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# Original article

# Socio-demographic Characteristics of Intimate Partner Violence Cases Presenting to a Crisis Centre in Sylhet, Bangladesh

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**Abstract:**

***Background:*** Intimate partner violence (IPV) is a major public health and human rights concern, particularly in low- and middle-income countries. In Bangladesh, IPV remains highly prevalent, with disproportionate effects on socioeconomically vulnerable women. ***Objectives:*** To describe the socio-demographic characteristics of IPV victims and perpetrators attending a One-Stop Crisis Centre (OCC) in Sylhet city. ***Methodology:*** A descriptive cross-sectional study was conducted using retrospective records from the OCC at Sylhet MAG Osmani Medical College between January 2019 and December 2020. A total of 1,290 female victims of intimate partner violence with complete records were included. Data on socio-demographic characteristics, family context, perpetrator profile, and forms of violence were extracted and analyzed using descriptive statistics. ***Results:*** Among 1,290 victims, 65.2% were aged 16–30 years. Most were married (73.2%), Muslim (74.1%), and resided in rural areas (71.6%). A large proportion were housewives (67.1%) and from low socio-economic backgrounds (76.4%). Early marriage before 18 years was reported in (77.0%) of cases. Husbands were the primary perpetrators (50.5%), followed by former husbands (18.8%) and in-laws (12.4%). Psychological abuse was the most frequently reported form of IPV (85%), followed by physical (64%), sexual (47%), and economic abuse (18%). ***Conclusion:*** IPV in Sylhet predominantly affects young, married women in socioeconomically constrained settings. The findings highlight the need for targeted prevention strategies and strengthened support systems within institutional and community contexts.

***Keywords:*** Intimate Partner Violence; Bangladesh; Socio-demographic factors; One-Stop Crisis Centre; Perpetrators



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**Introduction:**

Violence is a pervasive social and public health problem worldwide. The World Health Organization (WHO) defines violence as the intentional use of physical force or power, threatened or actual, against oneself or others that results in or has a high likelihood of resulting in injury, psychological harm, or deprivation.[1] Among its many manifestations, violence against women (VAW) stands out as one of the most widespread and enduring violations of human rights across the globe.[2] Despite advances in gender equality in the 21st century, VAW remains highly prevalent. VAW is commonly categorized as interpersonal violence, which includes intimate partner violence (IPV) and non-partner violence (NPV). IPV—violence inflicted by a current or former intimate partner—accounts for the largest share of reported violence against women.[1]

The concept of violence within intimate relationships and the cyclical nature of abuse were first systematically described by Lenore Walker through her formulation of Battered Woman Syndrome.[2] Earlier, such violence was broadly labeled as domestic violence, family violence, spouse abuse, wife abuse, or wife battering, before being more distinctly conceptualized.[3] The term intimate partner violence (IPV) emerged in the late 1980s and was widely adopted in the 1990s to more accurately capture abuse across diverse intimate relationships.[4]

Intimate Partner Violence (IPV) represents the most common form of violence against women and includes physical, sexual, psychological, and controlling behaviors perpetrated by a current or former intimate partner. According to the Centers for Disease Control and Prevention (CDC), IPV encompasses physical violence, sexual violence, stalking, or psychological aggression (including coercive acts) by a current or former intimate partner, whether or not the partner is a spouse.[5] The perpetrator can be the partner within a marriage context, cohabitation or any other formal or informal union. Although IPV can occur across genders and relationship types, this study focuses specifically on violence inflicted by male intimate partners against women in a major city in Bangladesh, reflecting the most prevalent and consequential pattern documented worldwide.

Global data regarding IPV paints an alarming picture. For example, nearly 1 in 3 women experience physical and/or sexual violence by an intimate partner during their lifetime. Violence like this often begins early, with approximately 1 in 4 girls reporting exposure during adolescence. IPV undermines the achievement of Susained Development Goals (SDG) particularly Goal Target 5.2.1, which aims to eliminate all forms of violence against women and girls in both public and private spheres.[6] Even children are indirect victims of IPV, often experiencing long-term psychological and behavioral consequences. It is estimated that 1 in 4 children under five living with their mothers are exposed to IPV. Even without direct abuse, such exposure can have lasting psychological effects and reinforce intergenerational cycles of violence. Every four minutes or so, a child is murdered by violence somewhere in the world.[7]

In Bangladesh, IPV is widely reported as a common form of domestic violence, even in the presence of legal protections such as the Domestic Violence (Prevention and Protection) Act, 2013. Recent statistics show that approximately 76% of women in Bangladesh experience violence by a husband or intimate partner, including physical, sexual, psychological, and economic abuse. Despite this high prevalence, an estimated 62% of survivors do not disclose their experiences to others.[8] Silence surrounding such abuse has detrimental effects on the physical, mental, sexual and reproductive health of women, on their children, and often on the wider family. Multiple studies suggest that IPV remains deeply embedded within patriarchal family structures, early marriage practices, and socio-economic dependency. Although closely related, IPV and DV differ conceptually; DV covers a wider spectrum of abusive behaviors within the household, such as child, elder, or other family member abuse.[9]

Despite the magnitude of the problem, region-specific data—particularly from Sylhet—remain limited. Understanding local socio-demographic patterns of IPV is essential for effective prevention and intervention.

**Materials & Methods:**

This cross-sectional study was conducted at the One-Stop Crisis Centre (OCC) of Sylhet MAG Osmani Medical College in Sylhet, Bangladesh, covering the period from January 2019 to December 2020. Data were obtained from retrospective OCC records documenting intimate partner violence, including socio-demographic characteristics, incident details, and perpetrator profiles. Out of 1,338 registered cases, 1,290 female victims with complete records were included, while those with incomplete information were excluded. Data were extracted using a pre-designed structured format to capture socio-demographic characteristics, marital and family contexts, perpetrator profiles, and specific forms of violence. Statistical analysis was performed using Microsoft Excel to analyze the data descriptively, with results expressed as frequencies and percentages presented in tables and figures. Institutional ethical approval was obtained prior to data collection, and individual consent was waived due to the retrospective nature of the review; however, victim confidentiality and autonomy were strictly maintained by ensuring no personal identifiers were used.

Several limitations characterize this study, as the use of retrospective data from a single center may introduce selection bias, reflecting only survivors who sought formal support rather than the wider community. Reliance on

secondary records further limited control over data completeness and measurement precision, while the cross-sectional design precludes causal inference. Additionally, underreporting of sexual and psychological violence remains likely due to social stigma and cultural barriers. Finally, as the findings are context-specific, they may not be generalizable beyond the Sylhet region.

**Results:**

**Socio-Demographic Profile of Victims**

Table I shows among the 1,290 victims, the majority were aged 16–30 years (65.2%), followed by 31–45 years (27.8%). Most were married (73.2%), Muslim (74.1%), and rural residents (71.6%). Educational attainment was generally low, with (41.3%) completing secondary education and (22.6%) being illiterate. Most victims were housewives (67.1%) and belonged to low socio-economic status (76.4%). Early marriage was common.

Table 1. Socio-demographic characteristics of participants (n = 1290)

| Sociodemographic characters | Category | n (%) |
|---|---|---|
| **Age (years)** | <15 | 75 (5.8) |
| | 16–30 | 841 (65.2) |
| | 31–45 | 358 (27.8) |
| | ≥46 | 16 (1.2) |
| **Marital status** | Married | 944 (73.2) |
| | Unmarried | 302 (23.4) |
| | Widow | 17 (1.3) |
| | Divorced | 15 (1.2) |
| | Separated | 12 (0.9) |
| **Religion** | Islam | 956 (74.1) |
| | Hindu | 302 (23.4) |
| | Others | 32 (2.5) |
| **Residence** | Rural | 923 (71.6) |
| | Urban | 367 (28.4) |
| **Socioeconomic status** | Low | 985 (76.4) |
| | Middle | 191 (14.8) |
| | High | 114 (8.8) |
| **Education** | Illiterate | 292 (22.6) |
| | Primary | 338 (26.2) |
| | Secondary | 533 (41.3) |
| | Higher | 127 (9.8) |
| **Occupation** | Housewife | 865 (67.1) |
| | Student | 72 (5.6) |
| | Employed (garments/service) | 216 (16.7) |
| | Domestic worker | 62 (4.8) |
| | Others | 75 (5.8) |

**Perpetrators of Violence**

Table 2 shows husbands were the primary perpetrators (50.5%), followed by former husbands (18.8%) and in-laws (12.4%). Non-marital partners accounted for (2.7%) of cases.

Table 2. Relationship of perpetrators to victims (n = 1290)

| Victim-Perpetrator Relationship | n (%) |
|---|---|
| Husband/Spouse | 652 (50.5) |
| Former husband | 243 (18.8) |
| Non-marital partner | 35 (2.7) |
| In-laws | 160 (12.4) |
| Parents/Family members | 46 (3.6) |
| Others | 154 (11.9) |

**Family and Marital Characteristics**

Table 3 shows among married participants (n = 988), arranged marriages were predominant (80.2%). Early marriage before 18 years was reported in (77.0%) of cases. Most victims had been married for 4–6 years (64.1%) and had an age gap of 6–10 years with their husbands (64.5%). Decision-making authority was largely husband-directed (73.2%).

Table 3. Family and marital characteristics of married participants (n = 988)

| Variable | Category | n (%) |
|---|---|---|
| **Type of marriage** | Arranged | 792 (80.2) |
| | Love | 196 (19.8) |
| **Age at marriage** | <18 years | 761 (77.0) |
| | ≥18 years | 227 (23.0) |
| **Duration of marriage** | ≤3 years | 69 (7.0) |
| | 4–6 years | 633 (64.1) |
| | 7–10 years | 188 (19.0) |
| | ≥11 years | 98 (9.9) |
| **Age gap (wife–husband)** | ≤5 years | 90 (9.1) |
| | 6–10 years | 632 (64.0) |
| | ≥11 years | 266 (26.9) |
| **Family type** | Nuclear | 568 (57.5) |
| | Joint/Extended | 420 (42.5) |
| **Family autonomy** | Elder | 178 (18.0) |
| | Husband | 723 (73.2) |
| | Wife | 87 (8.8) |

### Socio-Demographic Profile of Perpetrators

Most perpetrators were aged 16–30 years (49.4%) or 31–45 years (33.2%) shown in Table 4. Primary-level education was most common (29.6%). Agricultural work (33.9%) and informal employment were prevalent. Substance abuse (20.8%), alcohol consumption (18.6%), and controlling behavior (31.8%) were frequently reported contributing factors.

Table 4. Socio-demographic profile of perpetrators (n = 988 married cases)

| Sociodemographic characteristics | Category | n (%) |
|---|---|---|
| **Age (years)** | <18 | 70 (7.1) |
| | 19–30 | 488 (49.4) |
| | 31–45 | 328 (33.2) |
| | ≥46 | 102 (10.3) |
| **Residence** | Rural | 679 (68.7) |
| | Urban | 309 (31.3) |
| **Education** | Illiterate | 244 (24.7) |
| | Primary | 292 (29.6) |
| | Secondary | 240 (24.3) |
| | Higher | 212 (21.5) |
| **Occupation** | Unemployed | 291 (29.5) |
| | Agricultural | 335 (33.9) |
| | Employed/Business | 362 (36.6) |
| **Contributing factors*** | Extramarital affair | 137 (13.9) |
| | Substance abuse | 205 (20.8) |
| | Alcohol consumption | 184 (18.6) |
| | Psychological issues | 56 (5.7) |
| | Controlling behaviour | 314 (31.8) |
| | Disaster-prone residence | 92 (9.3) |
| **Number of Partners/Spouses** | One | 693 (70.14) |
| | Two/more | 295 (29.86) |

*Multiple responses possible.
***Perpetrators aged <18 years reflected cases involving early or child marriage, which remains prevalent in certain rural settings.

### Forms of Intimate Partner Violence

Figure 1 shows different forms of IPV. Psychological abuse was the most prevalent form of IPV (85%), followed by physical (64%), sexual (47%), and economic abuse (18%).

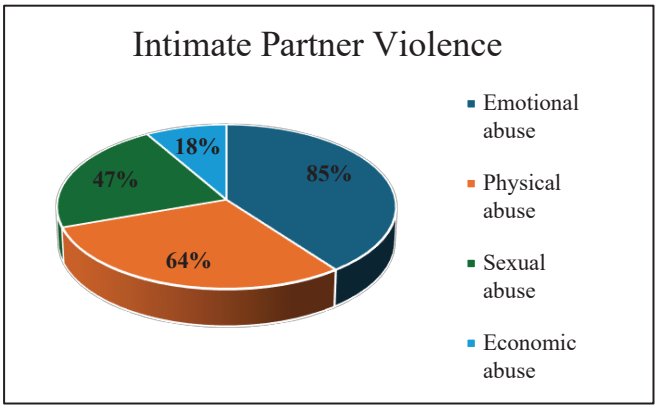


Figure 1: Forms of IPV

### Discussion

In patriarchal social settings such as Bangladesh, household decision-making is largely male-dominated, shaping women's access to education, mobility, and economic resources over the life course. Within these domains, violence may serve as a means of maintaining hierarchical power dynamics and control across domestic and social territory. In some communities, wife battering is normalized within family relations, reflecting deeply entrenched gender norms.[10] Women's tolerance of abusive behavior is often linked to overlapping social and economic factors, including feelings of powerlessness, traditional norms emphasizing obedience to male authority, economic hardship and limited awareness of legal protections.[11]

Although national survey data show the highest lifetime prevalence of IPV in Barishal and Khulna (81.5%), Sylhet presents a distinctive regional profile. Despite comparatively lower prevalence (72.1%) and higher literacy levels, IPV remains persistent in Sylhet, likely reflecting the region's predominantly rural context.[12] Within this setting, age emerges as a key determinant of IPV risk. The present study indicates that IPV in Sylhet disproportionately affects young, married, Muslim women, particularly those aged 16–30 years (65.2%), followed by women aged 31–45 years (27.8%). These findings are consistent with earlier Sylhet-based studies and national data demonstrating heightened vulnerability during the early years of marriage, especially among women with low educational background and economic dependency.[11,12,13,14,15,16] Early marriage further reinforces power imbalances, limits educational and economic opportunities, and increases prolonged exposure to abuse. Across South Asia, similar results have been observed in Dalal K et al., Ali PA et al., Giri S et al. and Jayasuriya V et al.[17,18,19,20] This pattern suggests that, despite diverse cultural and religious contexts, women remain vulnerable to IPV. Studies by Kadir SH et al. and Hayati EN et al. suggest that IPV patterns are largely driven by low education and disadvantaged social status.[9,21]

The literature shows that husbands and former husbands

account for nearly 70% of IPV perpetrators, particularly among married women, reinforcing IPV as an intimate partner phenomenon. While non-partner violence accounts for a relatively small proportion of reported cases (2.71%), these finding warrants attention, as social norms and stigma may contribute to underreporting of such incidents. The majority of perpetrators were aged 16–30 years (49.4%), with a substantial proportion aged 31–45 years (33.2%). Educational attainment was generally low, with primary-level education being most prevalent (29.6%), followed by illiteracy (24.7%), secondary-level education (24.3%), and higher-level education (21.4%). Most perpetrators were from rural areas (68.7%) rather than urban settings (31.9%). Occupationally, employment was predominantly in agriculture (33.9%), while (29.5%) were unemployed; a smaller proportion were engaged in service-related or self-employed occupations. In our study, family structures were commonly characterized by early arranged marriages (before the age of 18 years) with common spousal age gaps of 6–10 years. Patrilineal family systems typically institutionalize male dominance in regulating women's behavior, where coercive measures may be rationalized as forms of discipline. Limited family intervention can normalize such practices, fostering a culture of silence that is reproduced across generations. Within this milieu, women's tolerance of abusive behaviour appears to be linked to multiple constraints, such as restricted educational opportunities, economic vulnerability, early marital obligations, and normative gender hierarchies.[10,11,13,22]

Psychological abuse was the most common form of IPV in this study (85%), followed by physical (64%), sexual (47%), and economic abuse (18%), underscoring the often hidden and under-recognized nature of non-physical violence. This pattern is consistent with national evidence indicating that controlling behaviour and emotional abuse the most widespread yet least disclosed forms of IPV in Bangladesh.[12] Although psychological and physical abuse frequently co-occur, the combined prevalence could not be quantified in the present study and is likely underreported. Consistent with earlier research by Dalal K et al., Ali PA et al., Giri S et al., and Jayasuriya V et al., psychological forms of IPV—particularly controlling behaviours—were highly prevalent.[17,18,19,20] In the present study, psychological abuse commonly manifested as verbal threats, humiliation, gaslighting, and shaming, while physical abuse involved acts such as beating, slapping, punching, kicking, pushing, and choking. Interpretation of sexual violence remains particularly challenging in cultural settings such as Bangladesh, where disclosure may be constrained and measurement often relies on limited interview-based assessments.[21] Similar patterns, though with lower reported prevalence, have been observed in studies by Kadir SH et al. and Hayati EN et al. potentially reflecting cultural norms that emphasize family privacy and marital harmony.[9,21]

Several risk factors identified in this study—including substance use, controlling behaviour, economic stress, and entrenched patriarchal norms—have been well documented in earlier Sylhet-based research.[13,14,15] Stake et al. demonstrated strong associations between IPV and husbands' controlling behaviours, lower educational attainment, and intergenerational exposure to violence.[16] The prominence of controlling behaviour, substance abuse, and alcohol consumption among perpetrators in the present study further underscores the multifactorial nature of IPV, reflecting the interplay of individual, relational, and broader societal influences.[19,20] Cases documented at the Sylhet One-Stop Crisis Centre (OCC) likely represent only a fraction of the broader burden of IPV, capturing those instances in which violence reaches a level that compels women to seek formal assistance. This institutional perspective complements earlier qualitative and survey-based studies by shedding light on the severity and consequences of IPV that often remain hidden in community settings. Despite recent expansions in legal frameworks addressing domestic violence, persistent cultural reluctance to disclose abuse continues to limit women's access to justice and health services. The findings from Sylhet reflect this disconnect, highlighting the gap between the formal recognition of IPV and women's lived experiences of constrained protection and support.

## Conclusion

In Sylhet city, IPV predominantly affects young, married women from socioeconomically disadvantaged backgrounds and is most often inflicted by intimate partners. While these findings broadly converge with national and global evidence, they also highlight context-specific vulnerabilities related to early marriage, economic dependence, and barriers to reporting. Strengthening institutional responses, promoting early intervention, and addressing underlying social norms remain critical for reducing the burden of IPV.

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