

RESEARCH

Open Access



Understanding structural and normative drivers of domestic violence against women in rural Bangladesh

Md. Al Mamunur Rashid^{1*} 

*Correspondence:

Md. Al Mamunur Rashid
almamunurrashid11m@gmail.com
¹Department of Sociology, Noakhali
Science and Technology University
(NSTU), Noakhali 3814, Bangladesh

Abstract

Background Domestic violence against women remains a major public health and human rights concern in Bangladesh, particularly in rural settings where patriarchal norms, economic dependency, early marriage, and honour-based regulation may intensify women's vulnerability. This study examines how domestic violence (DV) is produced, justified, and potentially reduced in rural Bangladesh, with particular attention to the structural and normative drivers of violence, the intersecting vulnerabilities that constrain women's choices, and the consequences for women's wellbeing.

Methods The study employed a qualitative design using semi-structured in-depth interviews and focus group discussions. Data were collected from 27 married participants, comprising 14 men and 13 women, in Joypurhat and Naogaon Districts. Participants were selected through snowball sampling to capture experiences and perceptions related to marital conflict, domestic violence, gender roles, and coping or conflict-management strategies. Interviews and group discussions were audio-recorded, transcribed verbatim, translated into English, and back-translated for accuracy. Data were analysed using reflexive thematic analysis following Braun and Clarke's approach.

Results The findings indicate that domestic violence is embedded within a wider architecture of vulnerability rather than occurring as an isolated interpersonal event. Key themes included patriarchal gender norms that position women as responsible for maintaining family peace; the normalisation of physical, emotional, and economic abuse within marital life; women's economic dependency and constrained forms of agency; honour-based silencing and fear of disclosure; and the near absence of accessible institutional recourse. Participants also described conflict-reduction practices such as silence, temporary withdrawal, gifts, and care gestures, but these often reduced immediate tension without challenging structural inequality. Women's narratives highlighted fear, emotional distress, endurance, and practical coping, while men's narratives frequently framed violence and control within idioms of discipline, honour, and household management.

Conclusions The study concludes that reducing domestic violence in rural Bangladesh requires more than interpersonal conflict-management advice. Effective



prevention must address the structural conditions that sustain violence, including patriarchal entitlement, poverty, educational deprivation, social shame, and weak institutional access. The findings support the need for multi-level interventions that combine gender-transformative norm change, survivor-centred rural services, educational retention, and economic empowerment, designed with attention to backlash and women's safety.

Keywords Domestic violence, Patriarchal norms, Gender inequality, Women's vulnerability, Conflict management, Violence reduction strategies

1 Introduction

Domestic violence (DV), a specific and widespread manifestation of gender-based violence (GBV), is a pervasive public health and human rights concern that occurs across settings, yet is patterned by gendered power relations and structural inequality [1]. Contemporary global prevalence estimates indicate that approximately 27% of ever-married/partnered women aged 15–49 have experienced physical and/or sexual IPV since age 15, and 13% have experienced such violence in the past 12 months, underscoring IPV's persistence as a population-level health burden [2]. Beyond immediate injury, DV is associated with profound and durable harms, including adverse mental health outcomes, constraints on sexual and reproductive autonomy, and downstream effects on household and intergenerational wellbeing, while remaining widely underreported due to stigma and the private regulation of family matters [3].

Within Bangladesh, available national evidence indicates both a high DV burden and enduring normative environments that can legitimise male authority and women's endurance. WHO's nationally comparable estimates place Bangladesh within the highest range globally for lifetime physical and/or sexual IPV among ever-married/partnered women aged 15–49 (50%), with 23% reporting past-year physical and/or sexual IPV [2]. More recent national reporting further suggests that broader definitions incorporating additional manifestations (e.g., emotional violence, economic violence, and controlling behaviours) yield higher lifetime estimates, reflecting both measurement scope and the multi-dimensional nature of partner abuse; for example, the 2024 Violence Against Women Survey reporting disseminated by the United Nations Population Fund indicates substantial lifetime and recent IPV among women in Bangladesh [3, 4]. In parallel, nationally representative survey data continue to demonstrate the social acceptability of gendered coercion in specific circumstances: the Bangladesh Demographic and Health Survey (BDHS) 2017–18 reports that acceptance of wife beating for at least one reason is higher among rural women than urban women (22% vs. 17%), and that acceptance declines with education and wealth (National Institute of Population Research and Training) [5, 6]. These patterns are especially salient given intersecting rural vulnerabilities, including early marriage: BDHS 2017–18 indicates that marriage before age 18 remains common among women aged 20–24, with higher prevalence in rural than urban settings [6]. Together, these sources suggest that DV in Bangladesh should be examined not only as an individual act of harm, but also as a structurally conditioned practice shaped by gendered norms, socioeconomic constraints, and uneven access to information and support.

Bangladesh has a specific legal framework addressing domestic violence, most notably the Domestic Violence (Prevention and Protection) Act 2010, which criminalises

physical, psychological, sexual, and economic abuse within domestic relationships and empowers courts to issue protection, residence, and compensation orders; this sits alongside provisions in the Nari o Shishu Nirjatan Daman Ain (Women and Children Repression Prevention Act) 2000 that address more severe forms of gender-based violence [7]. In parallel, the state and non-governmental organisations operate a range of services intended to support survivors, including One-Stop Crisis Centres located in major hospitals, government and NGO-run shelter homes, the National Legal Aid Services Organisation, and telephone helplines such as the National Emergency Service (999) and the Department of Women Affairs helpline. Despite this formal architecture, rural coverage and awareness of these mechanisms remain limited, a gap that is directly relevant to this study's finding that participants did not reference formal institutional recourse as an available option [8, 9].

This study is theoretically anchored in an integrated account of power, agency, and the social reproduction of gender inequality. First, drawing on Pierre Bourdieu's [10] theorisation of practice, DV is approached as embedded within a gendered "common sense" (doxa) that becomes naturalised through everyday life and institutionalised through social expectation, such that domination can appear normal, deserved, or inevitable [10]. Second, Naila Kabeer's [11] formulation of empowerment as the expansion of the ability to make strategic life choices via resources, agency, and achievements provides a lens for analysing how economic dependency, constrained mobility, and limited institutional access can narrow women's exit options and bargaining power, even in contexts where women undertake significant labour inside and outside the household [11]. Third, DV is conceptualised not only as episodic physical assault but also as patterned coercion within intimate relationships; Michael P. Johnson's typology is useful here in distinguishing forms of partner violence that range from situational conflict to coercive control, thereby emphasising why structural constraints (economic and social) matter for survivors' capacity to resist, seek help, or exit [12]. This multi-theoretical framing positions DV as a product of intersecting patriarchal norms, economic marginalisation, and institutional gaps rather than as an aberrant or purely private matter while retaining a survivor-centred focus on constrained choices and uneven capacities to act.

A qualitative approach is particularly warranted where the key analytic problem is not only estimating prevalence, but understanding how violence is interpreted, justified, concealed, and navigated within everyday life. In rural Bangladesh, help-seeking and disclosure are often mediated by reputational logics and household power hierarchies; evidence emphasises that "family honour," fear of retaliation by in-laws, and community shaming can operate as barriers to women's engagement with formal legal mechanisms, while weak institutional responsiveness and procedural barriers further restrict access to justice [4]. Qualitative inquiry can therefore illuminate mechanisms that surveys may register only indirectly, such as "silencing," gendered blame attribution, and informal conflict regulation while allowing attention to men's narratives and community-level moral orders that shape what is speakable and what is sanctioned. This is consistent with prior work indicating that women's orientations to informal and formal support-seeking in the face of IPV are shaped by perceived feasibility, social risk, and expectations of family containment [5]. The selection of Joypurhat and Naogaon districts, both predominantly rural districts in northwestern Bangladesh characterised by high poverty, early marriage, and strong patriarchal family governance, supports this analytic agenda

by situating the study within settings where gender norms and family governance structures may be especially influential in regulating marital conflict and disclosure [13, 14].

The conceptual framework for this study (Fig. 1) is presented as a cascading pathway model linking macro-level structural and ideological drivers (patriarchal gender norms, poverty/economic marginalisation, and community-sanctioned honour codes) to intersecting vulnerability domains (ideological, economic, educational, violence-related, and institutional vulnerabilities). These compounded vulnerabilities are theorised to generate intermediate outcomes (e.g., social isolation, psychological distress, sustained cohabitation with abusive partners, and intergenerational deprivation) that converge in reduced quality of life and the reproduction of GBV across generations; a feedback loop returns from outcomes to drivers to foreground the cyclical nature of the vulnerability–violence nexus [4].

Against this background, the study aims to explain how DV is produced and sustained through structural conditions and intersecting vulnerabilities in rural Bangladesh, and how these processes shape women’s wellbeing and constrained agency. The guiding research objectives are to: (a) identify and interpret the structural and normative drivers that legitimise or normalise DV within intimate relationships; (b) examine how vulnerability dimensions (economic dependency, truncated education/early marriage, social shame, and limited institutional recourse) compound to restrict women’s choices and exit options; and (c) delineate perceived consequences for women’s physical health, mental wellbeing, social participation, and intergenerational outcomes [2]. Methodologically, this study employed a qualitative design using semi-structured in-depth interviews and focus group discussions with a total sample of 27 participants (13 women; 14 men) from the study districts. Interview and discussion guides were designed to elicit experiences and perceptions of marital conflict, gender roles, and responses to partner violence, and transcripts were translated into English for analysis; data collection took place between March and June 2025, and translation was undertaken by bilingual researchers with back-translation used to verify accuracy. Thematic analysis followed the flexible, systematic approach articulated by Virginia Braun and Victoria Clarke, including iterative

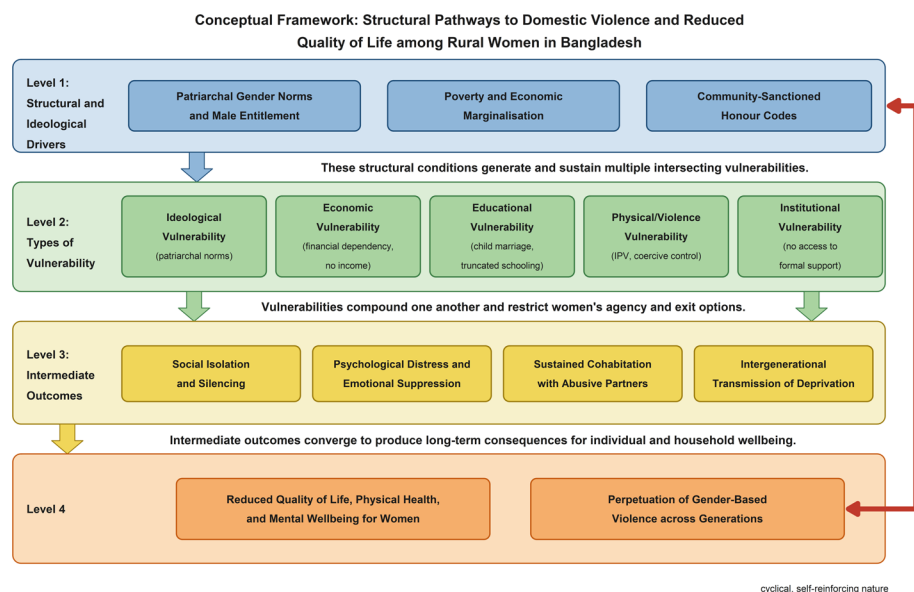


Fig. 1 Conceptual framework of the study

familiarisation, coding, theme development and refinement, and analytic write-up, with attention to credibility through reflexive engagement with meaning-making and social context [15].

This study extends the Bangladesh DV/GBV literature in three ways that are directly relevant to rural Bangladesh audiences and policy stakeholders. First, it advances an explicitly pathway-oriented account that connects structural conditions (patriarchy, poverty, honour-based governance) to intersecting vulnerabilities and downstream wellbeing outcomes, complementing survey-based work that has documented context-specific associations between women's status and domestic violence in rural Bangladesh [16]. Second, by incorporating both women's and men's accounts in rural districts, it supports a more relational analysis of how violence is justified, regulated, and concealed, an essential step for designing prevention efforts that target social norms and gendered entitlement rather than focusing solely on individual "risk factors." Third, the findings are positioned to inform multi-level interventions that combine gender-transformative norm change, economic empowerment that is attentive to backlash risk, and strengthened rural access to survivor-centred services and justice pathways [6]. The remainder of the paper is organised as follows: the next section details the study design, sampling, data collection, analytic procedures, and ethical safeguards; the Results section presents the thematic findings aligned to the conceptual framework; the Discussion interprets the findings in relation to theory and prior evidence and outlines implications for policy and practice; and the Conclusion summarises key contributions and limitations while identifying priorities for future research and intervention.

1.1 Conceptual framework

This study is guided by a conceptual framework that explains how structural and socio-cultural conditions shape women's vulnerability to domestic violence (DV) and its consequences in rural Bangladesh. The framework adopts a layered, pathway-based perspective, illustrating how macro-level forces interact with individual and relational conditions to produce cumulative disadvantage and reduced quality of life. It is informed by theories of gender inequality, social norms, and power relations, particularly the concepts of patriarchy, agency, and symbolic violence [10, 11].

At the first level, the framework identifies key structural and ideological drivers that underpin gender-based violence. These include patriarchal gender norms and male entitlement, poverty and economic marginalisation, and community-sanctioned honour codes. Patriarchal norms legitimise male authority and control over women, while economic marginalisation limits women's access to independent resources, reinforcing dependence on male partners [16, 17]. Honour-based social expectations further regulate women's behaviour and discourage disclosure of abuse, thereby normalising silence around violence [5]. Together, these structural conditions create an enabling environment in which violence is both tolerated and reproduced.

The second level of the framework captures the multidimensional nature of women's vulnerability. These vulnerabilities are conceptualised as intersecting and mutually reinforcing domains, including ideological, economic, educational, violence-related, and institutional vulnerabilities. Ideological vulnerability reflects internalised gender norms that justify male dominance, while economic vulnerability arises from financial dependency and lack of income-generating opportunities. Educational vulnerability is shaped

by early marriage and limited schooling, which constrain women's knowledge and life choices. Physical vulnerability encompasses exposure to DV and coercive control, and institutional vulnerability refers to barriers in accessing formal support systems, such as legal protection or healthcare services. These dimensions do not operate independently; rather, they compound one another and significantly restrict women's agency and capacity to exit abusive relationships [18, 19].

At the third level, the framework outlines the intermediate outcomes that emerge from these intersecting vulnerabilities. Women often experience social isolation and silencing, as community norms discourage disclosure and help-seeking. Psychological distress and emotional suppression are common, reflecting the internalisation of abuse and limited coping mechanisms. Many women remain in sustained cohabitation with abusive partners due to economic dependence, social pressure, and lack of institutional support [20]. Additionally, these conditions contribute to the intergenerational transmission of deprivation, whereby children exposed to violence and inequality are more likely to reproduce similar patterns in adulthood [21, 22].

The final level of the framework highlights the long-term consequences of these processes. These include reduced quality of life, compromised physical health, and poor mental wellbeing among women. Beyond individual outcomes, the framework emphasises the broader societal impact, particularly the perpetuation of gender-based violence across generations. This cyclical pattern reflects how structural inequalities and lived experiences of violence reinforce one another over time. Importantly, the framework incorporates a feedback loop linking the outcomes back to the structural drivers. This illustrates the self-reinforcing nature of the vulnerability–violence nexus, where the consequences of DV reinforce patriarchal norms, economic dependency, and social silence. In doing so, the framework provides a comprehensive lens for understanding GBV as not merely an individual or household issue, but a deeply embedded structural phenomenon requiring multi-level interventions.

Although the conceptual framework specifies physical and mental health outcomes (Level 4) as downstream consequences of the vulnerability architecture, the primary analytic focus of this paper is on the structural and normative drivers of domestic violence and the vulnerability pathways that sustain it. Participants' own references to health consequences, such as chronic fatigue, sleep disturbance, and emotional distress, are noted briefly in the Results and Discussion where they arose in the data, but a full analysis of health outcomes was beyond the scope of the present paper and is flagged as a priority for future research using the same dataset.

2 Methodology

This section outlines the research methodology employed to explore the determinants of domestic violence (DV) in Bangladesh, with a particular focus on gender-based violence (GBV). The study seeks to understand the attitudes, behaviors, and perceptions of both men and women regarding domestic violence and to explore potential interventions to reduce GBV. The methodology uses a combination of in-depth interviews (IDIs) and focus group discussions (FGDs) to gather comprehensive qualitative data from male and female participants.

2.1 Study design

The study adopts a qualitative research design, utilizing in-depth interviews (IDIs) and focus group discussions (FGDs) as the primary data collection methods. The qualitative design is chosen to gain a deeper understanding of participants' experiences, attitudes, and perceptions regarding domestic violence and conflict resolution within marriage. Given the sensitive nature of the topic, qualitative methods allow for an open, flexible approach to capturing nuanced responses from participants. In-depth interviews (IDIs) allow for a detailed exploration of individual experiences, beliefs, and personal narratives related to domestic violence, power dynamics in relationships, and conflict resolution strategies. Focus group discussions (FGDs) provide a collective perspective, helping to uncover community norms, shared attitudes, and collective approaches to problem-solving and conflict management. This dual-method approach ensures a more comprehensive understanding of the issue and allows for triangulation of data to validate the findings.

2.2 Study site and participants

The study was conducted in Joypurhat and Naogaon Districts, two rural areas in Bangladesh, which represents many rural communities where gender-based violence is prevalent. Joypurhat and Naogaon Districts were chosen because of their demographic characteristics and their reflection of the socio-cultural context of rural Bangladesh.

The study focuses on male and female perspectives from rural communities within these two districts to capture a range of experiences. The sample comprised 14 married men, aged between 18 and 50, who had either witnessed or experienced domestic violence in their households. Participants were selected using snowball sampling, a non-probability sampling method, which is effective in gathering information from individuals involved in sensitive and difficult-to-reach populations. The sample also included 13 married women, aged 18–50, who had experienced domestic violence in their lifetime. Similar to the male participants, women were selected using snowball sampling, ensuring that the sample represented the experiences of women from different socio-economic backgrounds. The inclusion of both male and female participants allows the study to explore domestic violence from both genders' perspectives and to understand the power dynamics in intimate relationships.

Data collection took place between March and June 2025. Initial participants were identified through contacts with local community leaders and health workers in the two districts, and subsequent participants were recruited via snowball referrals from earlier respondents; recruitment concluded once thematic saturation was reached, judged as the point at which successive interviews and focus group discussions no longer generated substantially new codes. Eligible participants were married men and women aged 18–50 residing in the study villages who had personally experienced or directly witnessed domestic conflict or violence within their household; individuals who were unmarried, residing outside the study districts, or unwilling to provide informed consent were excluded. A small number of individuals approached through referral declined to participate, most commonly citing discomfort discussing the topic; their perspectives are therefore not reflected in the findings. In-depth interviews lasted approximately 45–55 min, and each focus group discussion comprised 10 participants (one all-male and one all-female group) and lasted approximately 85 min.

2.3 Measurement and data collection tools

The primary data collection tools used in this study were semi-structured interviews and focus group discussions (FGDs). Semi-structured interviews were chosen because they allow for flexibility, enabling the interviewer to adapt questions based on the responses and the flow of conversation, while still addressing key themes. This format provides a balance between structured and open-ended questions, allowing participants to express their views freely while ensuring that relevant topics are covered.

2.3.1 Socio-demographic characteristics

The socio-demographic section gathered basic information about participants, including their age, education level, income, marital status, occupation, number of children, and family size. This information helps contextualize the findings and identify potential correlations between these variables and participants' attitudes and behaviors toward domestic violence.

2.3.2 In-depth interviews (IDIs)

The male participants were asked about their perceptions of domestic violence, their conflict resolution strategies, and their attitudes toward women in marital relationships. The questions were designed to explore how men manage marital conflict, their understanding of GBV, and their willingness to adopt new strategies for reducing violence. The female participants were asked about their experiences with domestic violence, the ways in which they cope with abuse, and their views on marital conflict resolution. Additionally, the interviews explored women's emotional and psychological responses to violence, their coping strategies, and whether they seek help.

2.3.3 Focus group discussions (FGDs)

Both male and female FGDs were conducted to gather collective insights into community norms regarding domestic violence. In these group discussions, participants were asked to reflect on common strategies used by their peers to resolve marital conflicts, how men and women in their community typically handle anger, and the social and cultural factors that contribute to GBV.

2.3.4 Data recording and transcription

All interviews and FGDs were audio-recorded with the participants' consent. This ensured the accurate capture of responses, enabling the researchers to focus on the conversation without distractions. In addition to audio recordings, field notes were taken to document the researchers' observations and reflections during data collection. After the interviews, the recordings were transcribed verbatim and translated into English by bilingual researchers. A back-translation process was used to ensure the accuracy of the translations. This allowed the researchers to maintain the integrity of the participants' responses while analyzing the data in English.

All interviews and focus group discussions were conducted by the first author, a trained qualitative researcher fluent in Bangla, with the support of a local research assistant who helped with participant recruitment and logistics. Coding was conducted manually rather than using specialised qualitative data analysis software, allowing close, iterative engagement with the original Bangla transcripts alongside their English

translations. Thematic saturation was assessed iteratively by the research team, who judged that saturation had been reached when subsequent interviews and focus group discussions ceased to generate new codes or substantially modify existing themes.

2.4 Ethical statement

This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethical Committee of Noakhali Science and Technology University (NSTU) (Reference no: NSTU/SCI/EC/2025/452, dated February 10, 2025). Written informed consent was obtained from all participants prior to data collection. Participants were informed of the study's purpose, procedures, potential risks, and their right to withdraw at any time without consequences. Before the commencement of data collection, written informed consent was obtained from all participants. The informed consent process involved explaining the study's purpose, procedures, potential risks, and right to withdraw at any time without consequences. Participants were assured that their involvement was voluntary and that their responses would be kept confidential. To ensure confidentiality, no personal identifiers were included in the data collection process, and pseudonyms were used during analysis to protect the identities of the participants. All procedures adhered to ethical standards for protecting participant privacy and data security, as outlined by the World Medical Association [23]. Participants were also informed about the support services available to them in case the interviews triggered any emotional distress. The researchers took care to conduct the interviews in a manner that was respectful and empathetic, acknowledging the difficult nature of the topic.

2.5 Data analysis techniques

The 27 participants comprised 7 individual in-depth interviewees (4 men and 3 women) and 20 focus group participants (one male FGD and one female FGD, each with 10 participants), together yielding 14 men and 13 women overall. This combined dataset was subjected to reflexive thematic analysis following the six-phase framework proposed by Braun and Clarke¹⁵. The analytical process began with repeated and active reading of all transcripts, including their original Bangla audio recordings and English back-translations to achieve deep familiarisation with the data corpus [15].

During this phase, initial impressions, contradictions, and emergent patterns were recorded in analytic memos. In the second phase, the entire dataset was coded inductively, with both semantic (manifest) and latent codes generated to capture not only what participants said but also the underlying meanings, assumptions, and ideological positions embedded in their accounts. Codes were then sorted and clustered into candidate themes in the third phase, producing a thematic map that reflected the relational dynamics between individual experience, community norms, and structural conditions. Themes were reviewed and refined iteratively in the fourth and fifth phases, with constant comparison across gendered subsets of the data to ensure internal coherence and analytical depth. Member-checking with two participants and peer debriefing with two independent qualitative researchers were employed to strengthen credibility and reflexivity. The final phase involved crafting analytical narratives for each theme that moved beyond description toward theoretical interpretation, drawing on feminist vulnerability theory, social exclusion frameworks, and gender and power dynamics literature to

situate the Bangladeshi evidence within the broader global discourse on domestic violence (DV) in low- and middle-income countries (LMICs).

3 Results

3.1 Characteristics of the study participants

The study participants comprised a diverse group of 27 individuals, including 13 females and 14 males, drawn from local communities with varied socioeconomic and educational backgrounds. Female participants (N1–N13) were predominantly engaged in domestic roles as housewives, although a few also undertook supplementary activities such as tailoring, continuing education, or previously working in industrial settings. In contrast, male participants (N14–N27) were primarily involved in manual labor and small-scale entrepreneurial activities, with common occupations including masonry, farming, electrical work, transportation services, and retail or livestock-related businesses. Educational attainment varied considerably across participants. Among male participants, several had minimal formal education, having attended only early primary grades (N14, N16, N18), while others had completed higher secondary, degree, or honours-level education (N17, N24, N25 and N26). Female participants generally reported lower levels of educational attainment, with most having completed their education up to grades 5–9; a few had no formal education, while one participant had completed honours-level education.

The duration of marriage among participants ranged widely, from relatively recent marriages of approximately 3.5–4.5 years to long-standing unions lasting up to 30 years. Family size was relatively consistent across the sample, with most participants reporting one to three children. However, some male participants reported larger families, with up to five children, while four participants (N5, N7, N22 and N27) reported having no children at the time of the study. Notably, the data also revealed instances of early marriage, particularly among female participants. For example, participants N12 and N13 reported marrying at the ages of 15 and 12, respectively, highlighting the persistence of early marriage practices within certain segments of the community (Table 1).

3.2 Main themes and categories

The results identified six high-level analytical themes across the dataset, each encompassing two to three subthemes. Together, these themes map the multi-layered architecture of vulnerability that sustains domestic violence against women in rural Bangladesh. The findings illuminate the intersection of ideological, economic, educational, social, and institutional dimensions of violence, demonstrating that DV is not an isolated behavioural aberration but a structurally produced and community-sanctioned phenomenon. Where relevant, findings below indicate whether a given theme emerged primarily from individual in-depth interviews (IDIs), focus group discussions (FGDs), or both, to help readers assess the source and consistency of the evidence (Table 2).

3.2.1 Theme-1: patriarchal gender norms and the culture of female submission

The most pervasive theme across all male IDIs and the male FGD was the articulation of a gendered moral order in which wives are expected to absorb marital conflict through patience, tolerance, and emotional self-erasure. Male participants consistently attributed responsibility for household peace to women, framing female forbearance not merely as

Table 1 Demographic information of participants (N = 27)

Participant Code	Gender	Age	Education	Occupation	Years Married	No. of Children
N1	Female	25	Class 5	Housewife	11 years	1
N2	Female	24	HSC	Housewife and Student	8 years	1
N3	Female	25	Class 7	Housewife	11 years	2
N4	Female	38	No Formal Education	Housewife	23 years	2
N5	Female	22	Class 9	Tailore	5 years	0
N6	Female	24	SSC	Housewife	7 years	1
N7	Female	28	SSC	Housewife	13 years	0
N8	Female	30	Class 5	Housewife	15 years	1
N9	Female	28	SSC	Housewife	11 years	2
N10	Female	25	Honours	Tailore	3.5 years	1
N11	Female	44	No Formal Education	Housewife	30 years	3
N12	Female	29	Class 8	Housewife	13 years	2
N13	Female	30	Class 8	Unemployed (Formerly EPZ)	14 years	3
N14	Male	33	Class 2	Mason	15 years	3
N15	Male	34	Class 9	Farmer	13 years	3
N16	Male	40	Class 2	Farmer	18 years	4
N17	Male	34	H.S.C	Farmer	15 years	2
N18	Male	40	Class 4	Mason	25 years	5
N19	Male	45	Class 4	Farmer	24 years	4
N20	Male	31	Class 5	Mason	12 years	3
N21	Male	25	Class 9	Autorickshaw Driver	5.5 years	2
N22	Male	25	Class 9	Electrician	3.5 years	0
N23	Male	40	S.S.C	Mason	21 Years	4
N24	Male	45	Degree	Cattle farming/Shop	24 years	2
N25	Male	25	Honours	OPPO Bangladesh Showroom	4.5 years	1
N26	Male	34	Intermediate/HSC	Decoration business	6.5 years	1
N27	Male	30	SSC	Timber business	7 years	0

a preference but as a moral and quasi-religious obligation. One participant, a 34-year-old decorated-business owner, articulated this ideology with particular clarity:

"Patience is a girl's first weapon. If a wife is educated, patient, and responsible, the family will be peaceful. The primary focus of a man's married life is his career; he competes with the whole world. A woman's primary responsibility is to fight for her family. (Male IDI-1, Age 34)"

This construction positions the domestic sphere entirely as women's labour, rendering male economic participation a sufficient and indeed superior contribution to household welfare. The attribution of conflict to women's perceived emotional excess was equally striking in the male FGD, where participants collectively characterised women as having shorter tempers and 'less reasoning' than men. Such framing constitutes what Kabeer [11] terms 'naturalised' gender inequality: the transformation of structural power imbalances into ostensibly biological or temperamental facts [11]. The ideological consequence is the erasure of male accountability, as violence and conflict are rendered responses to female provocation rather than expressions of male power. Female participants did not directly contest this ideology but navigated its constraints through

Table 2 Thematic framework: themes, sub-themes, descriptions, and illustrative quotes

Theme	Sub-theme	Description	Example Quote
1. Patriarchal Gender Norms & Culture of Female Submission	1a. Male Entitlement	Men articulate an expectation that wives should absorb marital conflict through patience and self-restraint, reflecting deep-rooted patriarchal ideologies that position male authority as normative	In every family, the woman must have patience. Patience is her first weapon. (Male IDI-1, Age 34)
	1b. Gendered Blame Attribution	Responsibility for marital harmony is disproportionately assigned to women; men locate the source of conflict in women's perceived emotional excess rather than in structural power imbalances	Women have shorter tempers and less reasoning. It is the woman who must control herself. (Male FGD Participant)
2. Domestic Violence: Forms, Normalisation & Survivor Responses	2a. Physical Violence as Discipline	Physical violence is disclosed by male participants as an early-marriage behavioral pattern, contextualised within inexperience and external stressors, suggesting that violence is partially normalised as a disciplinary mechanism	At first, there is no experience. These things were happening very fast. Yes, I did beat her. (Male IDI-4, Age 30)
	2b. Survival Under Abusive Partners	Female participants recount sustained cohabitation with drug-addicted, economically non-contributing, and physically abusive partners, revealing the structural entrapment that constrains exit options	He used heroin and could not provide food or clothing. I tried for seven years but could not manage. (Female IDI-2, Age ~ 30)
	2c. Emotional Normalisation of Violence	Some male participants described physical acts such as slapping as part of a wider repertoire of marital management strategies that also included gift-giving and outings, suggesting that physical violence has been normalised as one option within everyday conflict regulation rather than recognised as a rights violation	Even if it escalates to a slap at some point, you need to explain it to her calmly afterwards. (Male IDI-2, Age 45)
3. Economic Dependency & Micro-Agency of Women	3a. Structural Financial Exclusion	The overwhelming majority of women in the study are full-time homemakers with no independent income, rendering them economically dependent on husbands and structurally constrained in leaving abusive situations	My husband works; my father-in-law drives a rickshaw. I stay at home with the children. (Female IDI-2, Age ~ 30)
	3b. Micro-Agency Through Informal Saving	Within the constraints of economic dependency, some women exercise limited agency through small-scale saving and asset-building, representing a subtle but meaningful form of resistance to financial disempowerment	I saved up 20,000 taka and bought a small calf myself. He might not let me, but I bought it. (Female IDI-1, Age 29)
4. Child Marriage & Educational Deprivation as Vulnerability Pathways	4a. Child Marriage	Female participants describe being married well below the legal age of 18, reflecting the persistence of child marriage as a socio-economic practice that forecloses educational and vocational trajectories	I was very young, 12 years old, when I first got married. I was taken out of school. (Female IDI-2, Age ~ 30)
	4b. Truncated Education and Limited Economic Autonomy	Marriage causes direct interruption to female schooling, limiting literacy, occupational options, and the capacity to negotiate within marital relationships on an equal footing	I reached class eight, and then I was married off. I did not continue after that. (Female IDI-1, Age 29)
5. Social Shame, Honour & Enforced Silence	5a. Reputation as a Mechanism of Control	Both men and women internalise the imperative to keep marital violence private, with male participants explicitly framing disclosure, especially to a wife's natal family, as a threat to household honour	If people find out about our problems, it would harm our honor. She must not share these issues outside. (Male IDI-2, Age 45)
	5b. Penalisation of Female Help-Seeking	Women who seek refuge at their natal homes following violence are characterised by male participants as destabilising agents whose departure warrants divorce, effectively penalising survivors for using available safety strategies	If a wife goes to her father's house for simple matters, it will lead to divorce, which is the worst side of any woman. (Male IDI-1, Age 34)

Table 2 (continued)

Theme	Sub-theme	Description	Example Quote
6. Conflict Resolution Strategies & Structural Inequity	6a. Asymmetric De-escalation	Male strategies for managing conflict, temporary exit, silence, and gift-giving are consistently presented as acts of benevolent restraint rather than accountability, leaving the structural conditions of violence unaddressed	I step out of the house for a while. After some time, I come back, and everything gets resolved. (Male FGD Participant)
	6b. Absence of Institutional Recourse	No participant references formal legal mechanisms, shelter services, or community support systems as conflict resolution pathways, indicating a profound institutional gap in the rural GBV response architecture	We kept everything between the two of us. There was nowhere else to go. (Male IDI-4, Age 30)

carefully bounded acts of negotiation, suggesting that patriarchal norms are internalised to varying degrees even among those most disadvantaged by them.

This pattern is illustrated in the account of a female participant who described accepting the expectation of patience while quietly asserting her own limits within the marriage: "I stay quiet most of the time because that is what is expected of a wife. But there are things I will not accept, and I make that clear in my own way, even if I do not argue loudly." (Female IDI-1, Age 29). This excerpt substantiates the claim that women did not openly reject patriarchal expectations but engaged in subtle, bounded forms of negotiation within them [11].

3.2.2 Theme-2: domestic violence—forms, normalisation, and survivor responses

Physical, emotional, and economic forms of DV were disclosed across both male and female data sources, yet the manner in which they were narrated differed markedly by gender. Male participants who acknowledged using physical violence contextualised it within inexperience, family pressure, and economic stress, effectively constructing it as an understandable if regrettable early-marriage behaviour rather than a rights violation. A 30-year-old timber trader (Male IDI-4), described the genesis of violence in his marriage with notable directness:

"At first, there is no experience. Things were happening very fast. Yes, I did beat her. There was pressure from my family, no income, and no one liked the marriage. (Male IDI-4, Age 30)"

The causal chain offered here family disapproval, financial stress, and lack of experience constructs violence as situationally explicable, an attribution that both minimises individual accountability and identifies structural antecedents that policy interventions might target. Particularly revealing was the framing of physical violence by Mohammad Faruk Hossain, a 45-year-old with a degree and eighteen years of international migration experience, who listed a 'slap' alongside gifts and trips as one instrument among several in a marital management toolkit:

"Even if it escalates to a slap at some point, you explain it to her calmly afterwards with love and understanding. (Male IDI-2, Age 45)"

The juxtaposition of violence and gift-giving within a single coping repertoire is analytically significant, revealing the extent to which physical coercion has been assimilated into the ordinary grammar of marital relationships. For female survivors, the experience of sustained violence was narrated through an emphasis on endurance rather than

resistance. Asiya (Female IDI-2, ~ 30 years), who had been married at the age of twelve to a man who used drugs and was unable to provide for the household, described 7 years of cohabitation before self-initiated divorce:

"He used heroin and could not provide food or clothing for me. What girl wants her marriage to break up? I tried for 7 years but could not manage. (Female IDI-2, Age ~30)"

This testimony illustrates the compounding of multiple vulnerability dimensions: child marriage, economic dependency, drug-facilitated violence, and social expectations of marital persistence in a single life trajectory. The phrase 'what girl wants her marriage to break' encapsulates the normative pressure to maintain the institution of marriage even at grave personal cost. This reflects the centrality of marriage to women's social status and identity within South Asian contexts more broadly, where divorce carries substantial stigma for women, and also resonates with Johnson's [18] concept of coercive control in relationships where victims lack exit resources [18].

3.2.3 Theme-3: economic dependency and the micro-agency of women

Economic dependency emerged as the most structurally consistent vulnerability across the female dataset. Of the female participants, most were full-time homemakers with no independent income at the time of interview, having either never entered the formal labour market or having exited it following marriage or childbirth. This economic exclusion is not incidental but is systematically produced through early marriage, interrupted education, and the cultural construction of the domestic sphere as the natural domain of women. Asiya's trajectory is paradigmatic: she worked for a decade in an export processing zone, accumulating skills and financial independence, but left employment when her youngest child was 2 years old and has remained economically inactive for three to 4 years.

What is analytically striking, however, is the exercise of micro-agency within the constraints of dependency. Female IDI-1, 29 years, who earns income by selling ash and leftover wood from her husband's masonry jobs, engaged in a sustained strategy of clandestine saving that eventually enabled her to purchase livestock, an act of economic self-determination that her husband had initially refused to sanction:

"I saved up 20,000 taka and bought a small calf myself. He might not let me buy it, but I bought it and took care of it myself. (Female IDI-1, Age 29)"

This act of asset accumulation, modest in scale but symbolically significant, exemplifies what Agarwal [17] conceptualises as 'bargaining from weakness': the deployment of limited material resources to negotiate incremental gains in autonomy within structurally unequal relationships [17]. The capacity for such micro-agency is, however, unevenly distributed and remains entirely contingent on the tolerance of the husband, underscoring that women's financial agency in this context is always conditional rather than substantive.

3.2.4 Theme-4: child marriage and educational deprivation as intersecting vulnerability pathways

Child marriage functioned in the data as a structurally generative vulnerability: an entry point that forecloses education, narrows occupational options, and positions young women within patriarchal household structures before they have developed the social and psychological resources to negotiate their conditions. Female IDI participants were married at ages as young as twelve, with formal schooling terminated at class eight in both cases, thresholds well below the level required for economically meaningful employment or legal literacy. The causal logic connecting child marriage to sustained vulnerability is not simply temporal but relational: marriage at a formative age embeds women in economic dependency during precisely the developmental window when educational and occupational capital is accumulated.

"I reached class eight, and then I was married off. I did not continue after that. My parents were not very educated either. (Female IDI-1, Age 29)"

The phrase 'my parents were not very educated either' gestures toward the intergenerational reproduction of educational deprivation, in which low parental literacy constrains both the valuation of girls' education and the household economic conditions that make continued schooling possible. Among male FGD participants, child marriage was not raised as a concern, and no male participant described educational deprivation as a factor in their wives' vulnerability. This silence is itself analytically meaningful. The absence of male reflexivity regarding the educational and marital conditions of their wives suggests that child marriage is so deeply normalised within the community that it registers not as a vulnerability but as a social given.

3.2.5 Theme-5: social shame, honour, and the enforced silencing of violence

Across both male IDIs and FGD data, a powerful normative injunction against the public disclosure of marital violence emerged as a central mechanism through which violence is insulated from accountability. The concept of 'honour' (izzat) functions in this context not as a protection for women but as an instrument of containment: it compels women to absorb violence silently to preserve the reputational standing of the household. Male participants were explicit and unself-conscious in articulating this imperative:

"If people in the village find out about our problems, our honor and respect will be damaged. She must not share these issues outside or with her parents. (Male IDI-2, Age 45)"

The instruction to conceal violence from natal family is particularly consequential because the wife's parental home represents, for many women, the only available refuge from an abusive marriage. Male participants uniformly characterised women who sought their parents' assistance as disloyal and as threats to the marriage institution. One participant went further, constructing the act of seeking parental support as the proximate cause of divorce, thereby inverting the causal relationship and locating responsibility for marital breakdown in the survivor's help-seeking rather than in the perpetrator's violence:

"If a wife leaves for her father's house or discusses the argument with anyone, destroying the reputation of her husband, it hurts a great deal. Then that quarrel will lead to divorce. (Male IDI-1, Age 34)"

This discursive inversion, positioning the survivor's response to violence as the cause of marital failure, is a textbook example of what Mahoney [24] identifies as 'separation assault' logic extended into the ideological domain [24]. Within the female FGD, participants demonstrated considerable awareness of social scrutiny. Still, they did not explicitly contest the norm of silence, suggesting that the honour imperative has been partially internalised as a self-protective strategy in communities where divorce carries severe social stigma for women (Table 1).

3.2.6 Theme-6: conflict resolution strategies and the structural inequity of care

Male participants across all data sources described a shared repertoire of de-escalation strategies, temporary physical exit from the household, enforced silence, and material compensation through gifts or outings that consistently positioned the woman as the passive recipient of male-initiated reconciliation rather than as an active party in conflict resolution. The structural asymmetry embedded in these strategies is significant: male exit from the shared domestic space is constructed as emotional regulation, while female exit whether to a natal home or elsewhere is constructed as disloyalty. The gift-giving strategy, described by multiple male participants as a reliable method of 'making women happy,' frames reconciliation as the purchase of female compliance rather than as genuine conflict resolution:

"Give her some jewelry or a gift. Women generally love gifts. Or take her out to Paharpur or a park. If giving a gift doesn't cheer her up, we go out somewhere. (Male IDI-2, Age 45)"

Critically absent from all participant accounts was any reference to formal institutional resources, such as legal aid, women's shelters, union parishad mediation, or NGO helplines. This apparent absence in participants' accounts suggests that, from their perspective, the state and civil society do not have a strong or visible presence in the intimate sphere of marital violence in rural Joypurhat and Naogaon Districts. Conflict resolution is understood as an entirely private and familial matter, a finding with profound implications for policy design in contexts where GBV incidence remains high but institutional reach remains negligible.

Table 3 presents the vulnerability intensity matrix derived from the thematic analysis of the interview and FGD data. The matrix summarises the frequency, relative severity, and interpretive significance of the major vulnerability themes identified across the 27 participants. As shown, patriarchal gender norms, women's economic dependency, and the absence of institutional recourse emerged as the most structurally entrenched forms of vulnerability, while social shame, enforced silence, and asymmetric conflict resolution further constrained women's agency within abusive relationships.

3.3 Vulnerability intensity matrix and summary

The vulnerability intensity matrix and graphical summaries are presented to synthesise the relative prominence, severity, and distribution of the major themes identified through thematic analysis. These visual and tabular summaries do not imply statistical

Table 3 Vulnerability intensity matrix

Theme	Frequency (n = 27)	Severity Level	Interpretation
Patriarchal Gender Norms & Female Submission	24/27 (89%)	High	Near-universal acceptance of male authority norms by both genders signals deep structural entrenchment, constituting the ideological foundation upon which all other vulnerabilities rest
Domestic Violence (Physical, Emotional)	19/27 (70%)	High	High prevalence and partial normalisation of physical and emotional violence indicate that DV is a routine feature of intimate relationships rather than an aberrant occurrence
Economic Dependency of Women	23/27 (85%)	High	Female financial exclusion is structurally embedded through early marriage and withdrawal from the labour market; it represents the primary material mechanism constraining women's exit from abusive relationships
Child Marriage & Educational Deprivation	14/27 (52%)	High	Child marriage functions as an entry point into a cascade of vulnerabilities interrupted education, economic dependency, and reduced capacity to negotiate or exit abusive unions
Social Shame & Enforced Silence	21/27 (78%)	Medium– High	The honour-based silencing of violence functions as an informal governance mechanism that insulates perpetrators from accountability while isolating survivors from informal support networks
Absence of Institutional Recourse	27/27 (100%)	High	No participant referenced formal institutional support, suggesting that participants' accounts did not indicate awareness or use of formal GBV protection and redress services available in the study area
Asymmetric Conflict Resolution Strategies	22/27 (81%)	Medium	Male-dominated conflict resolution strategies silence, exit, gifts, and leave women structurally responsible for absorbing conflict outcomes without addressing underlying power inequalities

generalisability; rather, they serve as analytic tools to illustrate how different dimensions of vulnerability were patterned across the 27 participant narratives.

3.3.1 Vulnerability intensity matrix

To provide an analytic summary of the qualitative dataset, Table 3 presents a vulnerability intensity matrix derived from the thematic analysis of interview and FGD narratives. The matrix combines thematic frequency, interpretive severity, and contextual meaning across the 27 participants. As shown, patriarchal gender norms, women's economic dependency, and the absence of institutional recourse emerged as the most deeply embedded forms of vulnerability. Although intimate partner violence was discussed in direct physical and emotional terms, participants' accounts suggested that violence was sustained not only by individual acts but also by wider social expectations, economic dependency, and the silencing effects of shame and honour. Child marriage and educational deprivation appeared less frequently than some other themes, but functioned as early structural conditions that intensified later vulnerability.

Table 3 indicates that vulnerability was cumulative rather than isolated. Patriarchal gender norms and female submission formed the ideological base of the vulnerability structure, while economic dependency functioned as its principal material mechanism. The universal absence of institutional recourse is especially significant, as no participant identified meaningful formal pathways for protection, reporting, or redress. Together, these conditions narrowed women's capacity to resist abuse, seek support, or exit violent relationships. The matrix therefore, supports the interpretation that DV in the study setting is embedded within a wider system of structural gender inequality rather than limited to individual conflict alone. It should be emphasised that the percentages and counts reported in Table 3 and the accompanying figures reflect the distribution of coded themes within this specific qualitative sample of 27 participants; they are analytic

summaries of thematic coding, not statistical estimates of prevalence, and should not be generalised to the wider population of rural Bangladesh.

3.3.2 Theme frequency across participants (n = 27)

To visualize thematic prominence across the participant narratives, Fig. 2 presents the frequency with which each major theme appeared across the 27 cases. While these counts should not be interpreted as population prevalence, they help illustrate the relative prominence of different vulnerability domains within the dataset.

Figure 2 shows that the most prominent theme was the absence of institutional recourse, which was reflected in all participant accounts. Patriarchal gender norms, economic dependency, and asymmetric conflict resolution strategies were also highly prevalent, suggesting that women's experiences of abuse were structured by enduring inequalities in authority, resources, and decision-making. Social shame and enforced silence appeared frequently as mechanisms that limited disclosure and reinforced endurance. By contrast, child marriage and educational deprivation appeared in fewer accounts, but their analytical importance remained high because they often marked the beginning of a longer trajectory of dependency and constrained agency.

3.3.3 Distribution of vulnerability types

To further illustrate the multidimensional nature of vulnerability, Fig. 3 presents the proportional distribution of vulnerability types across the coding framework. This representation highlights that women's exposure to DV was not reducible to physical violence alone, but was distributed across ideological, economic, social, educational, and institutional domains.

Figure 3 demonstrates that ideological or patriarchal vulnerability constituted the largest share of the overall vulnerability structure, followed closely by economic vulnerability. This suggests that beliefs about male authority and women's subordinate status were closely intertwined with women's lack of financial autonomy. Physical and

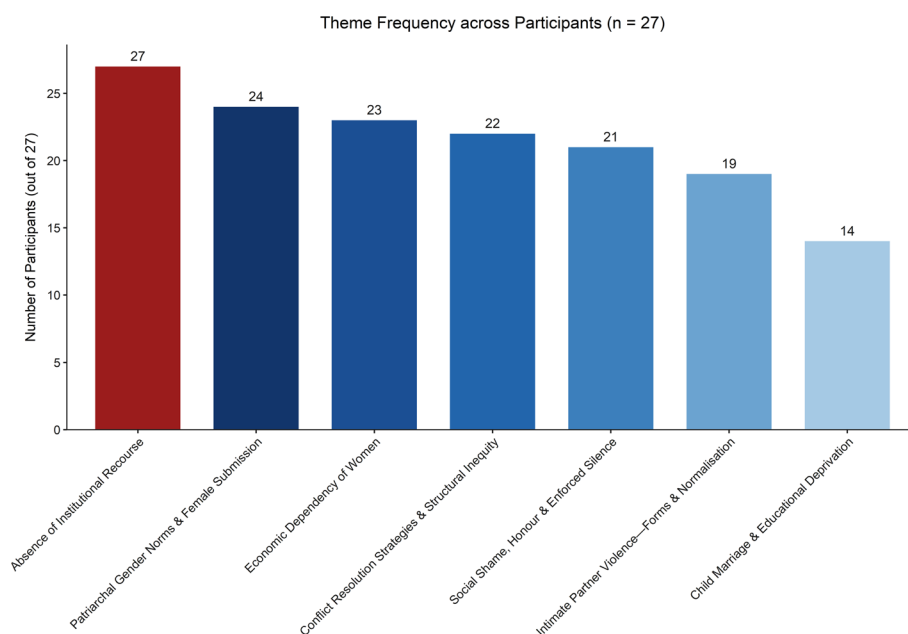


Fig. 2 Theme Frequency across Participants (n = 27)

Distribution of Vulnerability Types among Rural Women Exposed to DV, Joypurhat and Naogaon Districts, Bangladesh.

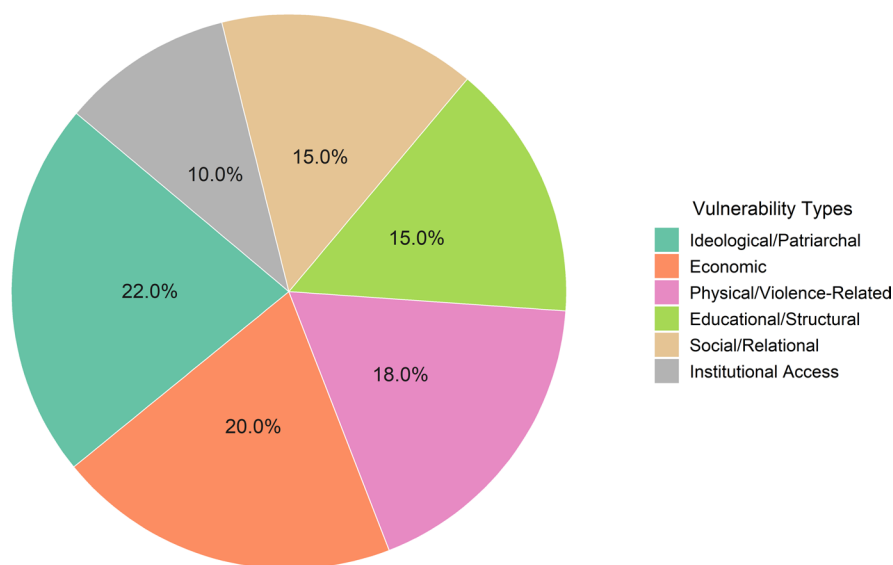


Fig. 3 Distribution of Vulnerability Types among Rural Women Exposed to DV, Joypurhat and Naogaon Districts, Bangladesh

violence-related vulnerability represented an important, but not isolated, dimension of the findings. Educational and structural vulnerability, alongside social and relational vulnerability, further show how early marriage, interrupted schooling, honour-based silence, and weak support networks combined to limit women's options. Institutional access vulnerability, although represented as a smaller proportional category, remains analytically critical because of its complete absence in participant accounts and its implications for protection and help-seeking.

4 Discussion

This study provides granular qualitative evidence of the multi-dimensional vulnerability architecture that sustains intimate partner violence against women in rural Bangladesh, drawing on data from in-depth interviews and focus group discussions conducted with married men and women in Joypurhat and Naogaon Districts. The findings reveal that DV in this context is not reducible to individual pathology or dyadic conflict but is systematically produced through the interaction of patriarchal ideology, economic exclusion, educational deprivation, child marriage, honour-based silencing, and the near-total absence of institutional intervention. Taken together, these dimensions constitute what Watts and Zimmerman [1] describe as an 'enabling environment' for violence, a set of structural conditions that normalise, facilitate, and protect the perpetration of violence against women in intimate relationships [1].

The ideological dimension of the findings is particularly striking. The pervasiveness and confidence with which male participants articulated women's obligation to exercise patience and emotional restraint as preconditions for marital peace indicates that patriarchal gender norms in rural Bangladesh have achieved a degree of cultural embedding that renders them effectively invisible as norms they are experienced as natural

order rather than as power relations. This is consistent with the theoretical proposition advanced by Bourdieu [10] in his account of 'doxa': the set of taken-for-granted assumptions about the social world that are so deeply internalised as to require no justification [10]. The practical implication of this ideological normalisation is that even participants with relatively high educational attainment such as the degree-holding IDI-2 participant who had spent eighteen years abroad, reproduced the same patriarchal framings as men with primary schooling, suggesting that education alone is an insufficient corrective in the absence of gender-transformative content.

The economic dimension of the findings corroborates and extends a substantial body of evidence from Bangladesh and comparable LMIC contexts. Koenig et al. [16], in their landmark study of IPV in Matlab, Bangladesh, documented that women's employment and asset ownership significantly reduced their risk of spousal violence, while lack of financial autonomy was a consistent predictor of vulnerability [16]. The present findings replicate this structural relationship but add nuance by documenting the micro-agency that women exercise within dependency, the informal saving, livestock purchase, and economic negotiation that represent constrained but meaningful forms of resistance. These practices resemble what Kabeer [11] terms 'bargaining from weakness' and are reminiscent of findings from studies of women's self-help groups in India and Nepal, where asset-building strategies within patriarchal households have been associated with incremental increases in women's bargaining power [11]. However, the present data also make clear that such micro-agency is always conditional on male tolerance and can be overridden at will, underscoring the limits of individual strategies in the absence of structural change. These findings also resonate with recent evidence from other LMIC settings on how broader community contexts shape relationship dynamics; for instance, Gibbs et al. [25], examining young people in informal settlements in eThekweni municipality, South Africa, found that community-level conditions of poverty and instability significantly shape couples' relationship dynamics and IPV risk, reinforcing the argument that individual-level protective factors cannot be fully understood in isolation from their structural environment [25].

The role of child marriage as a vulnerability pathway is consistent with the extensive epidemiological literature documenting the association between early marriage and elevated DV risk. Raj et al. [19] found, in a nationally representative sample from India, that women married before the age of eighteen were significantly more likely to report physical and sexual violence by intimate partners than those married after eighteen [19]. The Bangladeshi national data corroborate this pattern: despite the legal minimum age of marriage being eighteen for women, the 2017–18 Bangladesh Demographic and Health Survey reported that 59% of women aged 20–49 had been married before their eighteenth birthday [6]. The present study's qualitative evidence illuminates the mechanisms linking child marriage to DV: the truncation of education, the foreclosure of economic autonomy, the embedding of young women in patriarchal household structures during developmentally critical years, and the reduction of social and legal literacy that might otherwise enable help-seeking. That no male participant in this study identified child marriage as a form of violence or as a structural risk factor for DV underscores the ideological normalisation documented in the first theme.

The honour-based silencing of violence documented in this study echoes findings from across rural Bangladesh. Schuler et al. [26], drawing on in-depth interviews and group

discussions with rural Bangladeshi women, similarly found that patriarchal attitudes, poverty, and weak institutional responsiveness discourage women from disclosing abuse or seeking formal recourse, reinforcing silence as a survival strategy rather than passive acceptance [26]. The present findings extend this understanding by revealing the active role of male participants in constructing and enforcing the silence norm not merely as passive beneficiaries of a cultural practice but as agents who explicitly instrumentalise it to prevent accountability and forestall female help-seeking. The inversion identified in the data whereby women's departure to natal homes is constructed as the cause of marital breakdown rather than as a response to violence represents a particularly insidious discursive strategy, one that relocates blame onto survivors and effectively criminalises the only informal exit strategy available to most rural women.

The complete absence of formal institutional recourse in participants' accounts constitutes, in our assessment, the most urgent policy-relevant finding of this study. Rural Bangladesh's GBV response architecture, which in principle includes Union Parishad-level mediation, the National Legal Aid Services Organisation, multi-purpose violence against women helplines, and NGO-operated shelters, appears to have zero presence in the lived experience of the study population. This finding is consistent with Naved et al. [27], who reported that institutional help-seeking among women experiencing spousal physical violence in Bangladesh was extremely low, with only a very small minority approaching formal sources. Their analysis identified stigma, limited awareness of available services, and barriers in access to formal support as key reasons for underreporting and non-disclosure [27]. The policy implication is that supply-side interventions creating or expanding formal institutions are insufficient without demand-side work to build awareness, reduce stigma, and create the social conditions under which women feel safe to seek institutional protection [5].

This study makes several contributions to the existing literature. First, it provides rare simultaneous qualitative evidence from both male and female participants in the same communities, enabling analysis of the ideological and discursive mechanisms, not merely the behavioural outcomes through which IPV is sustained. Second, it documents the co-existence of vulnerability and micro-agency in women's lives, complicating narratives of passive victimhood and identifying entry points for empowerment-based interventions. Third, it identifies the complete absence of institutional recourse as a structural condition rather than a behavioural choice, challenging policy frameworks that focus primarily on individual help-seeking behaviour.

The findings generate several concrete policy implications. First, gender-transformative programming that engages men and boys as active participants in challenging patriarchal norms is urgently required in the study districts. Programmes such as Raising Voices' 'SASA!' model in sub-Saharan Africa, CARE's 'Indashyikirwa' couples-training programme in Rwanda, and Promundo's 'Program H' in Brazil have demonstrated measurable reductions in IPV through community-level norm-shifting work engaging both men and women; a randomised controlled trial of Indashyikirwa found significant reductions in women's experience of physical and/or sexual IPV among couples who participated in the programme [28]. Couples-based programming of this kind would be particularly valuable in the Bangladeshi context in light of the present findings, as it could support more equitable decision-making and constructive conflict-resolution and communication skills between spouses. Adaptation and rigorous evaluation

of such models in rural Bangladesh represents a high-priority research and programmatic opportunity. Second, economic empowerment interventions for married women, including group-based savings schemes, livestock and small enterprise development programmes, and linkage to formal financial services, should be designed to build on the existing micro-agency documented in this study while providing the structural scaffolding that individual strategies lack. Critically, such interventions should follow an 'economic plus' approach that intentionally combines women's economic empowerment with gender-transformative programming, rather than delivering economic components alone; this combination is important both to mitigate the risk of backlash against women who gain greater economic autonomy and to ensure more comprehensive and effective empowerment outcomes [29]. Third, child marriage elimination programming must be sustained and intensified, with particular attention to the supply-side educational retention barriers, including distance to secondary school, direct and indirect schooling costs, and gender-based safety risks in transit that drive early withdrawal from education in rural communities. Social norms-focused initiatives such as CARE's Tipping Point programme, which addresses the underlying attitudes and expectations that sustain child marriage, offer a useful model for complementing supply-side educational interventions with community-level norm change, consistent with this study's finding that early marriage is deeply normalised rather than contested within participating communities. Fourth, GBV service delivery in rural Bangladesh must be radically redesigned to close the awareness and access gap: community-based GBV facilitators, mobile legal aid services, and survivor peer-support networks offer cost-effective models for reaching women in contexts where formal institutions are geographically and socially inaccessible. However, improving the accessibility of services is not sufficient on its own; norms of honour, family privacy, and women's expected endurance of abuse must also be directly challenged, since these norms actively discourage women from using services regardless of how accessible they are made. Programmes such as SASA! and Indashyikirwa, which work explicitly to shift inequitable gender norms and to encourage community members to respond supportively to survivors, are therefore important complements to any expansion of formal service infrastructure.

5 Limitations

Several limitations of this study should be acknowledged. The use of snowball sampling, while appropriate for accessing a sensitive and hard-to-reach population, limits the representativeness of findings and precludes claims about prevalence. The translation process, despite back-translation quality checks, introduces the possibility of semantic loss in the rendering of culturally specific concepts. Both male and female participants' disclosures of violence-related experiences were self-reported and potentially subject to social desirability bias, even within the confidential interview context; this limitation is particularly salient for female participants given the honour-based silencing, fear of stigma, and reputational concerns documented throughout the findings, which may have led some women to under-report or minimise their experiences of abuse. Future research should employ longitudinal qualitative designs to track how vulnerability conditions and DV experiences change over time, and should specifically examine the experiences of women who have accessed formal institutional recourse to identify enabling factors that may be generalisable. Research examining the perspectives of community

gatekeepers, religious leaders, village elders, and union parishad officials would further illuminate the structural conditions that maintain the honour-based silence norm, and participatory action research designs could generate community-owned solutions with greater potential for sustained implementation.

6 Conclusions

This study shows that domestic violence against women in rural Bangladesh is not best understood as a series of isolated household disputes. Rather, it is produced and sustained through the interaction of patriarchal gender norms, economic marginalisation, honour-based silencing, early marriage, truncated education, and weak access to meaningful institutional support. The study's conceptual framing positions violence as a pathway-based process in which structural conditions create intersecting vulnerabilities that constrain women's agency, well-being, and exit options. This is consistent with the study's stated objectives to identify structural and normative drivers of DV, examine compounded vulnerabilities, and trace consequences for women's health and social lives.

The qualitative findings further indicate that violence is often normalised through everyday moral language that frames men's authority as natural and women's endurance as virtuous. Men's accounts commonly described patience, silence, and women's restraint as necessary for family peace, while some narratives treated slapping, intimidation, or control as manageable aspects of marital life rather than rights violations. Women's accounts, by contrast, revealed fear, strategic silence, emotional distress, economic dependency, and reputational constraints, showing that what appears as "conflict management" may in practice function as coercive adjustment to unequal power. A major contribution of the study is its demonstration that reduction of violence cannot be approached solely through individual anger control or interpersonal communication techniques. Although participants identified silence, temporary withdrawal, gifts, and gestures of care as ways of reducing immediate conflict, these strategies often left underlying gender inequality intact. The findings therefore suggest that prevention efforts must move beyond narrow behavioural advice and instead address the broader vulnerability architecture within which violence occurs.

The study also highlights an important institutional gap. Participants' accounts point to heavy reliance on private or informal regulation of violence and the near absence of formal recourse in their practical imaginaries. This implies that rural women's limited help-seeking is not simply an individual decision but a consequence of weak service visibility, limited trust, and socially sanctioned silence. The manuscript therefore supports the need for multi-level interventions that combine gender-transformative norm change, context-sensitive economic empowerment, educational retention, community-based survivor support, and more accessible rural justice and service pathways. In sum, this study contributes to the Bangladesh GBV literature by offering a relational and structurally grounded account of how violence is justified, concealed, and negotiated in rural intimate relationships. Its findings suggest that meaningful reduction of domestic violence requires not only changing how couples manage conflict, but transforming the social, economic, and institutional conditions that make women's subordination appear normal and survivable.

Acknowledgements

The authors thank all the study participants.

Author contributions

M.A.M.R. conceptualized the study, designed the methodology, conducted data curation, performed formal analysis, and contributed to writing, reviewing, and editing the manuscript. M.A.M.R. contributed to the formal study, wrote the original draft, and participated in reviewing and editing the manuscript. Authors M.A.M.R. reviewed and approved the final manuscript for submission.

Funding

This study did not receive any funding support.

Data availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

The authors affirm their unwavering commitment to ethical standards, ensuring that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2013. The study protocol was approved by the Ethical Committee of Noakhali Science and Technology University (Reference no: NSTU/SCI/EC/2025/452). Informed consent was obtained from all individual participants included in the study, reaffirming the Authors' commitment to transparency and ethical conduct.

Consent for publication

Consent to publish anonymised findings, including illustrative quotations, was obtained from all participants, with assurances that no identifying information would be disclosed in any resulting publication.

Competing interests

The authors declare no competing interests.

Received: 16 April 2026 / Accepted: 30 July 2026

Published online: 20 August 2026

References

- Watts C, Zimmerman C. Violence against women: global scope and magnitude. *Lancet*. 2002;359:1232–7.
- Violence Against Women Prevalence Estimates, 2018 Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women WHO, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED).
- UNFPA Bangladesh | 2024 Violence Against Women Survey: Intimate partner violence remains widespread in Bangladesh, impacting millions of women nationwide. https://bangladesh.unfpa.org/en/news/2024-violence-against-women-survey-intimate-partner-violence-remains-widespread-bangladesh?utm_source=chatgpt.com. Accessed 11 Apr 2026
- Naved RT, Samuels F, Le Masson V, Talukder A, Gupta T, Yount KM. Understanding intimate partner violence in rural Bangladesh Prevention and response. 2017.
- Sayem AM, Begum HA, Moneesha SS. Women's attitudes towards formal and informal support-seeking coping strategies against intimate partner violence. *Int Soc Work*. 2015;58:270–86.
- Institute of Population Research N. Bangladesh Demographic and Health Survey 2017–18. 2020.
- Mahmud-PC. English Version of the Domestic Violence (Prevention and Protection). 2010.
- Shuha TT, Akhter S, Mondal P. Exploring the role of the One Stop Crisis Centre for supporting rape victims: a study in Dhaka Medical College Hospital. *Khulna Univ Stud*. 2025. <https://doi.org/10.53808/kus.2025.22.02.1404-ss>.
- "I sleep in my own deathbed": violence against women and girls in Bangladesh : barriers to legal recourse and support. Human Rights Watch. 2020.
- Bourdieu Pierre. The logic of practice. 333. 1990.
- Kabeer N. Resources, agency, achievements: reflections on the measurement of women's empowerment. *Dev Change*. 1999;30:435–64.
- Michael P. Johnson (PDF) A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence by Michael P. Johnson. 2011. https://www.researchgate.net/publication/259905459_A_Typology_of_Domestic_Violence_Intimate_Terrorism_Violent_Resistance_and_Situational_Couple_Violence_by_Michael_P_Johnson. Accessed 11 Apr 2026.
- Banglapedia. Joypurhat District - Banglapedia. In: 2024. https://en.banglapedia.org/index.php/Joypurhat_District. Accessed 11 Apr 2026
- Naogaon District - Banglapedia. https://en.banglapedia.org/index.php?title=Naogaon_District. Accessed 11 Apr 2026
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3:77–101.
- Koenig MA, Ahmed S, Hossain MB, Mozumder ABMKA. Women's status and domestic violence in rural Bangladesh: individual- and community-level effects. *Demography*. 2003;40:269–88.
- Agarwal B. A Field of One's Own: Gender and Land Rights in South Asia. A field of one's own. 1995. <https://doi.org/10.1017/CBO9780511522000>.
- Johnson MP A typology of domestic violence: intimate terrorism, violent resistance, and situational couple violence. 2008. pp. 161.
- Raj A, Saggurti N, Lawrence D, Balaiah D, Silverman JG. Association between adolescent marriage and marital violence among young adult women in India. *Int J Gynaecol Obstet*. 2010;110:35–9.

20. Heron RL, Eisma M, Browne K. Why do female domestic violence victims remain in or leave abusive relationships? A qualitative study. *J Aggress Maltreat Trauma*. 2022;31:677–94.
21. McCloud B, Abdullah A. Theoretical analysis of the cycle of intimate partner violence: a systematic review. *Trauma Violence Abuse*. 2025;26:1064–81.
22. Osborne K, Munasinghe S, Page A. The intergenerational transmission of emotional intimate partner violence: a systematic review and meta-analysis. *J Family Viol*. 2025;2025:1–22.
23. Association WM. World medical association declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*. 2013;310:2191–4.
24. Mahoney M. Legal images of battered women: redefining the issue of separation. *Mich Law Rev*. 1991. <https://doi.org/10.2307/1289533>.
25. Gibbs A, Stern E, Washington L, et al. How do community contexts shape relationship dynamics? A case study of young people living in informal settlements in eThekweni municipality, South Africa. *Soc Sci Med*. 2026;403:119343.
26. Schuler SR, Bates LM, Islam F. Women's rights, domestic violence, and recourse seeking in rural Bangladesh. *Violence Against Women*. 2008;14:326–45.
27. Naved RT, Azim S, Bhuiya A, Persson LÅ. Physical violence by husbands: magnitude, disclosure and help-seeking behavior of women in Bangladesh. *Soc Sci Med*. 2006;62:2917–29.
28. Dunkle K, Stern E, Chatterji S, Heise L. Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. *BMJ Glob Health*. 2020. <https://doi.org/10.1136/BMJGH-2020-002439>.
29. Benefits of women's economic Empowerment interventions.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.