medical system to re-victimize rape victims [23]. The therapists and non-therapists have some tendency to blame the rape victim [58]. The OCC provided psychological support through counseling to give security through police, save custody, to conduct medical test, to process for getting legal aid of rape victim, if necessary to process economically aid the rape victim and her family through the affiliation of various NGO and DLAO under NLASO have been found under this study.

The majority of studies focus on post-traumatic stress disorder (PTSD), depression, and/or anxiety as treatment targets and Cognitive Processing Therapy and Prolonged Exposure have attained the most support for rape victim [24]. ASK, BNWLA, BTS, CTRDW, DSH, and SCB among others deal rape victim with importance and take steps of various rehabilitation and reintegration measures for ensuring their normal life again. They have given the highest priority on raise awareness, to process legal aid and security etc. as the rehabilitation measures. The major obstacles for the recovery of rape victims are familial and societal negative attitudes towards rape victims and also mentioned others problems found under this study. This study indicates that the family and friends' negative social reactions (blame, stigmatizing) toward a rape victim reduced other people's willingness to provide emotional support to a specific rape victim, reduced blame for the perpetrator, and reduced sympathy and support of rape victims [59]. So, it is seen from this study that **after rape most of the women rejected by family then society then from law means institutions that is rape victims are re-victimized by dint of bureaucratic system** and in order to ensure normal life of specific rape victim, change of persons' attitude, support of family, creating pathways and partnership through the medical referral system, restoring dignity through livelihoods, healing through justice (supporting victims in the fight against impunity), changing lives through community-based social counseling and community settings towards rape victim are first and foremost to addressed scrupulously.

4.2 Recommendation & Suggestion

From the very beginning of human civilization to present era, women are not save both in the private and public arena. The major structure of a particular country (political, economic, and social) dominated by male. For that reason the women are recognized as the passive position from family to state level. This passivity or dependency of female on male create them more vulnerable group in the society and as a consequence, they

are victimized of various offences as domestic violence against women, sexual harassment, rape etc. Among the offences, rape is treated as the most sensitive and violent offence. The rape incidents are increasing day by day in Bangladesh. We recent time see the rape news every day in TV scroll that is rape has become the very threat for our society.

For the recovery for rape victim, the initiatives from governmental level, non-governmental level and also the community stages are not sufficient. The community people emphasis on the advice to legal aid, psychological support, social support, economic aid, to advise medical aid, and educational assistance for the recovery mechanisms for rape victim. The OCC especially focuses on the psychological support, security, medical aid, legal aid for SRRV.

The NGO focus on raise awareness, psychological support, security, legal aid, skill based training as the recovery measures. The law enforcement organizations need to focus more on effective investigation and proper collection of evidence in rape cases. The major obstacles for SRRV are the negative familial and social attitudes on rape victim, the insufficiency of rehabilitation centers in Bangladesh.

Introduction various awareness programs; changing societal and familial attitudes; providing social security, educational opportunities, psychological support, social support, financial aid; ensuring rule of law; and increasing the moral & religious learning are first and foremost for ensuring proper SRRV.

4.3 Further Research

This study is attempted to explore the challenges and advancement of SRRV. However, addressing the male (particularly male children) rape victims with due prudence carries such importance as it is in case of addressing female rape victims in order to retain the social standard in a satisfactory level to prevent social norms deterioration. In this respect, studies may to be conducted to trace the impacts of rape victimized male children as well as to sort out the strategies to reduce the number such type of victims those are usually gone beyond consideration.

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