Original Article

Psucho-social View of Violence to Woman in the Prospective of Bangladesh

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ABSTRACT:

INTRODUCTION: Violence is an act of physical force that causes or is intended to cause harm. The damage inflicted by violence can be in many forms such as physical or verbal maltreatment, injury, sexual assault, violation, rape, offense, crime or verbal aggression. EPIDEMIOLOGY: Now-a-days we are observing a lot of cases of sexual violence. Day by day reporting of these cases is also increased. DISCUSSION: Sexual violence is forcing undesired sexual behavior by one person upon another. Sexual violence has a lot of ill effects on the human psyche. It causes distressing behaviors, psychiatric diagnoses and health risk behaviors. MANAGEMENT: A rape victim fares best when she receives immediate support and can ventilate her fear and rage to loving family members, sympathetic physicians and law enforcement officials. PREVENTION: Moral classes should be reintroduced into the existing busy academic schedule and children should be taught about what morality is. CONCLUSION: Now it is time to have some understanding about the causes of violence, psychodynamics involved and how to prevent violence.

Key words: Sexual Violence, Psychology, Social Stigma.

INTRODUCTION

Violence is defined as "Illicit use of a substance and especially the pathological and driven or compulsive use of a substance that leads to impaired social or occupational functioning". Violence also has other definition "Mistreatment, harming or injuring another". Violence can be divided into two types Internal and external. If violence is done onto self, it is called internal violence (E.g.:

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Substance violence). If violence is done externally, it is called External violence. (E.g., physical violence, emotional violence, sexual violence). Depending upon on different age groups violence can also be divided into - child violence, violence of men and women, Spouse violence, Geriatric violence.

The historical analysis² of the status of women shows that.

- In Pre Vedic-Bangladesh, men and women were considered equal.
- In Vedic Bangladesh, as revealed by its literature, women were treated with grace and consideration.
- In post Vedic age, there was a slow but steady decline of their importance in the home and society
- In Medieval period and Pre Independence period— women were further isolated by Purdah system of female seclusion, Sati tradition of immolating the widow on the husband pyre, Dowry and child marriages. In Bangladesh's male dominated tradition and everywhere in Vedic, classical, medieval and

modern Hinduism, the paradigms in myths, rituals, doctrines and symbols are masculine. Goddess traditions encroached successfully on the territory of masculine deities².

Currently the role of men and women is based upon.

- Division of labor based on sex
- Satisfaction of the fundamental biopsychic drives of hunger and sex.
- Perpetuate the species through reproduction and social heritage through the handling down of traditions from generation to generation. In current era burning topic is sexual violence on women, so focusing few points regarding violence on women.

Epidemiology

- 90% of cases of sexual violence are not reported (Horner 20027).
- Prevalence even higher, with estimates as high as one in three for women.³
- Rape and sexual assault are epidemic in some countries and may be used as a weapon of war to demoralize large sectors of society.

In general, sexual violence is done by strangers (22%), partners or dates (19%) and by family members (38%) (Tjaden and Thoennes 2002).⁴

Age groups

- Seen in all societies and victims can be of any age.
- Cases have been reported in which the victims were as young as 15 months and as old as 82 years,
- Women ages 16 to 24 are at highest risk.
- Place of occurrence: Violence most commonly occurs in a woman's own neighborhood, frequently inside or near her own home.

Etiology of violence

Violence is a form of aggression. Causes can be explained through various factors and models like – biological, substance violence, psychodynamics and social factors.

Biological model: Violence can be directly related to androgen levels. Other biological factors influencing are progesterone, LH, renin, \hat{I}^2 -endorphin, prolactin, melatonin, NE, DOP, E, ACH, 5HT, 5HIAA.⁵

Drugs and substance violence: Most common substance involved is Alcohol. Other substances are stimulants, cocaine, hallucinogens, marijuana, Barbiturate, Aerosols and commercial solvents, Opioid dependence.

Psychodynamics⁶

The violences can be categorized into separate groups.

- I. Sexual sadists who are aroused by the pain of their victims.
- II. Exploitive predators who use their victims as objects for their gratification in an impulsive way.
- III. Inadequate men- who believe that no woman would voluntarily sleep with them and who are obsessed with fantasies about sex.
- IV. Men for whom rape is a displaced expression of anger and rage. A woman serves as an object for the displacement of aggression that a rapist cannot express directly toward other men.

The common theme throughout is the use of violence as an Expression of power, Control, Domination.

Social factors

Women are considered men's property or vulnerable possessions, a rapist's instrument for revenge against other men. Gender stereotypes, Media and movies, Urbanization and effects on immigrants, Cultural brought up.

Sexual violence on women

Sexual violence on women can be categorized into following types.

- 1. Intimate partner violence (IPV).
- 2. Rape
- 3. Date rape
- 4. Sexual coercion Stalking, Sexual harassment.

Intimate Partner Violence (IPV)

MC type of ongoing physical and sexual violence in adults. It includes acts of physical aggression, psychological violence, forced intercourse and other forms of sexual coercion. Various controlling behaviors such as isolating a person from family and friends or restricting access to information, finances, and assistance.

Rape

A man is said to commit "rape" who except in the case herein after excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions: Firstly: Against her Secondly: Without her consent. Thirdly: With her consent, when her consent has been obtained by putting her in fear of death or of hurt. Fourthly: With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married. Fifthly: With or without her consent, when she is under fourteen years of age. Sexual assault is a broader term that covers other unwanted sexual acts that do not include penetration. Any of these acts may include use of a weapon either as a coercive mechanism or as physically a part of the violence or assault. Highly under reported crime - An estimated four to five of ten rapes are reported.⁶ Under reporting due to feelings of shame. Can occur between married partners and between persons of the same sex. Persons- single, multiple. A woman being raped is frequently in a lifethreatening situation. During the rape, she experiences shock and fright approaching panic. Her prime motivation will be to stay alive. Rapists may urinate or defecate on their victims, ejaculate into their faces and hair, force anal intercourse and insert foreign objects into their vagina and rectum.

Rape trauma syndrome Described by Burgess and Holstrom¹⁰

Acute stage immediately after a rape where symptoms include disorganization, denial and shock [acute stress disorder]. The *reorganization stage* occurs weeks to months later - Symptoms include anxiety (fear and avoidance), depression, emotional and social withdrawal, sleeping and eating disturbances (including nightmares), self-blame, shame, guilt, somatization, and sexual dysfunction [PTSD].

Date rape

Applied to rapes in which the rapist is known to the victim. The assault can occur on a first date or after the man and woman have known each other for many months. Victims of date rape berate themselves for exercising poor judgment in their choice of male friends and are more likely to blame themselves for provoking the rapist than are other victims.

Sexual coercion

Sexual coercion is a term used in DSM-IV-TR for incidents in which one person dominates another by force or compels the other person to perform a sexual act. Stalking & Sexual harassment.

Stalking

Stalking is defined as a pattern of harassing or menacing behavior coupled with a threat to do harm. Some stalkers continue the activity for months to years, most stalkers are men.

Sexual harassment

Sexual harassment refers to sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature all of which are unwelcomed by the victim. In more than 95

percent of cases the perpetrator is a man and the victim, a woman. Site – Workplace.

Under reporting: due to fear of retribution, being humiliated, being accused of lying and ultimately of being fired from the job.

Reactions: victims blame themselves, become depressed; other victims become anxious or angry.

Law in Bangladesh

Law of Bangladesh only targets three crimes against women.

- 1. Rape
- 2. Using force to 'outrage her modesty.'
- 3. Making rude sounds or gestures aimed at insulting the modesty of any woman.

Clinical manifestations of violence

The manifestations and the degree of damage depend on violence of the attack itself, vulnerability of the woman and Support system available to her immediately after the attack.

Types of responses to traumatic events¹¹

There are three types of responses to Sexual violence. They are distress reactions, psychiatric diagnoses, health risk behaviors.

Distress reactions: Grief reactions, Changes in safety and travel, Sleep disturbance, altered interpersonal interactions (withdrawal, aggression, violence and family conflict), Decreased work functioning (ability to do work, ineffectiveness at job, problems with concentration and absenteeism), Somatic symptoms.

Psychiatric diagnoses¹²: Acute stress disorder, PTSD, Major depressive disorder, Substance-use disorders, Generalized anxiety disorder, Adjustment disorder, Somatoform disorders, Organic mental disorders secondary to head injury, toxic exposure, illness, psychological factors affecting physical disease (in the injured).

Health risk behaviors: Changes in alcohol use and smoking, difficulty in balancing home and work, disaster behaviors like evacuation, over dedication, adherence to medical recommendations

Management¹³

Encourage them to talk about it, listen nonjudgmentally, Validate and express support, Document, Assess the danger to your patient, Provide appropriate treatment referral and support. A rape victim fares best when she receives immediate support and can ventilate her fear and rage to loving family members, sympathetic physicians, and law enforcement officials. Rape crisis centers and telephone hot lines are available for immediate aid and information for victims. ¹⁴

Early Psychological Treatment¹⁵

Initial psychological intervention should be individual, supportive, and educational in nature about the effects of trauma and rape. It is important to acknowledge with the patient that any reaction he or she might be having is acceptable and that it is normal to need support.

Pharmacotherapy

Short-term use of Benzodiazepines, SSRI or SNRI medication to treat severe anxiety.

Long term management

- Cognitive Behavioral Therapy
- Stress inoculation, Imagery Rehearsal and Prolonged Exposure
- Eye Movement Desensitization and Reprocessing 16
- Psychodynamic Psychotherapy
- Supportive psychotherapy
- Family Support: Involvement of Family or Friends

Social support is crucial to help restore effective coping. Education of family members about potential misattributions can also help reduce the victim's experience of shame or self-blame.

PREVENTION

Moral classes: Morality (Latin word moralitas "manner, character, means behavior"). It is the differentiation intentions, decisions and actions between those that are good (or right) and those that are bad (or wrong). It contributes to the development of one's personality.¹⁷ Moral classes should be reintroduced into the existing busy academic schedule and children should be taught about what morality is. Ultimately, we know the famous quote "The child is father of man". Reminding oneself of our glorious past and enriching scriptures and understanding their essence can bring back the necessary balance for us to develop and evolve into mature beings. This would not only benefit society but also the world at large. Strict laws should be made to punish them to prevent violence.

CONCLUSIONS

Physical and sexual violence and rape are all common and may be followed by serious physical and psychological disturbances. They are often unreported. A confidential, non-blaming, empathetic line of enquiry is essential for mental health professionals during short-and longer-term management of victims of violence.

REFERENCES:

- 1. Campbells Psychiatric Dictionary 9th edition, Oxford University Press 2009.
- Chakraborty K, Thakurata RG. Concepts on sexuality. J Psychiatry 2013; 55: 250-5. 6.
 Dutton MA, Green BL, Kaltman ST, et al. (2006) Intimate partner violence, PTSD, and adverse health outcomes. Journal of Interpersonal Violence 21 (7), 955 968.
- 3. National Center of Victims of Crime and Crime Victims Research and Treatment Center (1992) Rape in America: A Report to the Nation. National Center for Victims of Crime, Arlington, VA, USA.
- 4. Tjaden P and Thoennes N (2002) Extent, nature, and consequences of intimate partner violence. US Department of Justice. http://www.ncjrs.gov/pdffi les1/nij/181867.pdf.

- Van der Kolk BA. Physical and sexual violence of adults. In: Sadock BJ, Sadock VA, eds. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 8th ed. Vol. 2. Baltimore: Lippincott Williams & Wilkins; 2005: 2393.
- 6. Sadock, Benjamin James; Sadock, Virginia Alcott. Problems related to Abuse or NeglectKaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 10th Edition Copyright ©2007 Lippincott Williams & Wilkins: 874.
- Campbell JC and Soeken KL. Forced sex and intimate partner violence: Effects on women's risk and women's health. Violence against Women. 1999; 5(9): 1017 – 1035.
- 8. Horner G. Child sexual violence: Psychosocial risk factors. Journal of Pediatric Health Care. 2002; 16: 187 192.
- 9. The penal code 1860 Bangladesh act no 375.
- 10. Burgess AW and Holstrom LL. Rape trauma syndrome. American Journal of Psychiatry. 1974; 133: 981 986.
- 11. American College of Emergency Physicians (ACEP) (1999) Handbook: "Evaluation and Management of the Sexually Assaulted or Sexually abused Patient". American College of Emergency Physicians Publisher, Dallas, TX, USA.
- 12. Zlotnick C, Mattia J, and Zimmerman M. Clinical features of survivors of sexual violence with major depression. Child Violence and Neglect. 2001; 25(3): 357–367
- 13. Kaplan DW, Feinstein RA, Fisher MM, et al. Care of the adolescent sexual assault victim. Pediatrics. 2001;107: 1476 1479.
- 14. Lesserman J. Sexual violence history: Prevalence, health effects, mediators and psychological treatment. Psychosomatic Medicine. 2005; 67: 906 915.
- 15. Mein JK, Palmer CM, Shand MC, et al. Management of acute sexual assault. Medical Journal of Australia. 2003; 178: 226 230.
- 16. Shepherd J, Stein K, and Milne R. Eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder: A review of emerging therapy. Psychological Medicine. 2000; 30: 863 871.
- 17. Srivastava C, Dhingra V, Bharadwaj A, Srivastava A. Morality, and moral development: J Psychiatry. 2013; 55: 283-7.