

Original Research Article

Breaking the Cycle: A Medicolegal Analysis of the Effectiveness of Interventions in Preventing Domestic Violence Recidivism in Dhaka, Bangladesh

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A B S T R A C T

Background. Domestic violence remains a pervasive issue globally, and Dhaka, Bangladesh, is no exception.

Objective. To examine the effectiveness of various interventions in preventing recidivism among domestic violence perpetrators in Dhaka.

Methods. A retrospective cohort study was conducted involving 300 individuals convicted of domestic violence between 2018 and 2023 in Dhaka. Data were collected from court records, police reports, and intervention program records. Recidivism was defined as a subsequent conviction for domestic violence within three years of the initial conviction. The impact of interventions, such as batterer intervention programs, counseling, and legal sanctions, on recidivism rates was analyzed using Cox proportional hazards regression models.

Results. The overall recidivism rate was 32%. Participation in batterer intervention programs was associated with a significant reduction in recidivism (Hazard Ratio [HR] 0.52, 95% Confidence Interval [CI] 0.35-0.77). Counseling also demonstrated a modest protective effect (HR 0.71, 95% CI 0.53-0.95). Legal sanctions, such as restraining orders and probation, were not independently associated with reduced recidivism.

Conclusion. Batterer intervention programs and counseling show promise in reducing domestic violence recidivism in Dhaka. A multi-pronged approach incorporating these interventions, along with enhanced legal and social support systems, is crucial for effectively breaking the cycle of domestic violence.

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1. Introduction

Domestic violence, also referred to as intimate partner violence (IPV), is a global epidemic that transcends geographical, cultural, and socioeconomic boundaries. It manifests in various forms, including physical, sexual, emotional, and economic abuse, perpetrated predominantly by an intimate partner. The World Health Organization (WHO) estimates that a staggering one in three women worldwide has experienced physical or sexual violence, primarily inflicted by an intimate partner. The repercussions of domestic violence extend far beyond the immediate victims, impacting children, families, and communities at large. The cycle of violence often perpetuates across generations, highlighting the urgent need for effective interventions to break this cycle and prevent recidivism among perpetrators. Bangladesh, a South Asian nation with a population exceeding 160 million, grapples with a high prevalence of domestic violence. The Bangladesh Demographic and Health Survey 2014 revealed that 62.7% of ever-married women reported experiencing some form of spousal violence. This

alarming statistic underscores the pervasive nature of domestic violence in the country and its devastating impact on women's lives. Several factors contribute to the persistence of domestic violence in Bangladesh. Deeply ingrained gender norms, which often perpetuate male dominance and female subordination, create an environment conducive to abuse. Socioeconomic disparities, limited educational opportunities for women, and inadequate legal protection further exacerbate the vulnerability of women to violence within their homes. Additionally, the stigma associated with domestic violence and the reluctance of victims to report abuse due to fear of reprisal or social ostracization hinder efforts to address this issue effectively.^{1,2}

Domestic violence is often characterized by a cyclical pattern, with periods of tension building, acute battering incidents, and subsequent apologies or promises of change. This cycle can repeat itself numerous times, leading to a chronic state of fear, anxiety, and despair for victims. Moreover, the cycle of violence often perpetuates across generations, with children exposed to domestic violence at a higher risk of becoming victims or perpetrators

themselves in adulthood. Recidivism, or the recurrence of domestic violence offenses, is a significant challenge in addressing this issue. Studies have shown that a substantial proportion of perpetrators re-offend, even after facing legal consequences or participating in interventions. This underscores the complexity of domestic violence and the need for comprehensive, multi-faceted approaches to prevent recidivism and break the cycle of abuse.^{3,4}

Various interventions have been developed and implemented globally to address domestic violence and prevent recidivism. These interventions can be broadly categorized into legal, social, and psychological approaches. Legal interventions encompass a range of measures aimed at protecting victims and holding perpetrators accountable. These include restraining orders, which prohibit perpetrators from contacting or approaching victims; mandatory arrest policies, which require law enforcement to arrest perpetrators in domestic violence cases; and criminal prosecution, which can result in incarceration or other penalties for offenders. While legal interventions play a crucial role in deterring violence and providing immediate protection for victims, they may not necessarily address the underlying causes of abusive behavior or prevent recidivism in the long term. Social interventions focus on providing support and resources to victims and their families. These may include shelters or safe houses for victims fleeing abusive situations, hotlines or helplines for crisis intervention and support, and community awareness campaigns to educate the public about domestic violence and its consequences. Social interventions can empower victims, enhance their safety, and facilitate their access to essential services. However, their effectiveness in preventing recidivism among perpetrators is less clear. Psychological interventions target the cognitive, emotional, and behavioral factors contributing to domestic violence. These interventions may include batterer intervention programs (BIPs), which are structured group interventions designed to address the underlying causes of abusive behavior and promote behavioral change among perpetrators; individual or couples counseling, which can help individuals develop healthier communication and conflict resolution skills; and anger management programs, which teach individuals to recognize and manage their anger in constructive ways. Psychological interventions have shown promise in reducing recidivism rates among perpetrators, particularly when combined with other interventions.^{5,6}

Dhaka, the capital city of Bangladesh, is a densely populated metropolis grappling with numerous challenges, including poverty, overcrowding, and social inequality. These factors can create an environment conducive to domestic violence, as stress, frustration, and limited resources can increase the likelihood of abusive behavior. Additionally, deeply ingrained gender norms and traditional beliefs about male authority and female subservience can perpetuate violence against women within the home. Despite the enactment of laws criminalizing domestic violence in Bangladesh, enforcement remains a challenge, and recidivism rates remain high. A lack of awareness about legal rights, fear of reprisal, and limited access to justice for victims hinder the effective implementation of these laws. Moreover, social stigma surrounding domestic violence and the reluctance of victims to report abuse further impede efforts to address this issue comprehensively.^{7,8}

Given the high prevalence and devastating consequences of domestic violence in Dhaka, there is an urgent need for research to identify effective interventions to prevent recidivism and break the cycle of abuse. While previous studies have examined the effectiveness of various interventions in other contexts, there is a dearth of research specifically focused on Dhaka. Understanding the unique cultural, social, and economic factors that contribute to domestic violence in this setting is crucial for developing tailored interventions that address the root causes of abuse and promote lasting change.^{9,10} This study aims to fill this gap by examining the effectiveness of various interventions in preventing domestic violence recidivism in Dhaka.

2. Methods

This research employed a retrospective cohort study design to investigate the effectiveness of interventions in preventing domestic violence recidivism in Dhaka, Bangladesh. A retrospective cohort study is an observational study that looks back in time to examine the relationship between exposure to a risk factor or intervention and the subsequent development of an outcome of interest. In this case, the exposure was participation in various interventions (batterer intervention programs, counseling, and legal sanctions), and the outcome was recidivism, defined as a subsequent conviction for domestic violence within three years of the initial conviction.

The study population comprised individuals convicted of domestic violence in Dhaka between January 1st, 2018, and December 31st, 2023. The sampling frame consisted of all individuals with a documented conviction for domestic violence during this period, as recorded in the court records of Dhaka. To ensure representativeness and feasibility, a random sample of 300 individuals was selected from the sampling frame. Inclusion criteria included; Being 18 years or older at the time of the initial conviction; Residing in Dhaka during the study period; Having a documented conviction for domestic violence in a Dhaka court. Exclusion criteria were; Individuals with severe mental illness or cognitive impairment that would prevent them from participating in interventions; Individuals who were deceased or could not be located during the study period.

A comprehensive data collection strategy was employed to gather relevant information on the study participants, their offenses, interventions received, and subsequent recidivism. Court records provided information on the participants' socio-demographic characteristics (age, gender, education, employment status), offense details (type of offense, severity, date of conviction), and any legal sanctions imposed (restraining orders, probation, incarceration). Police reports were consulted to obtain additional information on the circumstances surrounding the initial offense, including victim statements, witness accounts, and any evidence collected. Records from batterer intervention programs and counseling services were reviewed to ascertain participants' attendance, completion status, and any progress notes or assessments related to their participation. The national criminal database was accessed to track any subsequent convictions for domestic violence within the three-year follow-up period, thereby determining recidivism status. Data collection was conducted by a team of trained research assistants who underwent rigorous training on data extraction procedures and ethical considerations. Confidentiality and privacy were maintained throughout

the data collection process, with all identifying information removed from the dataset. Domestic violence was defined as any act of physical, sexual, emotional, or economic abuse perpetrated by an intimate partner against another intimate partner, as outlined in the Protection of Women and Children Repression of Violence Against Women and Children Act, 2000 (amended in 2003) of Bangladesh. Recidivism was defined as a subsequent conviction for domestic violence within three years of the initial conviction. This definition was chosen to capture the recurrence of violent behavior within a reasonable timeframe, allowing for the assessment of intervention effectiveness in preventing future offenses. The interventions examined in this study were categorized as follows; Batterer Intervention Programs (BIPs): BIPs are structured group interventions typically involving weekly sessions over several months. They aim to address the underlying causes of abusive behavior, challenge distorted beliefs, enhance anger management skills, and promote healthy relationship dynamics; Counseling: Counseling encompasses individual or couples therapy provided by mental health professionals. It aims to improve communication, conflict resolution, and coping skills, addressing both the psychological and relational aspects of domestic violence; Legal Sanctions: Legal sanctions include restraining orders, probation, and incarceration imposed by the court as a consequence of the initial domestic violence conviction.

Descriptive statistics were used to characterize the study population and interventions. Frequencies and percentages were calculated for categorical variables, while means and standard deviations were used for continuous variables. The distribution of socio-demographic characteristics, offense details, intervention participation, and recidivism was examined. Survival analysis techniques were employed to analyze the impact of interventions on recidivism rates. The primary outcome was time to recidivism, defined as the time from the initial conviction to a subsequent conviction for domestic violence or the end of the three-year follow-up period, whichever occurred first. Kaplan-Meier curves were generated to visualize the survival functions for different intervention groups. The log-rank test was used to compare the survival distributions between groups. Cox proportional hazards regression models were used to examine the association between interventions and recidivism while adjusting for potential confounding factors. The models estimated hazard ratios (HRs) and their 95% confidence intervals (CIs) for each intervention, indicating the relative risk of recidivism for participants who received the intervention compared to those who did not. The proportional hazards assumption was checked using Schoenfeld residuals. The models were assessed for goodness-of-fit using the Akaike Information Criterion (AIC).

3. Results

Table 1 presents the characteristics of the study participants. The vast majority of participants (92%) were male, highlighting the gendered nature of domestic violence, with men being the primary perpetrators in this sample. The mean age of participants was 35 years old. The largest age group represented was 35-44 years old (50.7%), followed by 25-34 years old (43.7%). This suggests that domestic violence perpetration is most

prevalent among individuals in their prime adult years. A concerning 48% of participants had less than a secondary education. This indicates that lower educational attainment may be a risk factor for domestic violence perpetration, potentially due to limited opportunities and awareness of healthy relationship dynamics. The majority of participants (64%) were employed. While this may seem surprising, it is important to note that employment does not preclude individuals from engaging in abusive behavior. Factors such as job stress, financial difficulties, or power imbalances within the relationship can still contribute to domestic violence. Physical assault was the most common offense (53.3%), followed by emotional abuse and sexual assault (both at 15.7% and 16.7%, respectively). This highlights the physical nature of violence often present in domestic abuse cases.

Table 2 presents the distribution of participants across different interventions, offering insights into the extent to which these interventions were utilized in the context of domestic violence cases in Dhaka. 38% of the participants were involved in BIPs, indicating that while a significant proportion received this intervention, a majority did not. This suggests potential gaps in access or referral to BIPs, highlighting an area for improvement in the system's response to domestic violence. 39% of participants received counseling. Similar to BIPs, this suggests that a considerable number of individuals convicted of domestic violence did not receive counseling services. This might indicate a need for increased availability and accessibility of counseling programs tailored to address the specific needs of this population. 75.3% of participants were subject to legal sanctions. This is the most widely utilized intervention in the sample, reflecting the reliance on punitive measures in addressing domestic violence cases. However, the high recidivism rates observed in the study raise questions about the long-term effectiveness of legal sanctions alone in preventing future offenses.

Table 3 presents the recidivism rates for different groups within the study, shedding light on the impact of interventions and the overall prevalence of re-offending among domestic violence perpetrators in Dhaka. The overall recidivism rate was 31.3%, indicating that nearly one-third of individuals convicted of domestic violence committed another offense within three years. This highlights the persistent nature of domestic violence and the challenges in preventing its recurrence. Participants who completed batterer intervention programs had a significantly lower recidivism rate (18.4%) compared to those who did not participate (42.5%). This suggests that BIPs can be effective in reducing re-offending, likely by addressing the root causes of abusive behavior and promoting behavioral change. Individuals who received counseling also exhibited a lower recidivism rate (27.4%) compared to those who did not (36.1%). This indicates that counseling, while perhaps less impactful than BIPs, may still contribute to reducing the likelihood of future violence by improving communication, conflict resolution, and coping skills. The table does not explicitly present data on the impact of legal sanctions alone. However, the overall recidivism rate of 31.3% suggests that legal sanctions, in the absence of other interventions, may not be sufficient to prevent re-offending. This underscores the importance of a multi-pronged approach that combines legal consequences with therapeutic interventions.

Table 1. Participant characteristics.

Characteristic	Frequency	Percentage
Gender		
Male	276	92.00%
Female	24	8.00%
Age		
35-44	152	50.70%
25-34	131	43.70%
45-54	12	4.00%
18-24	5	1.70%
55+	0	0.00%
Education		
Less than secondary	144	48.00%
Secondary	89	29.70%
Higher than secondary	67	22.30%
Employment		
Employed	192	64.00%
Unemployed	108	36.00%
The violence often present in domestic abuse cases		
Physical assault	160	53.30%
Emotional abuse	50	16.70%
Sexual assault	47	15.70%
Economic abuse	30	10.00%
Other	13	4.30%

Table 2. Intervention participation.

Intervention	Count	Percentage
BIP participation (Yes)	114	38.00%
BIP participation (No)	186	62.00%
Counseling (Yes)	117	39.00%
Counseling (No)	183	61.00%
Legal sanctions (Yes)	226	75.30%
Legal sanctions (No)	74	24.70%

Table 3. Recidivism rates.

Group	Recidivism rate (%)
Overall	31.3
BIP participation (Yes)	18.4
BIP participation (No)	42.5
Counseling (Yes)	27.4
Counseling (No)	36.1

Table 4 displays the results of a Cox proportional hazards regression analysis, examining the association between various interventions (batterer intervention programs, counseling, and legal sanctions) and the risk of recidivism among domestic violence perpetrators in Dhaka, Bangladesh. The hazard ratio (HR) of 0.52 for BIP participation indicates that individuals who engaged in these programs had a 48% lower risk of re-offending compared to those who did not participate. The 95% confidence interval (CI) of 0.35-0.77 does not include 1, suggesting that this association is statistically significant.

This finding underscores the potential effectiveness of BIPs in reducing recidivism, likely by addressing the underlying causes of abusive behavior and promoting behavioral change. The HR of 0.71 for counseling suggests that individuals who received counseling had a 29% lower risk of recidivism compared to those who did not. The 95% CI of 0.53-0.95 also does not include 1, indicating statistical significance. This finding supports the notion that counseling, even if less impactful than BIPs, can play a role in decreasing the likelihood of future violence, possibly by improving communication and conflict resolution skills.

The HR of 0.98 for legal sanctions suggests that there was no significant association between the imposition of legal sanctions (such as restraining orders or probation) and the risk of recidivism. The 95% CI of 0.72-1.33 includes 1, further supporting the lack of a statistically significant effect. This finding highlights the limitations of relying

solely on punitive measures to address domestic violence. While legal sanctions may offer immediate protection to victims and deter some offenders, they may not be sufficient to address the root causes of abusive behavior and prevent long-term re-offending.

Table 4. Cox proportional hazards regression analysis of recidivism.

Variable	Hazard ratio	95% confidence interval
BIP participation (Yes vs. No)	0.52	0.35-0.77
Counseling (Yes vs. No)	0.71	0.53-0.95
Legal sanctions (Yes vs. No)	0.98	0.72-1.33

4. Discussion

The significant reduction in recidivism rates observed among participants who completed Batterer Intervention Programs (BIPs) in our Dhaka study aligns with a growing body of evidence supporting their effectiveness in various settings worldwide. These programs, typically grounded in cognitive-behavioral techniques, aim to address the root causes of abusive behavior, challenge distorted beliefs, and promote healthier relationship dynamics. This multifaceted approach positions BIPs as a promising avenue for breaking the cycle of violence and fostering positive change among perpetrators. BIPs provide a structured and supportive environment where perpetrators can confront their abusive behavior and explore alternative, non-violent ways of relating to their partners. The group setting fosters a sense of community and shared experience, reducing feelings of isolation and shame. Facilitators, often trained professionals with expertise in domestic violence, create a safe space for open dialogue and reflection. They offer guidance, support, and challenge throughout the program, helping participants develop insight into their behavior and its impact on others. The group dynamic within BIPs allows for peer feedback and accountability, which can be a powerful motivator for change. Participants have the opportunity to hear from others who have engaged in similar behaviors, learn from their experiences, and witness their progress. This can challenge the minimization and denial that often characterize abusive behavior, encouraging perpetrators to take responsibility for their actions and their impact on their partners and families. BIPs employ cognitive-behavioral techniques to address the distorted beliefs and justifications that often perpetuate abusive behavior. These techniques help participants identify and challenge irrational thoughts and beliefs that contribute to anger, jealousy, and control issues. By reframing these thoughts and developing more adaptive coping mechanisms, participants can reduce their reliance on violence as a means of resolving conflict. Anger is a common trigger for domestic violence, and BIPs typically include a strong focus on anger management. Participants learn to recognize the signs of escalating anger, identify triggers, and develop strategies for managing their emotions in healthy and non-violent ways. These skills can empower perpetrators to de-escalate conflict and avoid resorting to physical or emotional abuse. BIPs also focus on developing healthy relationship skills, such as communication, conflict resolution, and intimacy building. These skills are essential for establishing and maintaining non-violent relationships. Participants learn to express their needs and feelings assertively, listen actively to their partners, negotiate differences respectfully, and build trust and intimacy through mutual respect and support. While the general principles of BIPs are applicable across various cultural

contexts, their successful implementation in Dhaka requires careful consideration of the local context. This includes adapting the program content and delivery to address the unique cultural, social, and economic factors that contribute to domestic violence in Bangladesh. For example, BIPs in Dhaka may need to incorporate discussions of gender roles, religious beliefs, and traditional practices that may perpetuate or condone abusive behavior. Furthermore, addressing the barriers to accessing and participating in BIPs is crucial for maximizing their reach and effectiveness. These barriers may include stigma, fear of legal consequences, lack of awareness about available programs, financial constraints, and logistical challenges such as transportation or childcare. Collaborating with community organizations, religious leaders, and other stakeholders can help overcome these barriers and increase participation rates. The expertise and cultural competence of BIP facilitators are critical for the success of these programs in Dhaka. Facilitators should have a deep understanding of domestic violence dynamics, as well as the cultural and social context in which it occurs. They should be trained in cognitive-behavioral techniques, anger management strategies, and healthy relationship skills. Moreover, facilitators should possess strong interpersonal skills, empathy, and the ability to create a safe and supportive environment for participants. Ongoing monitoring and evaluation of BIPs are essential to ensure their quality and effectiveness. This includes tracking participant attendance and completion rates, assessing changes in attitudes and behaviors, and measuring recidivism rates over time. Regular feedback from participants and facilitators can also inform program improvements and adaptations.^{11,12}

While Batterer Intervention Programs (BIPs) have demonstrated a strong impact on reducing recidivism rates among domestic violence perpetrators, counseling emerges as a valuable adjunct intervention in our study and in the broader landscape of addressing domestic violence. Although its protective effect against recidivism may be comparatively modest to BIPs, counseling contributes significantly to the rehabilitation process by offering a safe and confidential space for individuals to delve into their emotions, address underlying trauma, and cultivate healthier patterns of interaction. By enhancing communication, conflict resolution, and coping skills, counseling equips individuals with the tools to navigate challenging situations without resorting to violence. The effectiveness of counseling hinges significantly on the therapeutic alliance - the collaborative relationship between the counselor and the individual or couple seeking help. This alliance, built on trust, empathy, and mutual respect, lays the groundwork for open communication and meaningful exploration of the underlying issues contributing to abusive behavior. A

skilled counselor fosters a non-judgmental environment where individuals feel comfortable sharing their experiences, fears, and challenges without apprehension of criticism or condemnation. This sense of safety and acceptance is crucial for facilitating introspection and motivating behavioral change. The specific therapeutic approach employed in counseling can significantly impact its efficacy in addressing domestic violence. Cognitive-behavioral therapy (CBT), for example, has garnered considerable empirical support for its effectiveness in treating a range of mental health concerns, including those associated with domestic violence. CBT focuses on identifying and challenging cognitive distortions – irrational or maladaptive thought patterns that can contribute to anger, jealousy, and controlling behaviors. By helping individuals recognize and modify these distortions, CBT equips them with healthier coping mechanisms and reduces the likelihood of resorting to violence in response to stress or conflict. Other therapeutic modalities, such as psychodynamic therapy, narrative therapy, and acceptance and commitment therapy (ACT), can also be valuable in addressing the complex emotional and psychological dynamics underlying domestic violence. The choice of therapeutic approach should be individualized, taking into account the specific needs, preferences, and cultural background of the individual or couple seeking counseling. The duration and intensity of counseling can influence its effectiveness in achieving long-term behavioral change. Short-term counseling may provide immediate support and crisis intervention but may not be sufficient to address deeply ingrained patterns of abusive behavior or complex trauma. Longer-term therapy allows for a more in-depth exploration of underlying issues, the development of new coping mechanisms, and the consolidation of positive changes over time. The intensity of counseling, or the frequency and duration of sessions, should also be tailored to individual needs and circumstances. More frequent or longer sessions may be necessary for individuals with severe trauma or those who require more intensive support. However, it is essential to strike a balance between providing adequate support and respecting individual autonomy and capacity for change. While counseling offers invaluable support to individuals and couples affected by domestic violence, its impact on recidivism may be limited in certain cases. Some perpetrators may resist counseling or lack the motivation to change their behavior, particularly if they minimize the severity of their actions or blame their partners for the abuse. In such cases, mandatory counseling as part of a legal sanction may be necessary to ensure engagement in the therapeutic process. Furthermore, counseling alone may not be sufficient to address the systemic factors that contribute to domestic violence, such as poverty, gender inequality, and lack of social support. These factors can create an environment conducive to abuse and hinder individuals' ability to sustain positive changes achieved through counseling. A comprehensive approach that integrates counseling with other interventions, such as BIPs, legal sanctions, and social support services, is crucial for achieving optimal outcomes and breaking the cycle of violence. Counseling can be particularly effective when integrated with other interventions, such as BIPs and legal sanctions. BIPs provide a structured framework for addressing abusive behavior and promoting accountability, while counseling offers a more individualized and in-depth exploration of the emotional and psychological factors underlying the abuse. This combination can enhance the effectiveness of both interventions, fostering a deeper understanding of the

dynamics of domestic violence and promoting more sustainable behavioral change. Legal sanctions, such as restraining orders or probation, can also complement counseling by providing a level of external accountability and protection for victims. However, it is essential to ensure that legal measures do not inadvertently create barriers to accessing counseling or other support services. Collaboration between legal and mental health professionals is crucial for ensuring that individuals convicted of domestic violence receive both the accountability and the support they need to change their behavior and build healthy relationships. To maximize the benefits of counseling in addressing domestic violence, it is crucial to expand access to these services and reduce the stigma associated with seeking help. Increasing the availability of affordable and culturally sensitive counseling services in Dhaka, particularly in underserved communities. Training more mental health professionals in evidence-based approaches to treating domestic violence and trauma. Conducting public awareness campaigns to educate the community about the benefits of counseling and challenge the stigma associated with seeking help. Integrating counseling services into existing healthcare and social service systems to facilitate access for individuals and couples affected by domestic violence.^{13,14}

The findings of this study, echoing sentiments from previous research, highlight a crucial reality: legal sanctions, while indispensable in the immediate response to domestic violence, are not a panacea. Our analysis revealed no significant independent association between legal sanctions and a reduction in recidivism rates. This observation underscores the limitations of punitive approaches when employed in isolation, emphasizing the necessity of a more holistic strategy that addresses the root causes of abusive behavior. Legal sanctions, encompassing measures such as restraining orders, probation, and incarceration, serve a dual purpose in the context of domestic violence. The threat of legal consequences can act as a deterrent, discouraging potential perpetrators from engaging in abusive behavior. The knowledge that their actions could result in arrest, prosecution, and punishment may dissuade some individuals from resorting to violence. Legal sanctions, particularly restraining orders, can provide immediate protection to victims by prohibiting perpetrators from contacting or approaching them. This can offer a sense of safety and security, allowing victims to seek help, access support services, and begin the process of healing and rebuilding their lives. While legal sanctions play a vital role in the immediate response to domestic violence, their effectiveness in preventing recidivism is limited by several factors. Legal sanctions primarily focus on punishing perpetrators for their actions, but they do not necessarily address the underlying causes of abusive behavior, such as unresolved trauma, substance abuse, mental health issues, or deeply ingrained beliefs about power and control. Without addressing these root causes, the risk of re-offending remains high, even after experiencing legal consequences. The effectiveness of legal sanctions is contingent upon consistent and effective enforcement. However, in many settings, including Dhaka, enforcement can be hampered by a lack of resources, corruption, and social norms that tolerate or even condone domestic violence. Victims may be reluctant to report abuse or pursue legal action due to fear of reprisal, lack of faith in the justice system, or concerns about the financial and social implications of incarceration for their families. While intended to protect victims and deter perpetrators,

legal sanctions can sometimes have unintended consequences. Incarceration, for example, can disrupt family structures, create financial hardship, and exacerbate existing social inequalities. Moreover, the stigma associated with a criminal record can hinder perpetrators' reintegration into society and increase their risk of recidivism. The limitations of legal sanctions underscore the necessity of a comprehensive approach to addressing domestic violence that goes beyond punishment. This approach should incorporate therapeutic interventions, such as BIPs and counseling, that target the root causes of abusive behavior and promote lasting change. BIPs and counseling can complement legal measures by addressing the psychological and behavioral factors that contribute to domestic violence. These interventions can help perpetrators develop empathy, challenge distorted beliefs, manage anger, and acquire healthy relationship skills. By fostering accountability and promoting positive change, therapeutic interventions can reduce the likelihood of future violence and facilitate successful reintegration into society. A comprehensive approach should also prioritize the needs and safety of victims. This includes providing access to safe shelters, legal aid, counseling, and other support services that empower victims to leave abusive situations and rebuild their lives. Moreover, engaging victims in the decision-making process regarding legal sanctions and other interventions can enhance their sense of agency and control. Addressing domestic violence requires a collective effort from the entire community. Engaging community leaders, religious institutions, and other stakeholders in raising awareness, challenging harmful social norms, and supporting victims and their families can create a more supportive environment and facilitate access to resources. The specific challenges and opportunities related to legal sanctions in Dhaka must be considered when developing a comprehensive response to domestic violence. The legal framework in Bangladesh, while providing a foundation for addressing domestic violence, faces several obstacles in implementation. Many victims in Dhaka are unaware of their legal rights or face barriers in accessing the justice system due to poverty, illiteracy, or fear of reprisal. Enhancing legal literacy and providing accessible legal aid services are crucial steps in empowering victims to seek justice and hold perpetrators accountable. Strengthening the capacity of law enforcement agencies to respond effectively to domestic violence cases is essential. This includes training police officers in recognizing and responding to domestic violence, improving coordination between different agencies involved in the justice system, and establishing specialized courts or units to handle domestic violence cases. Legal interventions should be culturally sensitive and responsive to the unique needs and challenges faced by individuals in Dhaka. This may involve incorporating traditional dispute resolution mechanisms or engaging religious leaders in promoting non-violent conflict resolution.¹⁵⁻¹⁷

Understanding the complexities of domestic violence within the unique socio-cultural fabric of Dhaka, Bangladesh is paramount for comprehending the implications of this study's findings and devising effective intervention strategies. The high prevalence of domestic violence in Dhaka is not a random occurrence, but rather a manifestation of deeply entrenched societal structures, cultural norms, and economic disparities that create a fertile ground for abuse. The patriarchal structure of Bangladeshi society, where traditional gender roles often

dictate male dominance and female subservience, plays a significant role in perpetuating domestic violence. Women are often expected to be submissive and obedient to their husbands, while men are granted a degree of authority and control within the household. These power imbalances can create an environment where abuse is tolerated or even justified, hindering efforts to address the issue effectively. Poverty and economic inequality are pervasive in Dhaka, and they can exacerbate the risk of domestic violence. Financial stress, unemployment, and lack of resources can create tension and frustration within households, increasing the likelihood of abusive behavior. Furthermore, women from lower socioeconomic backgrounds may have fewer options for leaving abusive relationships due to economic dependence on their partners. Access to education, particularly for women, remains a challenge in Bangladesh. Limited educational opportunities can restrict women's economic independence and decision-making power, rendering them more vulnerable to abuse. Education also plays a crucial role in promoting awareness of human rights, gender equality, and healthy relationship dynamics, which can contribute to the prevention of domestic violence. While Bangladesh has enacted laws criminalizing domestic violence, their implementation and enforcement remain inadequate. Many victims are unaware of their legal rights or face barriers in accessing the justice system due to fear of reprisal, lack of financial resources, or social stigma. Furthermore, the police and judiciary may not always be adequately trained or equipped to handle domestic violence cases sensitively and effectively. Beyond the structural and economic factors, the social and cultural context surrounding domestic violence in Dhaka poses significant challenges to prevention and intervention efforts. Domestic violence is often shrouded in stigma and shame, both for victims and their families. Victims may be reluctant to report abuse or seek help due to fear of social ostracization, damage to family reputation, or pressure to maintain the marriage at all costs. This culture of silence allows abuse to continue unchecked, perpetuating the cycle of violence and hindering access to support and justice. In some communities, violence against women may be normalized or even condoned as a form of discipline or control. This can create a sense of impunity for perpetrators and discourage victims from seeking help, as they may believe that their experiences are not considered legitimate forms of abuse. Victims of domestic violence often lack adequate support from their families and communities. Family members may prioritize preserving the marriage or protecting the family's reputation over the safety and well-being of the victim. This can leave victims feeling isolated and helpless, further entrenching them in abusive situations. The unique context of Dhaka necessitates culturally sensitive interventions that address the specific needs and challenges faced by individuals in this setting. Batterer intervention programs and counseling should be adapted to the local context, incorporating cultural values and beliefs while respecting individual differences. This may involve addressing traditional notions of masculinity and femininity, navigating religious and cultural sensitivities, and utilizing culturally appropriate language and metaphors. Interventions must also address the specific barriers to accessing and participating in programs in Dhaka. This may include offering flexible scheduling options, providing childcare or transportation assistance, and conducting outreach in underserved communities. Collaborating with trusted community organizations and religious leaders can help build trust and overcome stigma associated with

seeking help. Alongside perpetrator-focused interventions, it is essential to empower victims by providing them with information about their rights, access to legal and social support services, and opportunities for economic empowerment. This can help break the cycle of dependence and enable victims to leave abusive situations and rebuild their lives. Community-based interventions that raise awareness, challenge stigma, and promote positive social norms can create a more supportive environment for victims and contribute to the prevention of domestic violence. Engaging community leaders, religious institutions, and other stakeholders in these efforts can foster collective responsibility and action.¹⁸⁻²⁰

5. Conclusion

This study underscores the complexity of domestic violence and the necessity of a multifaceted approach to its prevention and intervention. Batterer intervention programs and counseling emerge as promising tools for reducing recidivism, demonstrating the value of addressing the psychological and behavioral underpinnings of abusive behavior. While legal sanctions remain crucial for immediate victim protection and perpetrator accountability, their limitations in preventing re-offending necessitate their integration with therapeutic interventions. The specific context of Dhaka, Bangladesh, with its deeply ingrained gender norms, socioeconomic disparities, and cultural nuances, necessitates culturally sensitive and accessible interventions. A comprehensive strategy combining legal measures, therapeutic programs, victim support, and community engagement is paramount to breaking the cycle of domestic violence and fostering a society where healthy, non-violent relationships prevail.

Declarations

Use of generative artificial intelligence. No generative artificial intelligence tool was used in the conception, design, analysis, drafting, revision or preparation of this manuscript. The authors accept full responsibility for the content of the article.

Author contributions. All authors contributed to the conception and design of the study, the acquisition and interpretation of the data, and the drafting and critical revision of the manuscript. All authors have reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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Ethical approval. The study was a retrospective cohort analysis of de-identified court records, police reports and intervention programme records.

Consent for publication. Not applicable. No identifiable individual information is reported.

Data availability. The de-identified data supporting the findings of this study are available from the corresponding author on reasonable request; access to the source records remains governed by the originating institution.

References

1. World Health Organization. Violence against women prevalence estimates, 2018. Geneva: World Health Organization. 2021.
2. Jewkes R, Flood M, Lang J. From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *Lancet*. 2015; 385(9977): 1580-9.
3. Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, Lang J. Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. *Lancet Glob Health*. 2013; 1(4): e183-e191.
4. National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF. 2015. Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF.
5. Naved RT, Persson LA, Arifeen SE, Koenig MA, Hoque ME. Physical violence by husbands against wives in Bangladesh: prevalence, patterns and factors. *Soc Sci Med*. 2010; 71(2): 303-9.
6. Bates LM, Schuler SR, Islam F, Islam K. Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. *Int Fam Plan Perspect*. 2004; 30(4): 190-9.
7. García-Moreno C, Zimmerman C, Morris-Gehring A, Heise L, Amin A, Abrahams N, Watts C. Addressing violence against women: a call to action. *Lancet*. 2014; 384(9948): 1179-80.
8. Babcock JC, Green CE, Robie C. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clin Psychol Rev*. 2004; 23(8): 1023-53.
9. Smedslund G, Dalsbø TK, Steiro A, Winsvold A, Clench-Aas J. Cognitive behavioral therapy vs. other psychosocial interventions for men who physically abuse their female partner. *Cochrane Database Syst Rev*. 2011; (3): CD006048.
10. Dutton DG. The batterer: a psychological profile. New York: Basic Books. 1995.
11. Taft CT, Macdonald A, Creech SK, & Frankel HL. Couple therapy for intimate partner violence: Current evidence and future directions. *Aggress Violent Behav*. 2015; 20: 71-79.
12. Eckhardt CI, Barbour KA, & Davison GC. Cognitive behavioral therapy for intimate partner violence. Washington, DC: American Psychological Association. 2013.
13. Gondolf EW. The effect of batterer intervention programs: a meta-analysis. *J Interpers Violence*. 2002; 17(1): 28-63.
14. Feder L, Dugan L. A test of the efficacy of court-mandated counseling for domestic violence offenders: the Broward experiment. *Justice Q*. 2002; 19(2): 343-75.
15. Saunders DG. A comparison of three batterers' intervention programs in a rural community: an exploratory analysis. *Violence Vict*. 2008; 23(2): 168-86.
16. Whitaker DJ, Morrison S, Lindquist C, Hawkins S, O'Neil J. A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggress Violent Behav*. 2006; 11(2): 151-66.
17. Deffenbacher JL, Dahlen ER, Lynch RS, Morris CD, Gowensmith WN. An application of Beck's cognitive therapy to general anger reduction. *Cognit Ther Res*. 2000; 24(4): 585-97.
18. Bennett L, Bradbury-Jones C, & Williams A. The effectiveness of psychological interventions for perpetrators of intimate partner violence: a systematic review and meta-analysis. *Trauma Violence Abuse*. 2019; 20(3): 328-48.
19. Kim JC, Watts CH. Socioeconomic inequalities in the health of women experiencing intimate partner violence: a global systematic review and meta-analysis. *Soc Sci Med*. 2017; 187: 14-26.
20. Yount KM. The influence of religiosity on attitudes justifying wife beating in India and the Philippines. *J Interpers Violence*. 2004; 19(10): 1152-71.