

**count
me IN!**

research report
violence against
disabled, lesbian,
and sex-working
women in
bangladesh,
india, and nepal

**count me IN! Research Report on
Violence Against Disabled, Lesbian, and Sex-working
Women in Bangladesh, India, and Nepal**



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FOREWORD

The **count me IN!** *Research Report on Violence Against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal* emerges out of a two-year-long intensive study, spanning three countries—Bangladesh, India, and Nepal. The research was anchored at and coordinated by CREA, New Delhi.

Any research on violence against women remains inadequate if it does not take into account the causes and consequences of violence when gender identities intersect with other identities based on sexuality, disability, or occupation. This inadequacy results in the development of poor strategies—legal or otherwise—for combating violence, as they fail to take on board the lived experiences of women who are pushed to the margins of society, as well as in our collective imagination.

‘Marginalisation’ in this research is defined to include women who sell sex, women who have a disability, and women who are lesbian. On the spectrum of marginalisation, there are many more categories of women, and choosing to focus on only these three groups was a difficult process. The three groups of women were selected on the basis of CREA’s capacity and interest around sexuality, disability, and violence, and because only a limited number of groups could be included in the study.

The findings of the research show the overwhelming prevalence of violence in the lives of marginalised women, and have helped us understand how, in many ways, violence still remains the most powerful tool for gender subordination. Despite many legal achievements of the women’s movements in these three South Asian countries, violence has systemically been used by State and non-State actors to exclude marginalised women from freely, fully, and fearlessly participating as rights-bearing citizens in the public and private spheres.

As an organisation, taking on the responsibility of carrying out an in-depth research of this nature and scale was a big challenge for CREA. However, it was an important challenge, in keeping with CREA’s abiding focus on understanding rights from an intersectional perspective. Bringing to the fore the experiences of disabled women, lesbian women, and sex-working women was a political commitment to *counting in* women who are on the margins.

This research furthers CREA's larger commitment to building solidarity with women fighting, negotiating, and affirming their rights—even under the most oppressive of circumstances. And, it is this experience of resistance to patriarchy, hetero-normativity, and ableism that provides inspiration and hope for imagining a future of equality, freedom, and celebration of diversities.

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In imagining and working on this **count me IN!** *Research Report on Violence Against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal*, we have been privileged to collaborate with and be supported by an amazing community of survivors, activists, and donors. CREA thanks the Dutch Ministry's MDG3 Fund for believing in us and in this project, and for financially supporting it.

The women who live each day under the threat of renewed violence—thank you for your courage and resilience, and for trusting us with your stories.

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Your support, dedication, and immense trust help us in our work towards building a more just and peaceful world, where everyone lives with dignity, respect, and equality.

CREA Team

ABBREVIATIONS

AAN – ActionAid Nepal

ADB – Asian Development Bank

ARROW – Asian-Pacific Resource and Research Centre for Women

ASK – Ain o Salish Kendra

APCD – Asia-Pacific Development Center on Disability

BDT – Bangladeshi Taka (currency)

BIDS – Bangladesh Institute of Development Studies

BLAST – Bangladesh Legal Aid and Services Trust

BWLA – Bangladesh Women Lawyers Association

BPL – Below Poverty Line

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CEHAT – Centre For Enquiry In Health And Allied Themes

CRDC – Creative Rural Development Centre, Nepal

CREHPA – Center for Research on Environment Health and Population Activities

CSE – Commercial Sexual Exploitation

FAO – Food and Agriculture Organisation

FSW – Female Sex Worker

FWLD – Forum for Women, Law and Development

GBV – Gender-based Violence

IBBA – Integrated Behavioral And Biological Assessment

ICF – International Classification of Functioning, Disability and Health

ICLEN – International Clinical Epidemiologists’ Network

ISST – Institute of Social Studies Trust

IQR – Inter-quartile Range

MWSCW – Ministry of Women, Children and Social Welfare

NACO – National AIDS Control Organisation

NCDW – National Council of Disabled Women

NCRB – National Crime Records Bureau

NGO – Non-governmental Organisation

NFDN – National Federation of the Disabled Nepal

NPR – Nepali Rupee

NRC – National Research Council

PRP – Police Reform Programme

RDS – Respondent-driven sampling

READ – Research Evaluation Associated for Development

SANGRAM – Sampada Gramin Mahila Sanstha

SARPV – Social Assistance and Rehabilitation for the Physically Vulnerable

SEHD – Society for Environment and Human Development

TARSHI – Talking About Reproductive And Sexual Health Issues

UNCRPD – UN Convention on the Rights of Persons with Disabilities

UNDAW – United Nations Division for the Advancement of Women

UNIFEM – United Nations Development Fund for Women

UNODC – United Nations Office on Drugs and Crime

UPR – Universal Periodic Review

VAW – Violence Against Women

VSC – Victims Support Centre

WHO – World Health Organization

WOREC – Women’s Rehabilitation Centre, Nepal

GLOSSARY OF TERMS

Accha – Good

Altu Faltu – Shady

Barwali – Bar girl

Beshya – Sex worker

Bhalu – Sex worker (slang)

Chukri – Bonded sex worker in brothel

Come out – To openly acknowledge their sexual orientation

Dalal – Pimp

Dhanda – Prostitution

Dhandewali – Sex worker

Didi – Older sister/woman

Gharwali – Madam

Hafta – Bribe

Hajat – Custody

Hijra or Hijada – Physiological males who have feminine gender identity

Jomider –Landlord

Kacchra – Rubbish

Kharab – Spoiled

Lok Lojja – Public shame

Lungi – Skirt-like dress for men

Magi – Woman (slang)

Mastaan – Male boss

Paribarik Shomman –Family honour

Randi – Slut/whore

Sahuni – (Brothel) Owner

Sati – Burning of the bride on the pyre of husband

Shardani – Madam

Thana – Police station

Thekhadar – Housing contractor

Yaba – Speed (drug)

EXECUTIVE SUMMARY

The **count me IN!** *Research Report on Violence Against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal* is based on the first ever multi-country research study on violence faced by disabled women, lesbian women, and female sex workers (FSWs) in three countries in South Asia—Bangladesh, India, and Nepal. CREA conducted the research study in partnership with University College London (UCL); James P Grant School of Public Health, BRAC University, Bangladesh; Society for Nutrition, Education, and Health Action (SNEHA), India; and Centre for Research on Environment Health and Population Activities (CREHPA), Nepal. This report collates the findings and recommendations that emerged from the three country studies carried out by the research partners, under the aegis of CREA and UCL.

Although significant strides have been made towards gender equality and women's empowerment in many parts of the world, violence against women (VAW) continues to be a pressing issue for the South Asian agenda. Violence against women who are marginalised on the basis of sexuality or gender expression is particularly high. Yet, it remains under-reported and under-addressed because of the stigma and discrimination associated with them.

The study investigated the hypothesis that women who are outside the mainstream of the South Asian society suffer higher rates of violence and are often unable to seek and receive protection from State agencies. Women who are outside the mainstream on account of, for example, their sexuality (women who have sex with women), their occupation (women who sell sex), their age (women who are young and never married), or their physical or mental ability to assert themselves (women with physical or mental disability) are at an increased risk of violence. They are systematically restricted in their access to resources and are unable to fully participate in society.

A global literature review of various peer-reviewed research studies, focusing on disabled women, lesbian women, and FSWs, revealed that the overwhelming majority of these were conducted in North America. Only one of the identified studies was undertaken among the FSWs in Dhaka, Bangladesh. This highlights the existence of gaps in the evidence about or from South Asia. This report is a first step towards filling in some of these gaps in research by looking at the intersections of marginalisation, gender, and violence against women (VAW) in South Asia.

The fundamental rationale behind the research study was to foreground the voices of these three groups of marginalised women. The study aimed at making their concerns, experiences, and struggles central to the ways in which VAW is understood, and laws and policies are shaped.

METHODOLOGY

This study included both qualitative and quantitative researches in Bangladesh, India, and Nepal. Over 1600 disabled women, lesbian women, and female sex workers participated in the quantitative surveys and 157 participated in the qualitative study. Women who had a known history of experiencing of violence were recruited on purpose for the qualitative studies.

The findings from the research were supplemented with interviews with 34 service providers, including counsellors, police officials, health workers, and care-givers. In addition, policy analysis and a detailed review of the existing literature were also conducted. Based on these, policy recommendations specific to the situation and relevant to the context in the three countries were formulated.

In India and Nepal, these policy recommendations were shared with 31 key decision-makers and policymakers with a stake in addressing violence against marginalised women. The aim was to perceive the acceptability and feasibility of the recommendations. These stakeholders included media personnel, members of parliament, legal experts, Heads of non-governmental organisations (NGOs), staff members of multi- and bi-lateral institutions, municipal officials, funders, advocates, civil society representatives, and key decision-makers within policy processes.

KEY FINDINGS

Disabled women experienced regular and ongoing discrimination within the society. Such discrimination varied from public comments and insults to institutionalised violence, leading to women being unable to access education, jobs, or other forms of societal support. Families hid disabled daughters away and arranged marriages with whoever accepted them. Within marriage, women reported cases of neglect, punishment, and abuse from their spouses.

- In India, 59% of the unmarried women had experienced violence from their natal family members, friends, and neighbours, and 54% of the ever-married women had faced violence from affinal family members, natal family members, friends, and neighbours. Also, 78% of the women who faced violence had experienced severe mental distress as a direct result of the violence.

Lesbian women reported violence at a number of specific periods in their lives, particularly when they “came out” (openly acknowledged their sexual orientation). In addition to these event-associated periods of violence and stigma, the women reported instances of ongoing trauma. These include the trauma associated with continuously having to hide their sexual orientation or having to live “two lives”—one as a lesbian woman and another as an outwardly conformist heterosexual woman. They also reported high levels of social exclusion and outright discrimination from employers, landlords,

and others. Despite these levels of violence and discrimination, the women had low levels of care-seeking, mainly due to the fear of more stigma. A majority of them reported that they had been forced to change their place of residence or had been unable to rent accommodation within the past one year.

- Over 70% of the women in Nepal reported violence, of which over half was in the past year. Psychological problems, including tension, fear, and suicidal thoughts, as well as physical problems commonly arose as a result of the violence that the women suffered.

Sex-working women reported high levels of ongoing and past violence from a wide range of perpetrators—sexual partners, clients, pimps, employers, brothel managers, police, family members, and the wider community (neighbours and others). A large number of women reported violence as starting in childhood (particularly, sexual violence perpetrated by male family members and neighbours). On occasion, these experiences of abuse acted as a ‘trigger’ for young girls to run away from home, which in turn, increased their levels of vulnerability and risk of exploitation. Most of the women reported being denied health services at some point in the past. The children of most of these women had been expelled from school.

- 82% of the sex workers interviewed in Bangladesh reported extremely high levels of violence and from a variety of perpetrators. Over 70% of the women reported psychological problems and suicidal tendencies.

Service providers across the three countries pointed out the following.

- Women are often reluctant to seek care, usually on the grounds of lack of awareness of where support is available and what their rights are; perception that “nothing can be done”; and/or fear of retribution (for example, from an abusive spouse).
- Resource constraints mean that the lack of services and accessibility, particularly in the case of disabled women, are key issues that are driving the lack of care-seeking.
- Women are generally aware of the laws on domestic violence, but are unaware of any specific legal or policy directives aimed at affording particular protection to marginalised women.

Stakeholders in India and Nepal pointed out the following aspects.

- Advocacy and activist groups tend to be in vertical “silos” of interest, thus weakening their potential policy leverage. For example, disability rights groups, often, do not address issues of gender. Similarly, mainstream gender equality groups do not address issues related to disability.
- There is a need for raising awareness among the service providers about the very existence of lesbian women.
- Given the existence of laws and policies to address VAW, stakeholders highlighted the need to push for policy implementation and resource allocation, rather than policy formulation.

KEY RECOMMENDATIONS

For reducing violence against disabled women:

- Governments and NGOs need to increase awareness among disabled women about the services and potential legal recourse for instances of violence. Information on shelter homes should also be disseminated to women.
- Service provisions, such as health and judiciary services for violence survivors, should be physically accessible, especially with regards to infrastructure and the ability of the service providers to use sign language.
- Effort should be taken to create awareness about disability in the community to reduce stigma and discrimination. This can be done through education in high schools and community areas.

For reducing violence against lesbian women:

- Homosexuality needs to be decriminalised.
- Service providers should be trained to ensure appropriate care and support to lesbian women who are survivors of violence. Resources must be allocated to ensure that the providers are aware of the need for non-judgemental attitudes and services.
- Provision of couple counselling services to lesbian couples to sensitise them about the negative effects of violence on their health and development of their relationship with their partners is required.

For reducing violence against sex-working women:

- HIV/AIDS programme interventions should be reoriented to address violence prevention, discrimination, and care issues for sex-working women.
- Activists working to stop violence against sex workers should discuss the issue with groups representing State institutions, including the police and legal representatives.
- Male clients should be the focus of intervention. They should be taught accountability and responsibility for the outcomes of violence and coercion, rather than only focusing on female sex workers.

CONCLUSION

Marginalisation and social exclusion on diverse grounds (physical or mental ability, sexual orientation, and/or occupation) work to increase a woman's risk of suffering inter-personal violence from a wide range of perpetrators. These also reduce the likelihood that she will successfully access the care and support that she is, in theory, entitled to.

The very networks and structures that are supposed to support women at all stages of their lives (family and community, social networks, and formal support networks provided by the State, such as education, health, or justice sectors) often fail those women who are most in need. Thus, for example, disabled women may find themselves shunned by their natal families and married off at the earliest possible opportunity. Sex-working women (who suffer extremely high levels of violence and its associated consequences—both physical and psychological) find themselves subjected to stigma, discrimination, and humiliation when they try to access the very health services that are supposed to be providing care. Lesbian women can face a lifetime of stress associated with hiding their sexuality from their families and the society at large, for fear of losing their accommodation, means of earning livelihood, and family support.

Addressing such all-pervasive levels of stigma, discrimination, and violence requires a fundamental shift in the ways societies view and address issues of social inclusion and exclusion. The policy interviews have highlighted that there is some risk in addressing the needs of marginalised women, a “hierarchy of marginalisation” will develop, with some types of marginalisation (for example, disability) carrying greater political capital than others (for example, sex work or sexual orientation). A key recommendation arising from the overall study, and firmly rooted in the concepts of equity and equality, is that *all* women deserve the right to live a life free of violence and the right to seek redress and support when the need arises.

1

OVERVIEW

CREA, a feminist human rights organisation based in India, has conducted the first ever multi-country research study on violence against disabled women, lesbian women, and FSWs in three countries in South Asia—Bangladesh, India, and Nepal. This was part of CREA's **count me IN!** initiative, supported by the Dutch government's MDG3 Fund. This initiative focuses on the many ways in which gender inequality is manifested—VAW, large gender gaps in education, health, and employment, the practice of son preference, and the marginalisation and exclusion of women.

The fundamental rationale behind the research study was to foreground the voices of the three groups of marginalised women. Also, the study aimed at making their concerns, experiences, and struggles central to the ways in which VAW is understood, and laws and policies are shaped.

CREA conducted the research study in partnership with University College London (UCL); James P. Grant School of Public Health, BRAC University, Bangladesh; Society for Nutrition, Education, and Health Action (SNEHA), India; and Centre for Research on Environment Health and Population Activities (CREHPA), Nepal. This report collates the findings and recommendations that emerged from the three country studies carried out by the research partners, under the aegis of CREA and UCL. It does not provide a cross-country analysis of the commonalities and differences in the findings.

INTRODUCTION

Several years of activism by women's rights groups in South Asia to challenge patriarchy and its various avatars in capitalism, nationalism, fundamentalism, and others has resulted in some significant social transformation and law reform. Yet, VAW continues to be the most prevalent form of domination exercised on women in South Asia. Women continue to remain structurally excluded from property ownership in the familial space and to political participation in the public space. The targeting of women's sexuality and imposition of codes of honour and respectability continue to be justified with the use of violence to uphold the sanctity of the heterosexual family and marriage.

While on the one hand women have acquired more visibility as citizens and the past few years have seen a plethora of laws on women's rights being enacted, on the other, incidence of VAW have also increased manifold. A response to this dilemma is not to come up with a 'one-size-fits-all' formula to end VAW, but to first acknowledge that 'women' are not a homogenous category and the nature

of violence that they face is deeply mediated by their class, caste, religion, sexuality, health status, and occupational identities. For example, poor migrant women may experience marginalisation at various levels. Yet, for some poor women, migration might be an empowering experience. Despite the odds, it may allow them the opportunity to enter the workforce, and have control and ownership of property. It is also necessary that when incidences of VAW are documented, we remain attentive to their intersectional identities and how the nature of violence changes because of this.

VAW impacts not only the individual rights of a woman—which primarily includes violation of civil and political rights like legal protections against sexual assault—but also results in curtailing her access to economic and social rights like healthcare, education, and livelihood. This not only affects women as a group, but also the larger goals of human development.

VAW is both prevalent and carries serious threats to health and wellbeing. While not confined to being a health issue alone, women who are subjected to violence are more likely to suffer adverse health problems (both physical and psychological) than other women. A global review of the scope and magnitude of VAW identified a number of types and perpetrators of violence. These included episodes of violence in both domestic and societal realms, violence by individuals, and institutional and organisational violence perpetrated by State actors and others¹. Different types of VAW were found to be prevalent throughout the lifecycle of women, and violence was found to be a global phenomenon.

Further evidence of the extent of VAW comes from a multi-country study, which collected data from over 24,000 women across 15 sites in 10 countries. Between 15% and 71% of women reported ever having experienced sexual or physical violence perpetrated by an intimate partner in their lifetime, while violence from a non-partner ranged from 5%–65%². This World Health Organization (WHO) study found a number of characteristics associated with a higher prevalence of violence. These included individual-level attributes (young age, limited education, lower socioeconomic status); partner attributes (alcohol or drug use, limited education); family attributes (economic stress, male dominance); community attributes (gender inequality, lack of cohesion); and society-level variables (regressive gender norms, lack of female autonomy, restrictive laws)³.

In South Asia, in particular, there is a reasonable level of evidence on the causes, extent, and consequences of VAW in the “general population”. For example, the 2005/06 National Family Health Survey–3 (NFHS–3) in India measured physical and sexual violence among a sample of 124,000 ever-married women. About 40% of the respondents reported suffering from spousal violence (physical, sexual, or emotional) at some point in their lives. And, for a quarter of the women, this violence had been experienced in the last 12 months⁴. The associated burden of ill-health runs into thousands of disability adjusted life years lost per year, and violence exacts a huge emotional, physical, and financial cost on individual women as well as on the society as a whole⁵.

1 Watts C., Zimmerman C. “Violence against women: global scope and magnitude.” *Lancet*, 2002; 359 (9313):1232-7

2 WHO Multi-country Study on Women’s Health and Domestic Violence against Women. Accessible at: www.who.int/gender/violence/who_multicountry_study/en/

3 WHO Multi-country Study on Women’s Health and Domestic Violence against Women. Accessible at: www.who.int/gender/violence/who_multicountry_study/en/

4 National Family Health Survey III, Ministry of Health and Family Welfare, India. Accessible at: www.nfhsindia.org/nfhs3.shtml

5 Garcia-Moreno C., Watts C. “Violence against women: an urgent public health priority”. *Bulletin WHO* 2001; 89(2)

However, while the question of VAW in South Asia has been actively researched, to date, very little attention has been paid to marginalised women—those who are not regarded as part of the ‘mainstream’ of the South Asian society. Many surveys of prevalence and associated risk factors for violence are undertaken among ‘ever-married women’ or ‘currently married women’ in surveys based on household-level sampling. While these surveys are an invaluable source of information about the extent of violence in general, they are not sensitive or specific enough to investigate issues of violence among women who fall outside of the category of ‘currently or ever-married’ and ‘living in a recognised household’.

It is possible that women who do not readily conform to societal ‘norms and values’ of ‘womanhood’ and gender may be at an increased risk of violence. Women who are outside the mainstream on account, for example, of their sexuality (women who have sex with other women), their means of employment (women who sell sex), their age (young and never married), or their physical or mental ability to assert themselves (women with physical or mental disability) may all be at an increased risk of violence.

The concept of ‘marginalisation’ encounters a great deal of fluidity in its definition. At its broadest, some argue that all women are marginalised and are, therefore, in need of protective strategies to promote their full participation in society⁶. Others look at the intersection of gender with other variables such as class, caste, profession, education, or sexuality to identify women who are ‘more’ marginalised than others. Still others have used the framework of social exclusion analysis to explain why some groups of women are systematically restricted in their access to resources and power, and are unable to fully participate in society⁷.

While risk associations for violence have been identified in general population surveys, there has been relatively less discussion on the interaction of women’s marginalisation and their risk of violence. The studies undertaken are a first step towards filling in some of the evidence gaps on the intersection between marginalisation and VAW in South Asia.

THE THREE COUNTRIES

Bangladesh

Bangladesh is one of the poorest and most densely populated countries in the world. Yet, it has been able to sustain high rates of economic growth (5% per annum in the 1990s), with considerable improvements in social indicators over the past two decades. It is a patriarchal society. Within the household and through the local decision-making and legal bodies, men exercise control over women’s sexuality, choice of marriage partner, access to labour and other markets, and income and assets. Men mediate women’s access to social, economic, political, and legal institutions, which are tied with the protection of family honour and the control of female sexuality.

6 See, for example, the 1993 Vienna Declaration and Programme of Action for the World Conference on Human Rights ([www.unhcr.ch/huridocda/huridoca.nsf/\(symbol\)/a.conf.157.23.en](http://www.unhcr.ch/huridocda/huridoca.nsf/(symbol)/a.conf.157.23.en)) which recognises that women and girls require their human rights to be particularly “promoted and protected” by all Governments and institutions.

7 Kabeer N. “Social exclusion, poverty and discrimination: towards an analytical framework.” *IDS Bulletin*;2000: 31(4):83-97

There is an ambiguity surrounding the issue of VAW in the Bangladeshi society. As Jahan (1988) noted, on the one hand, there is distaste and condemnation of violence by many, but on the other hand, VAW is tolerated. This is due to the prevailing gender inequality, leading to unequal power relations between the sexes. Battering of women within the household appears to be widespread throughout Bangladesh. A study funded by the WHO conducted by Naved *et al* (2006), found that 40% of the women in urban and 42% in rural areas experienced physical violence from their spouses during their lifetime. And, 66% of the women were silent about their experience. There is little to no attention paid to women who are disenfranchised from the mainstream populations, such as disabled women, FSWs, and lesbian women.

India

In India, the control of women's sexuality, mobility, and labour can often be traced to the historical emphasis on purity and lineage, which restricts the distribution of wealth and property across class, caste, religion, and ethnicity. Inter-caste marriages are considered transgressive, and the response to them may go as far as honour killings. Marriages between able-bodied individuals and people with disability face opposition. Lesbian relationships undercut the idea of procreation and perpetuation of the family.

Despite activism for law reform and social transformation by women's movements to challenge patriarchy and its avatars within capitalism, nationalism, and fundamentalism, gender-based violence (GBV) continues throughout India. Women continue to be excluded from property ownership in the familial space and from political participation in the public space. The targeting of their sexuality and the imposition of the codes of honour and respectability continue to be justified with the use of violence. On the one hand, women have become more visible as citizens, and a number of laws have been enacted, notably the Protection of Women from Domestic Violence Act (PWDVA), 2005, and the country's signing up to the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). On the other, the *Crime in India 2009* report showed a 4.1% increase in crimes against women since 2008 (although this may reflect increased reporting and diminishing tolerance) (National Crime Records Bureau/NCRB, 2009). The NFHS-3 suggested that about 20% of the currently married women, aged between 15–49 years, had experienced spousal violence, while the practices of son preference and trafficking in girls for prostitution continue to undermine women's rights.

Nepal

Various forms of GBV exist in Nepal, including domestic violence, family abuse (polygamy, child marriage, dowry-related violence, mental abuse), sexual violence (trafficking, forced sex, sexual harassment), and punishment for witchcraft. The context of GBV is interlinked with the social, cultural, religious, and gender norms and with the political conflict in Nepal. Although the Interim Constitution of Nepal gives every citizen the right to practice his/her own cultural customs and rituals, the Nepali law prohibits some harmful customs and rituals. Traditional practices also contribute to the exploitation of women, particularly sexual abuse and sex work. For example, within the *Badi* community (in mid-western Terai district), many women are forced into commercial sex work, with 30%–40% reportedly being girls below the age of 15 years. The Deuki tradition involves families offering young girls to temples to act as dancers in ceremonies. These girls, however, often

experience sexual exploitation and enter sex work to earn a living. Similarly, the *Jhuma* are Sherpa, who traditionally send their second-born daughters to monasteries as an offering to ensure the wellbeing of the girls' family. Dalit women (lowest social caste) face multiple discriminations, are often accused of *Boxi* (witchcraft), and are extremely vulnerable to sexual exploitation (Hasselman *et al*, 2006).

Trafficking of young women from Nepal to India for sexual exploitation is a particular problem. An estimated 200,000 Nepali women are sex trafficked to India (Sethuraman, 2008), half under 16 years of age when trafficked and one quarter below 14 years of age (Hasselman *et al*, 2006). A decade of armed conflict in Nepal is also thought to have contributed to GBV against women and girls, in particular through rape, trafficking, sexual slavery, displacement, and economic hardship. The abuse of women in armed conflict is rooted in a culture of discrimination that denies women status equal to men. Social, political, and religious norms identify women as the property of men, conflate women's chastity with family honour, and legitimise VAW. Women's financial dependence, subordinate social status, and a lack of legal support render women significantly vulnerable to continued abuse.

The legal and policy environment in Nepal contains some laws that may both perpetrate stigma and preclude redress for violence and discrimination suffered by disabled women. For example, the National Code 1964 permits a second marriage if the spouse becomes blind or crippled (MWCSW/FWLD, 1995). Although this provision is applied to both men and women, it is generally exercised more by men than women. Under the 11th amendment of *Naya Muluki Ain* (Country Code), any perpetrator (or perpetrators in the case of gang rape) of sexual violence against pregnant, disabled, or handicapped women will have an additional five years added to their sentence (MWCSW/FWLD, 1995). However, these protective laws are often not put into practice, usually because of under-reporting of the issue by the women themselves.

Although not clearly stated in the law, sex work is illegal in Nepal. The interim constitution of Nepal guarantees that every citizen has the right to practice any profession, which could lead to the interpretation that selling sex voluntarily is not a crime. However, the law has provision to punish those who forcefully engage women in prostitution under the Trafficking in Human Beings (Control) Act, 1986. Similarly, the National Plan of Action against Trafficking, 1999 is silent with regard to the legality of prostitution (UNIFEM/FWLD, 2005).

GLOBAL LITERATURE REVIEW

In order to provide background evidence of the extent of violence reported by women who are marginalised, we undertook a global review of the peer-reviewed literature focusing on disabled women, lesbian women, and FSWs. We identified only one such study on South Asia—undertaken among FSWs in Dhaka, Bangladesh⁸.

8 Azim T., Chowdhury E.I., Reza M., Ahmed M., Uddin M.T., Khan R., Ahmed G., Rahman M., Khandakar I., Khan S.I., Sack D.A., Strathdee S.A. "Vulnerability to HIV infection among sex worker and non-sex worker female injecting drug users in Dhaka, Bangladesh: evidence from the baseline survey of a cohort study." *Harm Reduct J*. 2006 Nov 17;3:33

The literature search identified 320 articles, out of which 181 underwent full text article review. Out of these, 131 were excluded, as they did not meet the inclusion criteria, such as the studies were cross-sectional surveys among women seeking care as victims of violence. The 50 papers that met the inclusion criteria included 12 papers focusing on disabled women, 21 papers focusing on women who sell sex, and 17 papers looking at violence against women who most recently have had sex with other women.

Geographical setting of studies

There was a strong geographical bias in the studies included in the review. The vast majority of the studies among disabled women (9 of 12) and women who most recently have had sex with other women (16 of 17) were conducted in two countries in North America (US and Canada). The spread of countries was much wider for studies among women who sell sex, but the largest number of studies (8 of 21) still came from North America. Other countries where research on violence against women who sell sex was conducted include Australia, Bangladesh, China, India, Kenya, New Zealand, Pakistan, and the United Kingdom (see Table 1.1).

Table 1.1: Countries where studies were conducted by type of marginalised women

Type of marginalised group	Country where studies were conducted	Number of studies	
Disabled women	USA	6	
	Canada	3	
	Mexico	1	
	Norway	1	
	Taiwan	1	
Women who sell sex	USA	5	
	Canada	3	
	China	2	
	Kenya	2	
	New Zealand	2	
	United Kingdom	2	
	Australia	1	
	Bangladesh	1	
	India	1	
	Mexico	1	
	Pakistan	1	
	Women who most recently have had sex with other women	USA	15
		Canada	1
France		1	

We identified 12 studies of disabled women, 21 studies of women selling sex, and 17 of women who most recently have had sex with other women. All papers included a measure of women's reports of the experience of violence—either in their lifetime or over a short timeframe, and, in most papers, an indication of the nature of both the violence and the perpetrator(s). The overwhelming majority of included studies were conducted in North America, with only one paper identified from South Asia, thus highlighting the evidence gaps in this part of the world.

Limitations of the review

The studies included in this review have highlighted the complexity of definitional issues when studying either violence or marginalisation. As noted in the introduction to this study report, there is little agreement in the conceptual literature on the definitions of either who is marginalised or how to measure violence. This lack of conceptual agreement is reflected in the included studies. For instance, women who most recently have had sex with other women could be defined as “self-identified as lesbian”, “had a same-sex relationship in the last five years”, or “ever in lifetime had sex with another woman”. Similarly, some studies among women selling sex relied on self-reporting of “street-level sex work”, while other studies were specific about only including those women who reported selling sex above a minimum number of times per week or per month.

While variation is not problematic at the level of the individual study, it poses difficulties for comparative reviews such as this one. Definitional complexity was not limited to the issue of marginalisation. Studies measured very different experiences of violence as well. In some studies, violence was simply reported as “suffered violence”, while other studies coded the types and prevalence of violence in great detail (“threatened with a weapon”, “kicked”, “slapped”, “choked”, “thrown”, and so on).

The prevalence of violence suffered by marginalised women

The overwhelming evidence from the review highlights that women who are marginalised experience high levels of violence. However, in the absence of ‘comparison’ groups in the majority of the studies, the question of whether these three groups of marginalised women experience more (or the same, or even less) violence than other women in their societies cannot be answered. Any findings from these studies should be extrapolated with care, especially with reference to comparisons with non-marginalised groups, as well as with women who face a range of other marginalisations, such as those based on their caste, class, and religion.

Reported violence had a variety of perpetrators—both in the domestic and social spheres. Women who sell sex, for example, report violence from their long-term partners, their clients, the police, members of their community and neighbourhood, and from strangers. 9 of the 17 studies reporting on the violence suffered by women who most recently have had sex with other women detailed the extent of violence from intimate partners, including one paper detailing violence from previous male partners. Three studies among women who most recently have had sex with other women reported on violence from family members and the community, while one paper reported on violence inflicted by strangers. Among disabled women, studies reported not only on violence inflicted by partners, family members, and strangers, but also by personal attendants and healthcare assistants.

Another noteworthy aspect is that the studies frequently reported on the different types of violence faced by women—physical, sexual, and emotional. However, they less frequently reported on issues of stigma, discrimination, and social exclusion—possibly as a result of the original objectives and search terms used in our methodology (which did not specifically look at societal levels of violence).

The studies provide some evidence that women experience a “continuing cycle of violence”. A large number of women had experienced abuse (physical, sexual, and emotional) in childhood. According

to the paper by Surratt *et al* (2004), there may exist a “consistent relationship between current and historical victimisation”. In other words, women who had experienced violence in childhood were more likely to be experiencing current episodes of violence. This relationship held true for those who had experienced physical abuse, emotional abuse, or sexual abuse in childhood. Such a finding clearly deserves further investigation. For example, in the other studies where experiences of childhood violence have been recorded, the authors could undertake simple correlation analysis to see if there is a statistical relationship between current and historical risks.

It was concluded from the systematic review that violence (physical, sexual, emotional) is frequently experienced by women who are marginalised. However, we lack the comparative evidence to know whether the levels of violence reported by women identified as ‘marginalised’ (by this study) are higher than those reported by other women of a similar socio-demographic, geographic, and cultural backgrounds. Despite this lack of direct comparison, the review has highlighted the following key points.

- There is a lack a strong evidence base on violence and marginalisation (particularly for lesbian women and disabled women) in most parts of the world, particularly in South Asia.
- There is a lack of conceptual agreement in studies about how to define ‘marginalisation’ and how to measure ‘violence’. This makes between-study comparisons problematic.
- When evidence of violence and marginalisation does exist, it highlights that women suffer violence at the hands of a variety of perpetrators (family, intimate partners, clients, and others). Thus, strategies to intervene and address violence will need to take a holistic approach to recognising that women face a range of risks.
- There is some evidence that women who suffer violence as adults may also have suffered violence as children. Thus, strategies for intervention should take into account the need to address a “cycle of violence”, within which some women may exist.

COUNTRY-SPECIFIC LITERATURE REVIEW

Country-wise literature review was conducted and its details appear in Appendix⁹. Majority of the studies reviewed in the three countries do not always follow the protocol of being circulated through publication in peer-reviewed journals. Although there are many well-documented studies on VAW in general, specific studies on violence face by marginalised women are mostly carried out by small NGOs or women’s groups and do not appear in peer-reviewed journals. Even though there are large-scale studies on FSWs, primarily from a public health perspective, studies on violence faced by lesbian women are almost non-existent. Studies on violence faced by disabled women are also limited.

The research carried out by local groups on the violence faced by marginalised women is extremely significant. In our country-specific literature review, we include many such studies that offer rich insights into specific experiences of violence that many large-scale peer-reviewed studies do not cover.

⁹ See page 155

OBJECTIVES OF THE STUDY

This study aimed to investigate the hypothesis that women who are outside the mainstream of the South Asian society suffer high rates of violence and are frequently unable to seek and receive protection from State agencies.

The study had the following three main objectives.

Objective 1: To quantify levels of violence suffered by marginalised women in different settings in South Asia, and to catalogue the experiences of women (who have suffered violence) in their help-seeking behaviours.

Objective 2: To review levels of service provision available for marginalised women who have suffered violence.

Objective 3: To undertake a policy analysis to understand the extent of political support (or possible opposition) for addressing the problem of violence against marginalised women.

Marginalisation in this study is understood as a conceptual category of structural exclusion. Our focus is on women who sell sex, women who have a disability, and women who are lesbian is not based on an understanding that reduces these groups to identities alone. Rather, the violence that these groups face are a manifestation of structures like compulsory heterosexuality, which marginalise and discriminate against women who do not conform to the norms set by these structures. On most occasions, the form of marginalisation and discrimination they face is violence.

While recognising that this is not an exhaustive typology of marginalisation, these three groups were selected both on the basis of interest around sexuality, disability, and violence, and on the pragmatic basis that a limited number of groups could be included in the surveys.

RESEARCH METHODOLOGY

Definitions

As part of the harmonisation and standardisation of the research methodologies across all three countries, a set of key definitions was agreed upon.

- Woman with disability: “A woman who currently has physical and sensory (visual or hearing impairment¹⁰) disability.
- Lesbian woman: “A woman who is considered/identifies herself as lesbian or is emotionally and sexually attracted to women, and (for Nepal only) has had at least one sexual experience with a woman in her life time”.
- Sex-working woman: “A woman who is paid in form of cash or in kind in return for sex (in the past three months, in case of Bangladesh)”.

¹⁰ In Nepal and Bangladesh women were included if they had either visual or hearing impairment; in India only women with visual impairment were included.

Inclusion/exclusion criteria

The core elements of the inclusion and exclusion criteria were as follows (although there were some adaptations at the local level within each survey).

Inclusion criteria

- Women over the age of 15 (Bangladesh), 16 (Nepal), and 18 (India) years
- Women who meet one of the above definitions
- Women who give informed consent and are willing to share their experiences of violence

Exclusion criteria

- Girls under 15/16/18 years of age (as appropriate in each country)
- Women who do not give or are not capable of giving informed consent (including those with cognitive impairment)

In addition, in India, women were excluded if they were in residential institutions or had severe hearing or speech impairment. Women with speech and hearing impairment were excluded because interviewing them would have required trained professionals to communicate in sign language. Time and resources were not available to manage this process optimally.

Research domains

Research partners in each of the three participating countries worked with CREA and UCL to develop the following core set of domains of interest for the research.

- Prevalence of violence (current, lifetime, including childhood and adolescence)
- Types of violence (physical, sexual, emotional, verbal)
- Stigma, discrimination, and lack of opportunity associated with marginalisation
- Perpetrators of violence
- Responding to violence (care seeking and support mechanisms)
- Impact of violence (physical and psychological consequences)
- Knowledge of law and protection mechanisms
- Knowledge of rights
- Exploration of what causes and underlies violence

These domains of interest were developed into topic guides for in-depth interviews and quantitative survey instruments. Survey instruments were based on a mix of existing question guides from the previous surveys that partner organisations had undertaken (and which had, therefore, been field tested in the appropriate local context) and international survey guides (such as the WHO multi-country review). Once the draft interview guides and survey instruments were developed, they were

field tested in each country and sent for external review. As far as possible, survey instruments were harmonised across the three sites to ensure that comparable variables were being collected across the three countries.

Ethical approval was gained within each country from the local ethical boards and institutional ethics trusts, as well as from the ethics board at the UCL. Key ethical concerns for each country involved possible participant distress and issues around confidentiality. In order to address these issues, interviewers were fully trained in each country and expedited referral mechanisms were put in place, so that any woman who requested or required referral to ongoing support services received immediate care.

Qualitative interviews

The in-depth qualitative research aimed to uncover issues of context and meaning in the lives of women who had suffered violence. Women were purposively recruited to the qualitative studies if they had a known history of suffering violence in their lives.

Women were recruited to the qualitative studies in the following numbers.

Table 1.2: Number of women interviewed across each group

Country	Number of women in each groups		
	Lesbian women	Disabled women	Sex-working women
Bangladesh	10	20	34
India	24	15	20
Nepal	10	12	14

Quantitative surveys

We developed a core set of questions for the quantitative survey instruments, which informed the design of the research tools in each country. These survey instruments collected data on the individual characteristics of women (their socio-demographics, family structure, and others), as well as their perceptions of empowerment, autonomy, and protection of human rights. Both bivariate and multivariate analyses were undertaken to allow the identification of individual women's characteristics associated with a higher prevalence of any type of violence.

Owing to the diverse nature of the population groups being recruited into the studies, we used a variety of sampling methods and sampling frames to ensure both adequate recruitment numbers, while also addressing issues of representation.

Table 1.3: Sampling method and number of women recruited

Country	Sampling method and number of women		
	Lesbian women	Disabled women	Sex-working women
Bangladesh	Not undertaken	Simple random sampling, drawn from membership lists of NGOs working with people with disability; n=400	Respondent-driven sampling; n=381
India	Respondent-driven sampling, but survey stopped due to lack of recruitment	Stratified snowball sampling, beginning with NGO lists; n=317	Not undertaken
Nepal	Multi-staged random sampling from household lists; n=475	Respondent-driven sampling; n=99	Not undertaken

Key stakeholders

In the final phase of our research, we examined the perceived acceptability and feasibility of our recommendations among key decision-makers and policymakers with a stake in addressing violence against marginalised women. Through face-to-face interviews with key stakeholders from the policy-making and policy-influencing communities in India and Nepal, we hoped to gauge the extent of political support (or possible opposition) for tackling the problem.

Stakeholders ranged from media personnel to Members of Parliament, and included legal experts, heads of NGOs, staff members of multi- and bi-lateral institutions, and key decision-makers within policy processes.

We interviewed 9 stakeholders in the Kathmandu Valley in Nepal, and 22 in India, largely in Mumbai. The interviews aimed to:

- assess if the study's recommendations resonated with or were palatable to policymakers in a position to implement them
- identify stakeholders that are supportive or resistant to the study's findings
- understand which recommendations were most or least likely to get policy support for implementation, and why?
- identify opportunities for and obstacles to policy implementation

KEY FINDINGS

The following points highlight some of the key findings across the three groups and the three countries.

- Disabled women report high levels of violence—both past and current—from both intimate partners and natal families. In India, there were a few strong associations that were predictive of which women were more likely to suffer violence. For instance, women who had a visual impairment (as compared to women with a physical impairment) and women who were poorer (as compared to wealthier women) reported higher rates of violence. In Nepal, multivariate analysis identified women who were younger, those working for a cash income, and women who felt that they did not have the right to refuse sex with their husband as being more likely to experience violence. Women who were unmarried or were married women but felt that decision-making within the family was a joint responsibility were less likely to experience violence. In Bangladesh, over 84% of the ever-partnered women had experienced violence from their partner. On logistic regression analysis, statistically higher rates of violence were seen in women who were older and women who were separated from their former partner.
- Lesbian women reported violence at a number of specific periods in their lives, particularly when they “came out” (openly acknowledged their sexual orientation). In addition to these event-associated periods of violence and stigma, the women reported instances of ongoing trauma. These include the trauma associated with continuously having to hide their sexual orientation or having to live “two lives”—one as a lesbian woman and another as an outwardly conformist heterosexual woman. They also reported high levels of social exclusion and outright discrimination from employers, landlords, and others. Despite these levels of violence and discrimination, the women had low levels of care-seeking, mainly due to the fear of more stigma. A majority of them reported that they had been forced to change their place of residence or had been unable to rent accommodation within the past one year. Over 70% of the women in Nepal reported violence, of which over half was in the past year. Psychological problems, including tension, fear, and suicidal thoughts, as well as physical problems commonly arose as a result of the violence that the women suffered.
- Sex-working women reported high levels of ongoing and past violence from a wide range of perpetrators—sexual partners, clients, pimps, employers, brothel managers, police, family members, and the wider community (neighbours and others). A large number of women reported violence as starting in childhood (particularly, sexual violence perpetrated by male family members and neighbours). On occasion, these experiences of abuse acted as a ‘trigger’ for young girls to run away from home, which, in turn, increased their levels of vulnerability and risk of exploitation. Most of the women reported being denied health services at some point in the past. The children of most of these women had been expelled from school. Sex-working women in Bangladesh reported extremely high levels of violence, and from various

perpetrators. Of the 381 women who were interviewed, 311 reported having a current or previous partner/husband—of whom 65% perpetrated sexual violence, 87% physical violence, and 89% emotional violence. Just under half the women reported having a *shardani* (madam) or *dalal* (pimp). The rates of violence suffered in this case were even higher, with over 99% of the women reporting violence from these perpetrators (including being forced to have sex with clients). Other perpetrators of violence reported by women included the police (71%), local community leaders (27%), and healthcare providers (15%).

- Not only is violence common in the lives of marginalised women, but they suffer frequent complications as a result of the violence. For example, over half the disabled women in Bangladesh, who had experienced violence from an intimate partner, reported suicidal ideation at some point, and 13% of these women had attempted suicide. Among Bangladeshi FSWs, over 70% reported suicidal feelings and a third of these women had attempted suicide in the past. Among lesbian women in Nepal, half of those who had suffered violence reported psychological problems, including tension, fear, and suicidal thoughts. Physical problems also commonly arose as a result of the violence that women suffered. For example, among the FSWs in Bangladesh, 30% reported unintended pregnancy as a result of sexual violence and a similar proportion reported pregnancy loss as a direct result of intimate partner violence.
- In addition to inter-personal violence, women in all three countries reported high rates of stigma and discrimination experienced on account of their ‘marginalised status’ in society. For example, among lesbian women in Nepal, almost a quarter reported that they had been forced to change their place of residence or had been unable to rent accommodation within the past one year, while for sex-working women in Bangladesh, that figure rose to one-third reporting exclusion from housing/accommodation. In addition, 9% of the sex workers reported that their children had been excluded from school, and 72% had been denied health services at some point in the past.
- Service providers across the three countries pointed out that women are often reluctant to seek care, usually on the grounds of lack of awareness of where support is available and what their rights are; a perception that “nothing can be done”; or fear of retribution (for example, from an abusive spouse). They also reported that resource constraints mean that the lack of services and accessibility, particularly in the case of disabled women, are key issues that are driving the lack of care-seeking.

The following are our key recommendations.

Key recommendations for marginalised women in general

- The justice system is not accessible to marginalised women, especially FSWs and lesbian women. Governments should reform justice systems in order to make sure that they are easily accessible to marginalised women.
- Service providers need to be sensitised about gender, sexuality, and human rights, which requires rigorous training.
- Interventions need to be designed and implemented from a holistic perspective. Strong collaboration is needed between legal, health, and social service sectors in this regard.
- More research is required to understand how social and demographic factors influence marginalised women's experiences of violence.
- There is a need to liaise closely with 'mainstream' women's organisations to ensure that they are advocating for the rights of *all* women.

Key recommendations for reducing violence against disabled women

- Governments and NGOs should endeavour to increase awareness among disabled women of the services and potential legal recourse for instances of violence.
- Improvements in the existing infrastructure are needed to make public services more physically accessible.
- Service providers should be trained in the needs of disabled women.
- Ensure adequate care and support to disabled women who are in abusive situations. Very few shelter homes for disabled women survivors exist. Thus, these disabled-friendly formal services should be expanded or improved, in addition to the provision for health and judiciary services. Information on such services should also be disseminated among women.
- Service provisions, such as health and judiciary services for violence survivors, should be disabled-friendly, especially with regards to infrastructure and the ability of the service providers to use sign language. Service providers also need to be sensitive to the signs of violence to effectively manage its consequences and to provide referrals, as needed.
- Effort should be taken to create awareness about disability in the community to reduce stigma and discrimination. This can be done through education in high schools and community areas.
- Organise nationwide awareness-raising campaigns to sensitise disabled women, their family members, and men about gender roles and rights, and violence against

disabled women. Since such campaigns have the potential to reach large numbers of people, they could play a big role in changing opinions and dispelling myths and stereotypes about violence against disabled women.

- Strategies for disabled women need to have a long-term view of empowerment (including access to employment) as well as take short-term actions on access, training, and so on.
- Involve men in community mobilisation and public awareness campaigns to change the attitude towards gender norms and violence. Media strategies should encourage men who are not violent to speak out against violence among disabled women and challenge its acceptability. This will help counter the notion that all men condone violence.

Key recommendations for reducing violence against lesbian women

- Laws and politics supporting same-sex relationships should be advocated. Laws that criminalise homosexuality need to be removed.
- Among lesbian women, awareness about the existing services and potential legal recourse for instances of violence needs to be enhanced.
- Service providers should be trained to ensure appropriate care and support to lesbian women who are victims of violence. Resources must be allocated to ensure that providers are aware of the need for non-judgemental attitudes and services.
- Provisions for care and support should be provided to survivors of violence. These care and support facilities should be more accessible to lesbian women, where they can safely disclose their experience of violence.
- Discuss the agenda for service provision with lesbian women's advocates, particularly whether services should be mainstreamed within the women's movement, rather than being specific to lesbian women or LGBT people.
- National awareness campaigns are required to sensitise the community regarding the issues of lesbian women and their rights.
- Provision of couple counselling services to lesbian couples to sensitise them about the negative effects of violence on their health and development of their relationship with their partners is required.

Key recommendations for reducing violence against sex-working women

- HIV/AIDS programme interventions should be reoriented to address violence prevention, discrimination, and care issues for sex-working women.
- Advocacy for bringing in an effective policy is needed to empower FSWs to exercise preference and control over their income and resources, and increase their safety and protection.
- Activists working to stop violence against sex workers should discuss the issue with groups representing State institutions, including police and legal representatives.
- Discuss the issue with groups, such as women’s movement organisations, with the idea of increasing the collective bargaining power of sex-working women.
- Male clients should be the focus of intervention, and taught accountability and responsibility for the outcomes of violence and coercion, rather than only focusing on FSWs.

LIMITATIONS

The studies, upon which this report is based, provide a rich dataset. From this, we can begin to understand the magnitude, the reasons, and the impact of violence experienced by women who are marginalised within the South Asian society.

Undertaking these surveys was extremely challenging from a number of perspectives. For instance, in terms of access to groups of women who may prefer to remain ‘hidden’ within a society (lesbian women in Bangladesh, for example) or to women who have strong community ‘gatekeepers’, who control that access (sex-working women in India, for example). Given this, our initial plans to undertake prevalence surveys among all three groups of women in as many settings as possible were limited not only due to resource constraints, but also due to the limited access to women willing to participate in the surveys. In India, this resulted in us abandoning plans to undertake a prevalence survey among lesbian women. In Bangladesh, it meant a much reduced sample size of lesbian women willing to participate in the in-depth interviews.

The prevalence studies were designed to be as representative as possible, in order to minimise selection bias. Nonetheless, it is important to keep in mind that in at least two settings (where the sampling frames were drawn from the membership lists of NGOs serving disabled women—Bangladesh and India), there is a possibility that the women who were included are not representative of all disabled women. Furthermore, comparing the results of these two surveys with the third survey among disabled women (based on household-level sampling—Nepal) is problematic, as the sampling methods differ.

Thus, comparisons should be made with caution, and results should not be generalised to other settings with other groups of marginalised women. Yet, we believe that the breadth and depth of these surveys across South Asia highlight the high levels of violence faced by these different groups of women. In addition, the studies emphasise the need to address the causes of violence as well as improve systemic responses to ensure that women receive the support services, which they are entitled to.

2

FINDINGS: DISABLED WOMEN

In this chapter, we present our findings on violence faced by disabled women in Bangladesh, India, and Nepal. It includes the background characteristics of disabled women who were interviewed in the three countries, their attitudes and perceptions of gender roles, the prevalence of violence from various perpetrators, the stigma and discrimination faced by disabled women, and their coping strategies.

BANGLADESH

According to the World Health Organization (WHO) global estimate, approximately 10% of people worldwide live with a disability. This is considered to hold true in Bangladesh as well¹¹. However, the actual number of disabled people within the national population is still indeterminate, as very few studies have been done in this regard. In a study by Hussain (2008), the estimated prevalence rate of disability was found to be 14% among the adult population. Bangladesh has adopted the WHO classification of disabilities, thereby ensuring that national definitions and classifications of disability are standardised. In April 2001, the Bangladeshi Parliament adopted its first comprehensive disability legislation—Bangladesh Persons with Disability Welfare Act, 2001. The Act recognises hearing impairment, speech impairment, visual impairment, mental disability, and physical disability as forms of disability, and also includes people who suffer from multiple disabilities. In addition to the Disability Welfare Act, 2001, the National Policy on Disability, 1995 and the National Action Plan on Disability, 2006 have also been adopted¹².

Currently, in Bangladesh, there are a number of organisations working with and for disabled populations. However, there exist very few reviews and studies on the experiences of Bangladeshi disabled women. In general, while there has been a slight improvement in the situation for disabled women, most of them remain disenfranchised, unaware of their rights, and vulnerable to social discrimination in the public and private domain¹³. Ain O Salish Kendra (ASK), a human rights organisation, reported that disabled women continue to face serious obstacles in accessing justice in cases of violence, with courts rarely taking specific measures to enable them to present evidence

11 siteresources.worldbank.org/DISABILITY/Resources/Regions/South%20Asia/JICA_Bangladesh.pdf

12 bdlaws.minlaw.gov.bd/alp_index_update.php

13 Verbal communication with Ms. Feroza Khatun, activist at ADD, April 2010

(Human Rights Report, 2008). Currently, there are approximately 70 open cases nationwide regarding instances of violence against disabled women (most involving accusations of rape and sexual harassment). According to another report by SARPV, disabled women have especially limited access to education and employment (Hussain, 2008). Although they participate in decision-making process and social gatherings within their families, and can move outside their homes with the assistance of family members as and when needed, disabled women in Bangladesh have limited awareness about policies and legal provisions with respect to disability.

In Bangladesh, 368 disabled women were interviewed in four districts in Dhaka (capital city) and Rajshahi. We selected the four districts (Dhaka, Rajshahi, Natore, and Sirajganj) due to the high concentration of disabled women in these areas, allowing us to include respondents from different socioeconomic backgrounds (rural, urban, and slum). The research was carried out between August and October 2010.

Table 2.1 presents the socio-demographic characteristics of the survey respondents, showing their age, religion, area of residence, and income.

Table 2.1: Background characteristics of the respondents

Background characteristics	Frequency	Percentage
Age in years		
14-19	60	16.3
20-29	103	28.0
30-39	68	18.5
40-49	59	16
50+	78	21.2
Total	368	100
Religion		
Muslim	343	93.2
Hindu	19	5.2
Christian	6	1.6
Total	368	100
Area of Residence		
Rural	308	83.7
Urban	53	14.4
Slum	7	1.9
Total	368	100
Monthly Income		
Less than BDT 1000	125	74.4
BDT 1001-5000	40	23.8
BDT 5001-10,000	3	1.8
Total	168	100

Out of 368 respondents interviewed in the survey, 142 (39%) were unmarried and 32.6% were married. 7.3% were separated, 5.4% divorced and 16% widowed.

All the respondents self-identified as disabled. Many are registered in the local government office as disabled (44.6%). Table 2.2 presents the number of respondents according to types of disability, along with the severity of the disability.

Table 2.2: Distribution of women according to type and severity of disability

Disability type	Severity of disability type				
	Mild	Moderate	Severe	Profound	Total
Visually impaired	–	13	22	19	54
Hearing impaired	–	5	9	7	21
Speech impaired	–	2	1	4	7
Physical disability	8	49	50	95	202
Multiple disabilities	–	5	12	39	56
Hearing and speech impaired	–	1	5	22	28
Total	8	75	99	186	398

The respondents were asked to report the causes of their disabilities. Many of them reported more than one cause. The commonly mentioned reasons included congenital or birth problems (37%), diseases (36.1%), not getting treatment for diseases (29.6%), wrong treatment (23.9%), accidents (21.2%), and neglect (19.3%).

Sexual Behaviour

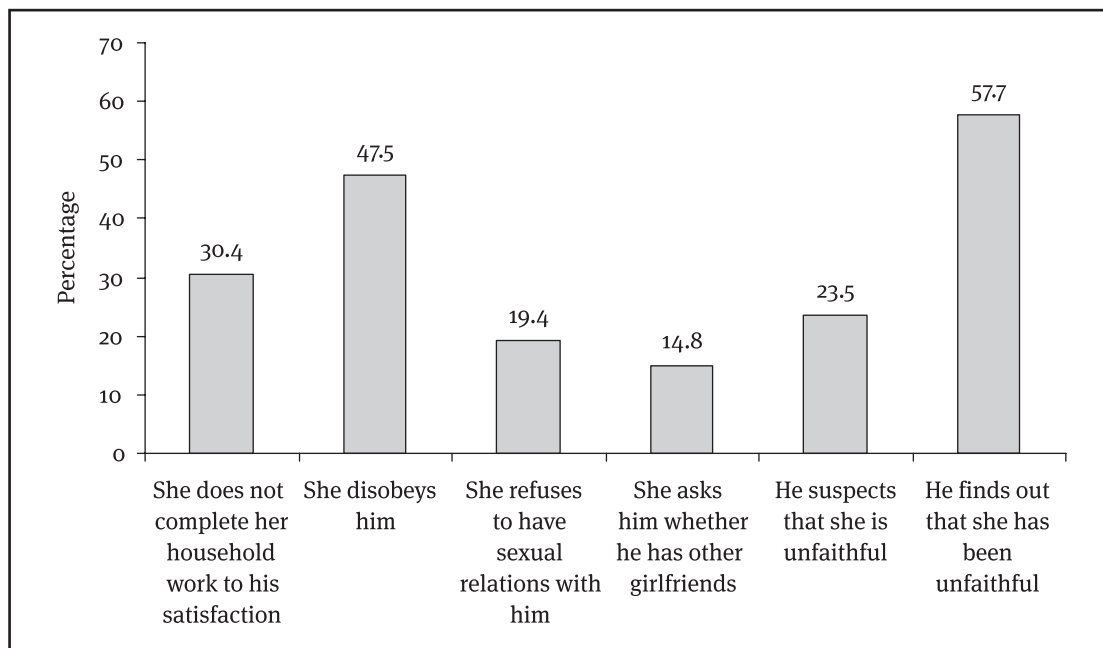
Among the 368 respondents, 231 (62.8%) reported that their first sexual experience was with a man, 131 reported that they had never had sex, and 6 women refused to answer this question. Most of the women who reported not having had sex were from the age group 20–29 years (43.5%), followed by the age group 14–19 years (39.7%). No respondents reported having sexual relations with a woman. Of the 231 respondents who had had sex, 224 (97%) reported that their first sexual experience had been with their husband. When they were asked to share their first sexual experiences, 41.3% reported that they had wanted to have sex with their partner, while 13% reported being forced by their partners to have sex. 5.7% were tricked into sex, while 2.7% had sex without wanting to.

Perceptions of Gender Roles and Understanding of Human Rights

The women were asked some questions regarding their attitudes towards gender-specific social and behavioural norms. Figure 2.1 shows women's attitudes towards a man beating his wife. While more than half of the women believe that a man may hit his wife if she has been unfaithful, 47.5% believe that a man can hit his wife if she disobeys him¹⁴.

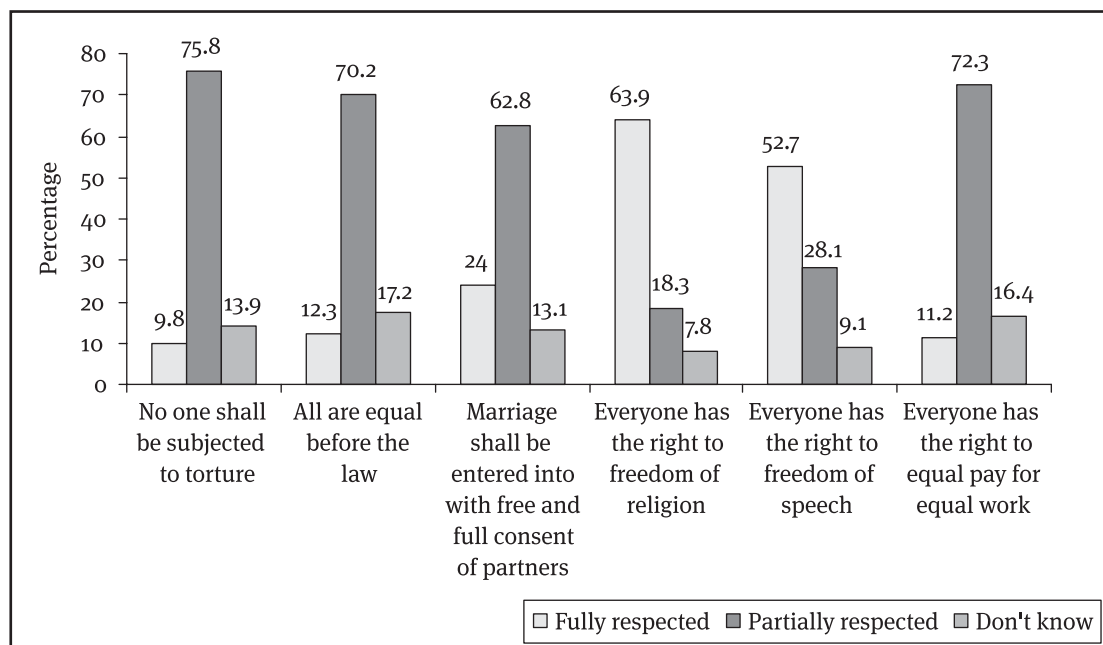
¹⁴ The perception that a man can hit his wife under certain circumstances is quite common among Bangladeshi women. The WHO multi-country study on women's health and domestic violence against women (WHO, 2005) reported that 53.3% women in the urban and 79.3% women in the rural areas believed that a man had a right to beat his wife under certain circumstances.

Figure 2.1: Disabled women’s perception regarding wife-hitting



The respondents were also asked to share their thoughts on the human rights landscape of the country. Figure 2.2 shows the percentage of women who believe that different human rights laws are partially or fully respected in Bangladesh. The data shows wide variation in women’s responses on each specific human right. Only 9.8% of the respondents believe that the right that ‘No one shall be subjected to torture’ is fully respected in the country, while 75.8% believe that this right is partially followed in the country.

Figure 2.2: Disabled women’s opinion on human rights issues



Intimate Partner Violence

Disabled women frequently experienced different forms of violence from their intimate partners/lovers. Many of the disabled women reported being emotionally and physically, and sometimes sexually, abused by their partners. To find the prevalence of violence ever experienced by disabled women, we collected data from all of the ever-partnered women. Ever-partnered women included women who were or had ever been married. Among the 368 respondents interviewed in the survey, 226 women were in the 'ever-partnered' category (120 currently have husbands, 27 are separated from their husbands, 20 divorced, and 59 widowed).

Table 2.3 shows the different forms of violence ever experienced by the ever-partnered women. Many of the ever-partnered women (70.8%) were insulted by their intimate partners during their lifetime. The most common acts of physical violence ever experienced by disabled women were slapping or having something thrown at them by their partners (68.1%). Overall, the prevalence of sexual violence experienced by disabled women was found to be low, as compared to physical violence and emotional abuse. About 46% of the women reported being physically forced by their intimate partner to have sex during the relationship.

Table 2.3: Different forms of violence ever experienced by ever-partnered women

Types of violence	Total number of ever-partnered women	Percentage experiencing violence (ever-partnered disabled women)
Emotional abuse	n	(%)
Insulted you or made you feel bad about yourself	226	70.8
Belittled/humiliated you in front of other people	226	65.5
Did things to scare/intimidate you on purpose	226	55.3
Threatened to hurt someone you care about	226	22.6
Physical violence		
Slapped or threw something at you	226	68.1
Pushed or shoved or pulled hair	226	52.7
Hit with fist or with something else	226	52.7
Kicked/dragged/beat up	226	46.5
Choked or burnt on purpose	226	23.0
Threatened to use a gun, knife, or other weapon	226	19.5
Sexual violence		
Physically forced to have sex	226	45.6
Experienced something sexual when you were afraid of what your intimate partner might do	226	35.8
Experienced something sexual that you found degrading or humiliating	226	17.7

Table 2.4 shows the different forms of violence experienced by disabled women in the past year. Many of them reported experiencing violent acts in the past 12 months and some of them experienced those acts frequently. However, the prevalence of any form of violence experienced by the currently partnered women in the past 12 months was low, as compared to the prevalence of violence experienced by the ever-partnered women during their lifetimes.

Table 2.4: Different forms of violence experienced by the currently partnered disabled women in the past 12 months

Types of violence	Ever experienced violence n	Violence experienced in the past 12 months		How many times occurred in the past 12 months (%)		
		freq	(%)	Once (%)	Few times (%)	Frequently (%)
Emotional abuse						
Insulted you or made you feel bad about yourself	160	63	39.4	14.3	39.7	46.0
Belittled/humiliated you in front of other people	148	62	41.9	11.3	45.2	43.5
Did things to scare/ intimidate you on purpose	125	46	36.8	6.4	36.2	57.0
Threatened to hurt someone you care about	51	14	–	–	–	–
Physical violence						
Slapped or thrown something at you	154	44	28.7	22.7	38.6	38.6
Pushed or shoved or pulled hair	119	32	26.9	18.8	34.4	46.9
Hit with fist or with something else	119	32	26.9	9.4	56.3	34.4
Kicked/dragged/beat up	105	28	26.7	28.6	39.3	32.1
Choked or burnt on purpose	52	12	–	–	–	–
Threatened to use a gun, knife or other weapons against you	44	10	–	–	–	–
Sexual violence						
Physically forced to have sex	103	18	–	–	–	–
Experienced something sexual when you were afraid of what your intimate partner might do	81	16	–	–	–	–
Experienced something sexual that you found degrading or humiliating	40	11	–	–	–	–

– Percentages based on fewer than 20 respondents suppressed

To find the association between women's lifetime experiences of violence by an intimate partner and their socio-demographic factors, the respondents were categorised into two groups— those who had ever experienced violence and those who had never experienced violence. Among the ever-partnered women (n=226), about 84% reported having experienced at least one act of physical, sexual, or emotional abuse by an intimate partner. The findings on chi-square test show no significant difference between the two groups even when categorised according to area of residence, educational qualification, or severity of disability. However, significant difference was found with regard to age and marital status. Women who were more than 32 years old had experienced violence more frequently by an intimate partner than women below 32 years. Women who were members of economic groups were more likely to experience violence (three times); women who were separated were more likely to have had violent experiences, as compared to women who were married and lived with their husbands.

For the qualitative component, the respondents were asked to talk about the most recent violent experiences that they had encountered within the past six months and/or that had had the most

impact on their lives. Some of the respondents preferred to discuss only one and not necessarily examples from both categories. During the in-depth interviews, many women reported that their disabilities were the prime reason for their husbands verbally, physically, and psychologically abusing them.

The survey findings revealed that the prevalence of emotional abuse from intimate partners was high. Many respondents reported that they were emotionally abused by their husbands. A 21-year-old woman from a rural area said, “My husband said, ‘I did not want to marry you; my parents got me married to you. I will not accept this marriage.’ He started saying this within two months of our marriage.” She also added that she had been emotionally abused by her husband because of her disability.

The families of disabled women paid generous amounts of dowry to prospective husbands and their families for marrying their daughters. Some of the bridegrooms’ families forced their sons to marry disabled women in order to acquire these dowries. Therefore, many husbands abused their wives emotionally and verbally on the grounds of being forced into marriage against their will. However, not all husbands were forced. In some cases, the husbands freely married the respondents on account of the dowries they were promised and/or property the respondents owned. In other cases, the husbands were already married and lived with first or other wives, and would visit the respondents sporadically. In most cases, communication between the respondents and their husbands was limited at best. With the exception of one or two cases, the respondents were unable to share their thoughts and feelings with their husbands. The husbands who were forced to marry disabled women were more abusive towards their wives.

Disabled women also experienced sexual violence. Similar to the survey findings, the qualitative data revealed that some respondents experienced sexual abuse from their husbands. Some reported that they were forced by their husbands to have sex against their will.

A 25-year-old woman from a rural area shared her story:

“He [husband] wanted to do it even when I had my ‘masheek’ (menstruation). When I am sick, he comes home drunk and wants to have sex. He does not care about my masheek and sickness. He does it even when I face problems.”

A few also reported experiencing sexual violence when they were pregnant. One of the respondents, aged 25, from a rural area said:

“When I was eight months pregnant, the doctor asked me not to have sex any more. I told the doctor that my husband gets drunk and wants to have sex. The doctor said that I should make my husband understand and do it after 7–8 days. Even then, my husband had sex with me and I felt the baby move up. He forced me to be with him... and my stomach hurt a lot. But, he did not listen when I told him.”

Although most respondents had strained relationships with their husbands, there were one or two respondents who spoke of good relations. A 25-year-old respondent from a rural area, who was also married to a disabled man, had control over the marriage and household. She indicated that she was on good terms with her husband.

Respondents were also physically abused by their intimate partners. Husbands not only slapped and kicked them, but in some cases, also used objects to beat them. A 21-year-old respondent from a town said:

“My husband flogged me for about an hour with a branch of a eucalyptus tree. This caused me injuries in a number of places in the body, including swelling and bruises.”

Another 35-year-old respondent from a rural location said:

“He slapped me on my face. My jaw was hit badly...my head also swelled. I was near the kitchen. He lifted me and threw me from there to the verandah. He again threw me from the verandah to the courtyard. From there, he threw me to the room. My nose ring fell down. I lost consciousness. There was bleeding from my jaw.”

Violence Experienced from Others

The respondents were also asked whether they experienced any act of violence from an individual other than their intimate partner. The survey findings revealed that disabled women frequently experienced emotional abuse, physical violence, and sometimes, sexual violence from different individuals. The qualitative data also indicated that respondents faced different forms of abuse from their family members, in-laws, neighbours, teachers/school administration, and even strangers on the street.

Out of the 368 disabled women surveyed, 160 reported being slapped or having something thrown at them by an individual other than an intimate partner. Amongst these 160 respondents, 68 reported experiencing these acts of violence in the past 12 months. The frequency of different acts of physical or sexual violence experienced from different individuals was low, as compared to the frequency of emotional abuse experiences. The respondents were also asked to identify common perpetrators. Table 2.5 shows the different categories of perpetrators mentioned.

Table 2.5: Commonly mentioned perpetrators other than intimate partner

Types of violence	Category of perpetrators					Total no. of women reported ever experienced violence				
	Family ^a		Neighbours		Acquaintance ^b		Unknown person		Others	
	n	%	n	%	n	%	n	%	n	%
Emotional abuse[§]										
Insulted by someone other than intimate partner	166	55	186	61.7	34	12	51	16.9	3.99	301
Belittled or humiliated in front of other people	158	54	186	63.6	33	11	52	17.8	2	.68
Done things to scare or intimidate you	122	64.5	113	59.7	16	8	29	15	1	.52
Threatened to hurt you or someone you care about	37	56.9	42	64.6	7	10.7	10	15	–	65
Physical violence[§]										
Slapped or thrown something that could hurt you	95	59	90	56	22	13.7	22	13.7	2	1
Pushed/shoved or pulled your hair	85	61	82	58.5	15	10.7	23	16	–	140
Hit you with his fist or with something else that could hurt you	70	60	60	51.7	20	17.2	16	13.7	–	116
Kicked you, dragged you, or beaten you up	54	59	52	57	10	10.9	17	18.6	–	91
Choked or burnt you on purpose	27	65.8	27	65.8	3	7	6	14	–	41
Threatened to use a gun, knife, or other weapon against you	24	58.5	27	65.8	2	4.8	10	24	–	41
Sexual violence[§]										
Forced to do something sexual that you found degrading or humiliating	1	–	3	–	1	–	1	–	–	6
Forced you to have sex when you were afraid of what he/she might do	5	–	9	–	3	–	8	–	–	19
Experienced something sexual that you found degrading or humiliating	3	–	7	–	1	–	4	–	–	12

§ Percentage exceeds 100 due to multiple responses.

a Father, step-father, mother, step-mother, brother, sister, father-in-law, mother-in-law, daughter-in-law, brother-in-law, sister-in-law, son, step-son, son-in-law.

b Relative, friend, work colleague, school teacher, people from the same village/community, service provider.

– Percentage based on fewer than 20 respondents suppressed.

The qualitative data supports the quantitative findings regarding violence experienced from others. It also suggests that disabled women experienced different forms of violence from neighbours, relatives, siblings, in-laws, school teachers, and strangers. During the in-depth interviews, the respondents reported in-laws and other family members as common perpetrators of different acts of violence. Most in-laws made the respondents do domestic chores. Some of them constantly harassed and abused the respondents for their disabilities. Often, the in-laws made the lives of the respondents miserable, with the intent of making them flee their homes.

Most respondents suggested that siblings were the most abusive, especially when the respondents were dependent on them. They made the respondents feel as if they were a burden for their siblings. In many incidents, the respondents were asked to leave their siblings house. There were also incidents when the siblings became violent against the disabled respondent, incited by their respective intimate partners. In one case, a respondent was abused by her brother because his partner (her sister-in-law) had allegedly left their house on her account:

“He [brother] was scolding me while she [sister-in-law] was leaving the house. She called me lame, magi (whore), and so on...my mother asked him [brother] to bring his wife back, but he said, “She has gone away because of the lame girl. How shall I bring her?” He slapped me twice. When he called me a lame girl, I told him, “Have I become a lame girl on my own? What would have happened if you were like this today?” Then, he beat me and asked me to be quiet. My mother, then, asked me to be quiet.”(25-year-old woman from an urban area)

Additionally, disabled women faced abuse and discrimination from people other than their relatives. In one case, a 25-year-old respondent from a rural area said that while growing up, apart from her relatives, the neighbours would accuse her of killing her mother by being born lame.

A 15-year-old speech- and hearing-impaired respondent, living in a rural area, was raped by a neighbour. Later, she was convinced to marry him in order to save her reputation. Her mother narrated her story to us (see box).

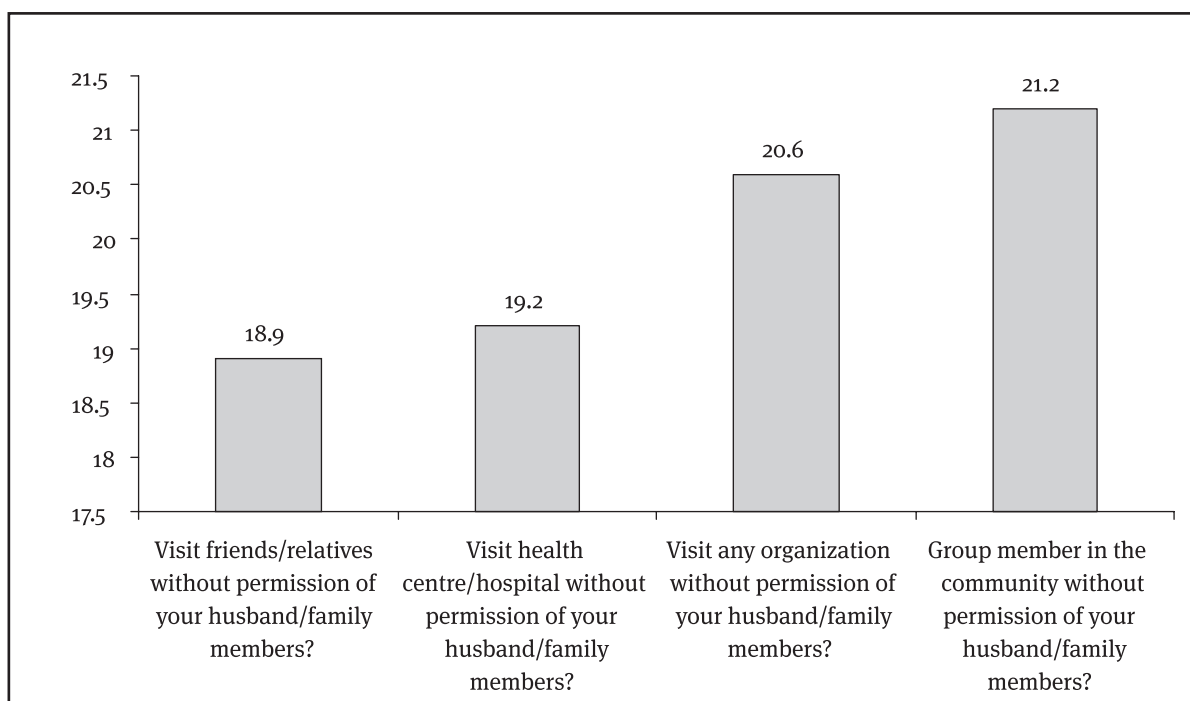
X is a 15-year-old girl living with her family in a small village. She is speech- and hearing-impaired. One night, during a family member’s birthday celebration, X went missing. Her family found her naked, covered in mud, and crying by the riverbank. Through gestures, she indicated to her mother that she was taken to the riverbank by a neighbour, who then took her clothes off and raped her. The boy was caught while escaping by X’s brothers. X’s family immediately called for a *shalish* to be held, which was attended by the chairman of the village and other members. At the arbitration, which was not attended by the rapist’s family, the chairman decided that the most effective solution would be to get X married off to the rapist, in order to save her honour and her family’s reputation. However, the rapist did not agree to this marriage. The rapist’s mother refused to get her son married to a ‘dumb girl’. As the matter remained unresolved, X’s family decided to file a case with the local police. By this time, the perpetrator confessed to raping X. The police arrested the rapist and took X for medical examination. The medical examination found the rapist’s semen in X’s pajamas,

but not inside her. However, there were signs of forced entry. After the examination, X was taken into police custody and kept there for three days. Her family was not allowed to see her during those days. When X's mother finally saw her, she found out that a policewoman had slapped X. X's mother confronted the policewoman, who argued that her daughter was lying. At this point, X's mother forcefully took X away from the police station. Then, X was given some medication by a local pharmacist, which induced vaginal bleeding. The rapist, however, was sentenced to only four months' imprisonment.

Controlling Behaviours

In the survey, women were asked questions about the controlling behaviour of their family members, including their partners. They were asked whether their husbands or other family members had ever restricted them from visiting a healthcare centre or hospital, or from visiting friends or relatives, and so on. Figure 2.3 shows the responses of the women on controlling behaviours. Only about 20% of the women reported that they could visit healthcare centres or hospitals without the permission of their husbands or other family members.

Figure 2.3: Controlling behaviours by intimate partners and other family members



According to the qualitative data, husbands and in-laws controlled the respondents' access to healthcare services. In some cases, husbands and in-laws refused and/or prevented the respondents from seeking medical care for their injuries; only in cases of extreme injuries were the respondents taken to doctors/hospitals. Intimate partners and other family members also exercised economic control over the respondents. One respondent from a village, aged 35, said that her husband and father-in-law would not give her any money to buy essential goods for the household; instead, they would make purchases on her behalf.

Mobility and Social Exclusion

Women were asked whether they restricted their mobility because of their disabilities. A large proportion of respondents in the survey (67.1%) reported never walking alone in their area after dark. They were also asked whether they tried to avoid teenage boys or young men when crossing the street. More than one-fifth of the respondents reported doing so. Sometimes, strangers made inappropriate comments about the respondents' bodies. These comments made 32.6% of the respondents feel uncomfortable. These results suggest that disabled women frequently choose not to use public transportation or walk alone after dark in order to avoid taunts and harassment. This self-protection mechanism was probably incited by their disabilities, combined with the cultural and social structures that hindered free mobility, especially in rural areas (see Table 2.6).

Table 2.6: Respondents mobility and self-protection mechanism

Types of structural behaviour	Frequency	Percentage
<i>How often do you walk alone in your area after dark?</i>		
Daily	57	15.5
At least once a week	30	8.2
At least once a month	17	4.6
Less than once a month	17	4.6
Never	247	67.1
<i>When alone, how often do you try to avoid walking past teenage boys or young men, for example, by crossing the street?</i>		
Always	77	20.9
Sometimes	57	15.5
Never	109	29.6
Does not walk alone	125	34.0
<i>How often do you use public transportation after dark?</i>		
Daily	7	1.9
At least once a week	28	7.6
At least once a month	9	2.4
Less than once a month	25	6.8
Never	299	81.3
<i>While waiting for or using public transportation alone after dark, do you feel very worried, somewhat worried, or not at all worried about your personal safety?</i>		
Very worried	33	9.0
Sometimes worried	26	7.1
Not at all worried about personal safety	10	2.7
Never	299	81.3
<i>Has a man you knew ever made you uncomfortable by making inappropriate comments about your body?</i>		
Yes	120	32.6
No	248	67.4
<i>Has a man you knew ever made you uncomfortable by making inappropriate comments about your sex life?</i>		
Yes	140	38.0
No	228	62.0

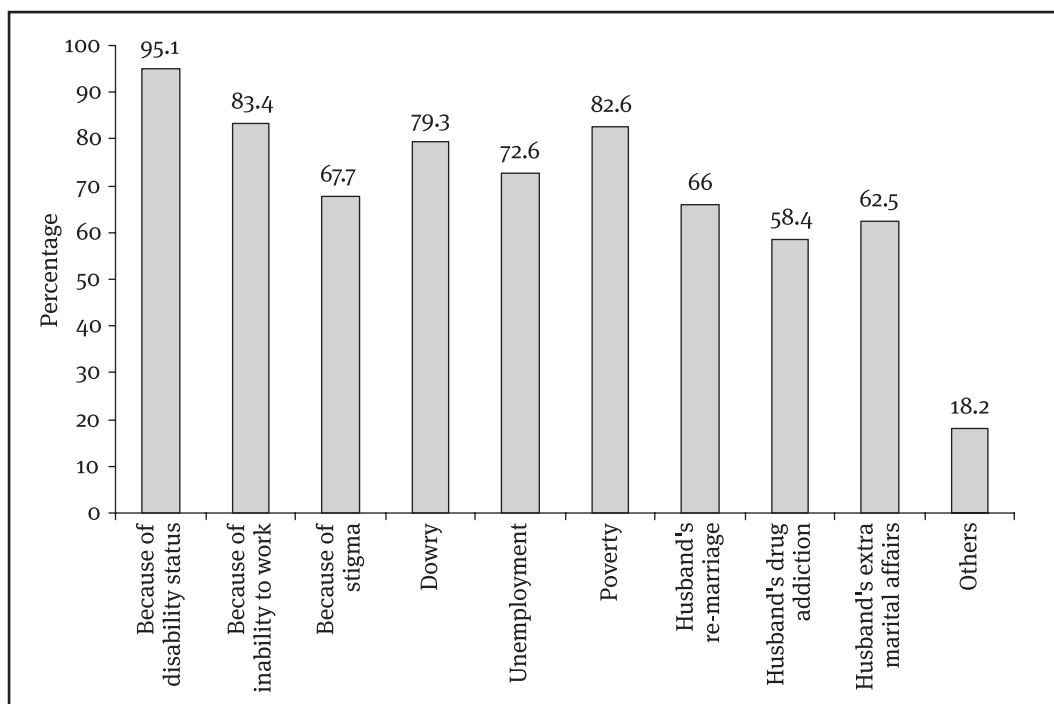
Qualitative data showed that respondents who were severely disabled did not go out as much. In general, respondents who used public transportation encountered mixed reactions from the public. Some recounted that passengers were either helpful or apathetic. Few of the respondents reported being harassed by the public due to their disabilities. However, respondents accompanied by family members were less likely to be harassed. Most of the difficulties associated with mobility were related to the absence of disabled-friendly facilities in the various modes of public transportation.

The respondents also mentioned that they were often prevented from using public transportation by other passengers. One respondent from a rural village, aged 26, said that she had to take a bus to an interview. As she was a little slow while boarding the tempo due to her physical handicap, the passengers shouted at her, asking her take some other tempo and let this one go. Other respondents also mentioned that they feared travelling alone, lest some stranger molest them. One 20-year-old respondent from an urban area, who was blind, said that once, a man offered to help her cross the road. She agreed and the man held her hand to guide her. However, at one point, he held her closely to his own body. She said that she felt ashamed and used her bag to shield her chest.

Triggers of Violence

Respondents were asked to share their thoughts on why disabled women experienced a high prevalence of violence from intimate partners and others. Figure 2.4 shows the percentage of women reporting different causes for the aforementioned violence. Almost every respondent (95.1%) said that they experienced violence because of their disabilities. Many of them reported that disabled women experienced violence because of being disabled (95.1%), unable to work (83.4%) poverty (82.6%), dowry (79.3%), unemployment (72.6%), and so on.

Figure 2.4: Causes of violence reported by the respondents



Our qualitative data revealed that violence was triggered by multiple factors. The respondents reported that the triggers of violence were usually their disabilities and the greed of in-laws who wanted more money from the women's families. In some cases, husbands beat their wives incited by their mothers, fathers, and siblings:

“One day, my husband beat me, provoked and encouraged by his mother and sister.”
(25-year-old woman from a rural area)

“My mother-in-law got me flogged by her son for a piece of gold...my parents-in-law told me that I had to bring the gold from my parents house otherwise they would not keep me.” (21-year-old woman from an urban area)

Sometimes in-laws wanted the women to leave their husbands of their own volition, so that the in-laws did not have to repay the dowry money to the women's families.

“My husband and my in-laws wanted me to leave their house myself, so that they would not be required to pay me any money...that is why they beat me.” (25-year-old woman from a rural area)

In some cases violence by husbands was triggered by the women's failure to live up to their expectations.

“It was about food. I kept the cooked rice in the container for him, but he would not eat it. He would only eat if I remained seated next to him. Since I was feeling sick, I was in bed and that is why my husband beat me”...(30-year-old woman from an urban area)

Consequences of Violence

The women who reported experiencing any act of violence (physical, sexual, or emotional) from intimate partners were further asked whether these acts of violence resulted in injuries or caused emotional distress. More than half of the women reported ever having suicidal feelings and 11% tried to take their life because they experienced different acts of violence from an intimate partner.

Figure 2.5: Percentage of different types of psychological problems ever suffered by the ever-partnered disabled women as a result of experiencing intimate partner violence

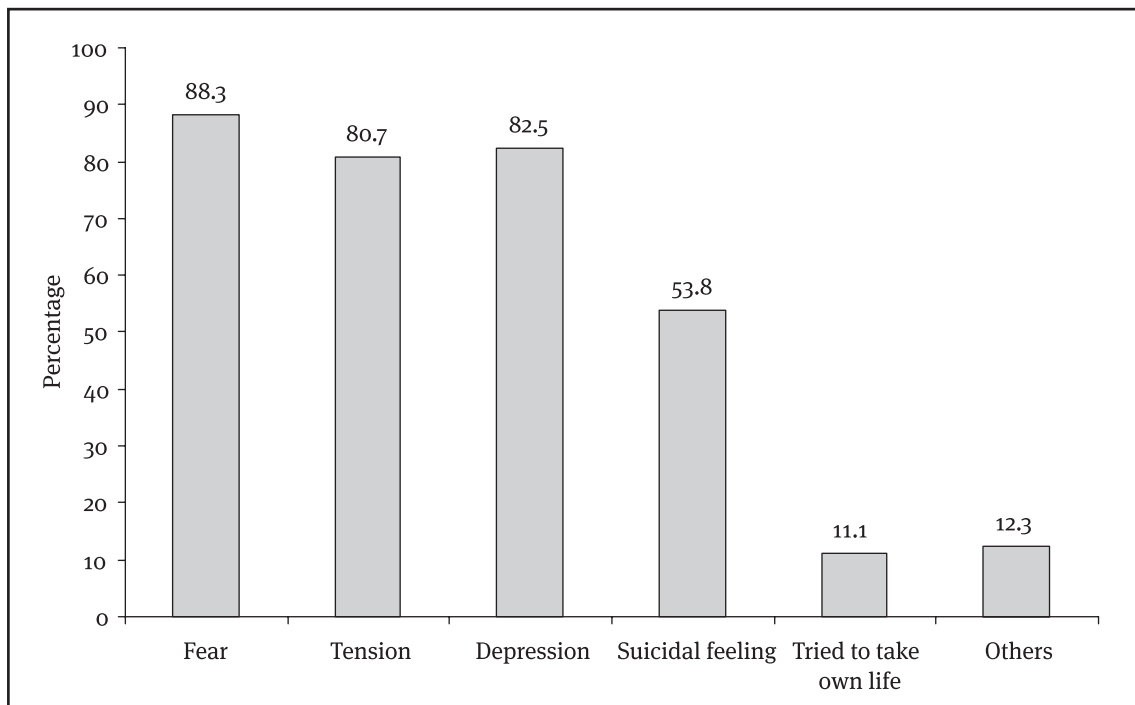
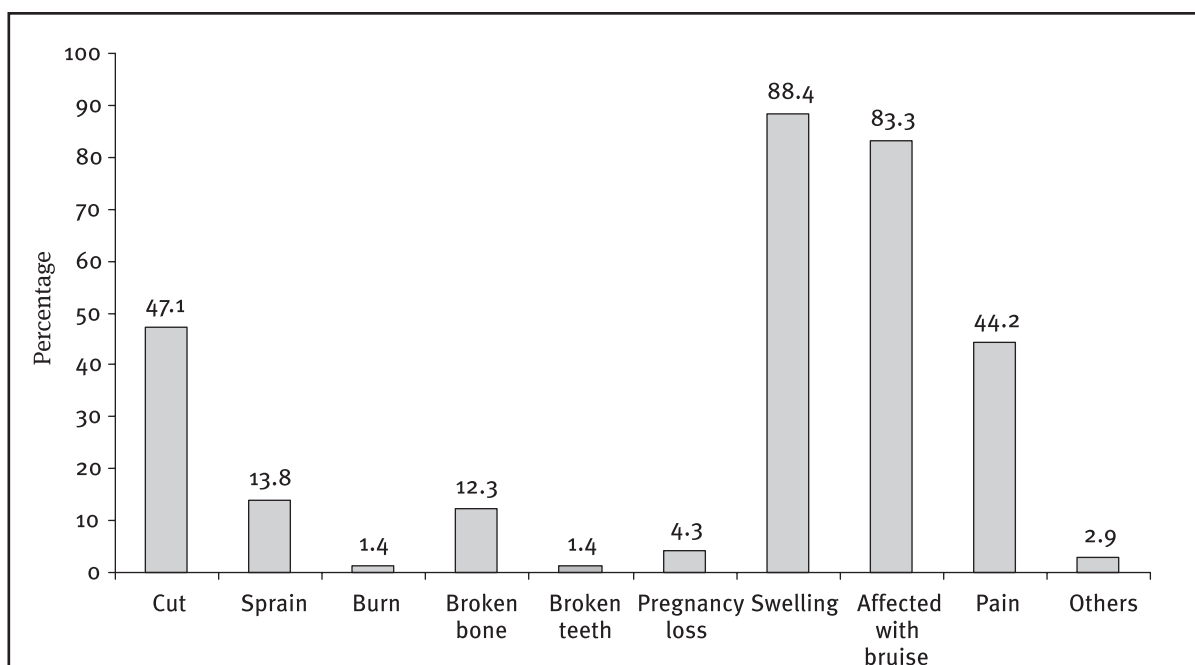


Figure 2.6 breaks down the physical problems suffered by the disabled women as a result of experiencing intimate partner violence. Some of the commonly mentioned injuries were cuts (47.1%), sprains (13.8%), and miscarriage (4.3%).

Figure 2.6: Percentage of different types of injuries ever suffered by the ever-partnered disabled women as a result of experiencing intimate partner violence



The women who ever experienced emotional abuse, and/or physical or sexual violence from different individuals other than an intimate partner were asked whether they suffered any physical and psychological problems as a result of experiencing those acts of violence. Figure 2.7 and 2.8 show, respectively, the psychological and physical problems ever suffered by the women as a result of experiencing violence from others. While more than 85% of the respondents were depressed due to violence they faced from other people, about 44% ever had suicidal feelings. About half (48.8%) of the respondents reported having suffered pain and 70.4% reported bruises from the violence.

Figure 2.7: Percentage of different types of psychological problems ever suffered by the disabled women as a result of experiencing violence form others

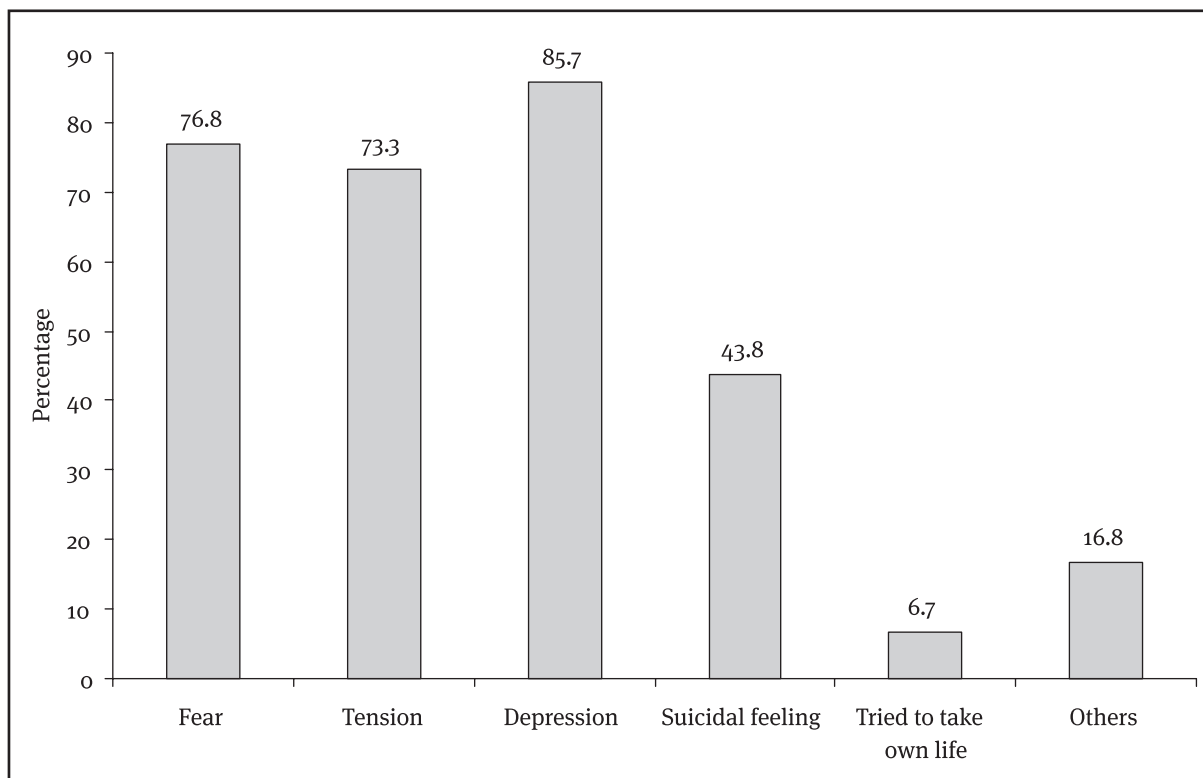
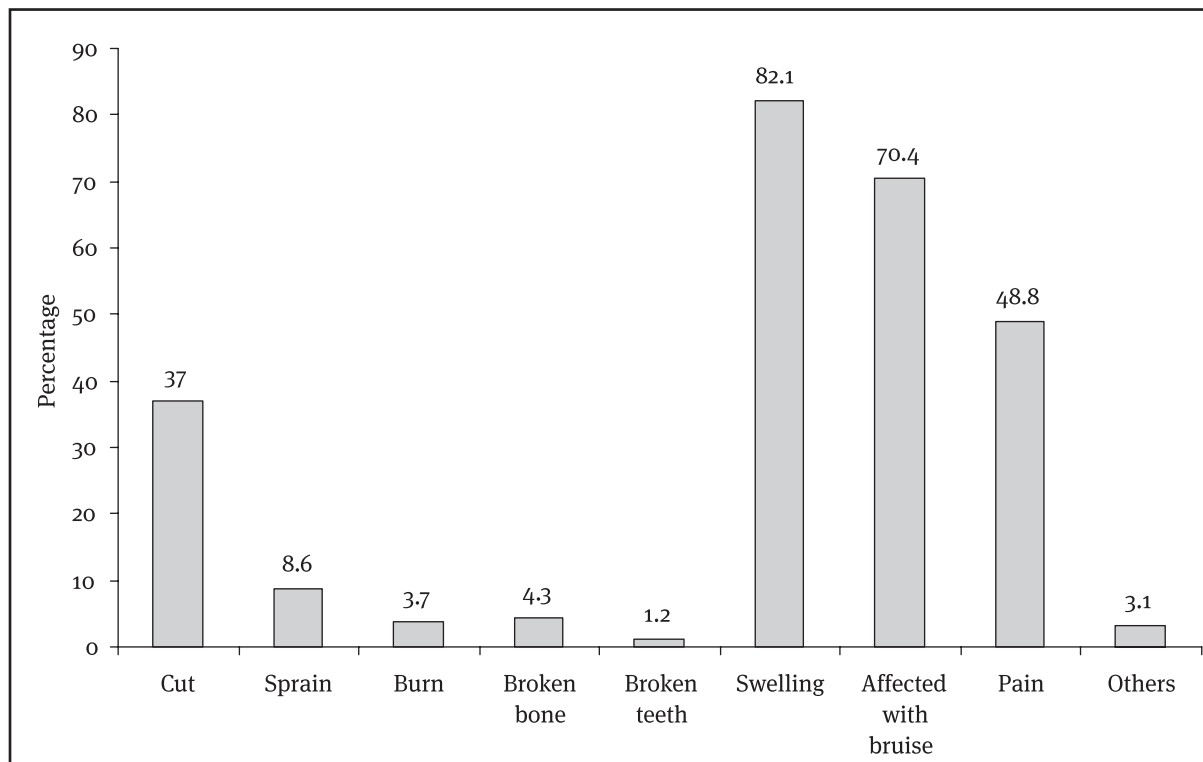


Figure 2.8: Percentage of different types of physical problems ever suffered by the disabled women as a result of experiencing violence from others



In the qualitative findings, the frequent abuse and violence, with no sign of abatement or available adequate coping mechanisms, left many of the respondents contemplating suicide or resorting to harming themselves. Of those contemplating suicide, the thought of leaving their children defenceless and alone prevented them from taking the drastic step. In a few cases, the injuries from violence resulted in disabilities. In most cases, physical violence resulted in injuries severe enough to warrant medical attention.

Our qualitative data also explored if the constant violence at the hands of their perpetrators compounded the notion that the respondents “deserved” the abuse due to their disabilities, by internalising the abuse as a natural outcome of their disability. The internalisation prevented the respondents from disclosing and reporting the violence to others and/or seeking appropriate redressal services. It also led them to remain with their perpetrators, especially their spouses. Many feared the absence of financial or social support if they fled their marital homes. They accepted the violence as just another burden upon their shoulders, in addition to their disability. In some cases, the respondents reacted to the abuse with anger and threats of retaliation. The psychological impact often left the respondents in despair and feeling helpless.

One of the respondents from a rural area, aged 26, shared her feelings as follows:

“I feel sad...if I had money and beauty, then this would not have happened today”.

Some women attempted to cope with the violence in their lives through self-mutilation or self-harm. Some respondents tried to hit themselves several times. A respondent confessed that she banged her

head against the floor after arguing with her family. Another respondent stated that she burnt her hand. Others said that they refused food. This form of coping allowed the women to assert some form of control over their lives and fates. However, some respondents resorted to self-harm, seeking to find solace in death.

One 25-year-old respondent from an urban area said: “I felt bad hitting myself. But, then again, I thought if I died I would be relieved.” Another respondent, in her early 30s from an urban area, said:

“My brother maintains the family, I cannot ask for anything from my brother or from anyone else in the family, whenever I have asked for something, I never received it. I feel that if I could see with my eyes, then I could have earned my own living and not be dependent on others or not be rebuked every time for asking. Many times, I feel like dying. I pray to Allah that I should die suddenly, the sooner I die, the better it is for me.”

The respondents mentioned another consequence of the violence they faced was losing face in public. For example, the fear of losing their reputation and having people gossip about them compelled family members to urge the respondents to marry their perpetrators. A 27-year-old respondent from an urban area explained why, after being raped by a neighbour, her family insisted that she married the perpetrator:

“I did not want this marriage to take place. Then, my brother, sister-in-law, and khala (aunt) persuaded me. They told me that if I did not marry him, then there would be a scandal. I also thought as much. But, whenever I thought about marrying the boy, I became angry with him and did not feel like marrying him.”

Stigma and Discrimination

The respondents were asked whether they experienced any discrimination from their family or from society in the past 12 months because of their disabilities. Table 2.7 shows the prevalence of discrimination experienced by the disabled women in the past 12 months. The results suggest that many of the women were prevented by their families from participating in different family activities (such as social events, eating, cooking together, and sharing the same room with other family members). They were also neglected by society.

Table 2.7: Discrimination experienced by the disabled women

Discrimination experienced by the disabled women in the past 12 months due to their disability status	How many times occurred			
	Never (%)	Once (%)	A few times (%)	Often (%)
Been excluded from social gatherings or activities (such as weddings, funerals, parties, and other occasions)?	72.5	1.9	10.1	15.5
Been excluded from religious activities or places of worship?	82.6	2.2	5.2	10.1
Been excluded from family activities (such as cooking, eating together, and sleeping in the same room?)	87.0	3.3	4.9	4.9
Been denied health services?	94.3	3.8	1.4	0.5
Been aware of being gossiped about?	46.5	5.7	17.4	30.4
Been forced to change your place of residence or been unable to rent accommodation?	97.2	2.0	0.6	0.3
Lost a job or another source of income (if self-employed or an informal/casual worker)	91.2	3.4	3.7	1.7
Been dismissed, suspended, or prevented from attending an educational institution	96.5	1.1	0.8	1.6
Has your child/children been dismissed, suspended, or prevented from attending an educational institution?	97.5	1.9	0.6	–

Our qualitative findings also indicate that the respondents faced a lot of discrimination from within their families. Their siblings belittled, ignored, and neglected the respondents on account of their disabilities. A 22-year-old respondent from an urban area said that her brothers taunted her because of her physical disabilities and, often, told her to leave their house. Another 30-year-old respondent from an urban area said that her mother would frequently tell her, “it would be better if you died, then I can live in peace”. The respondent also said that she was often beaten up by her mother and sisters because of her tendency to resist the discrimination. At the interview, she even showed a scar, which she reported to have received from an injury sustained when her sisters beat her.

The respondents were also excluded from social gatherings by their family members and/or in-laws due to their disabilities. One 26-year-old participant from a rural area described the following experience.

“I have five sisters-in-law. Whenever they go out, they do not take me with them. Everyone says that all these sisters are normal so, why would they take me? My sisters-in-law are from a good family, they feel insulted that I work in the field and they do not like handicapped people, so they do not invite me to any marriage ceremonies.”

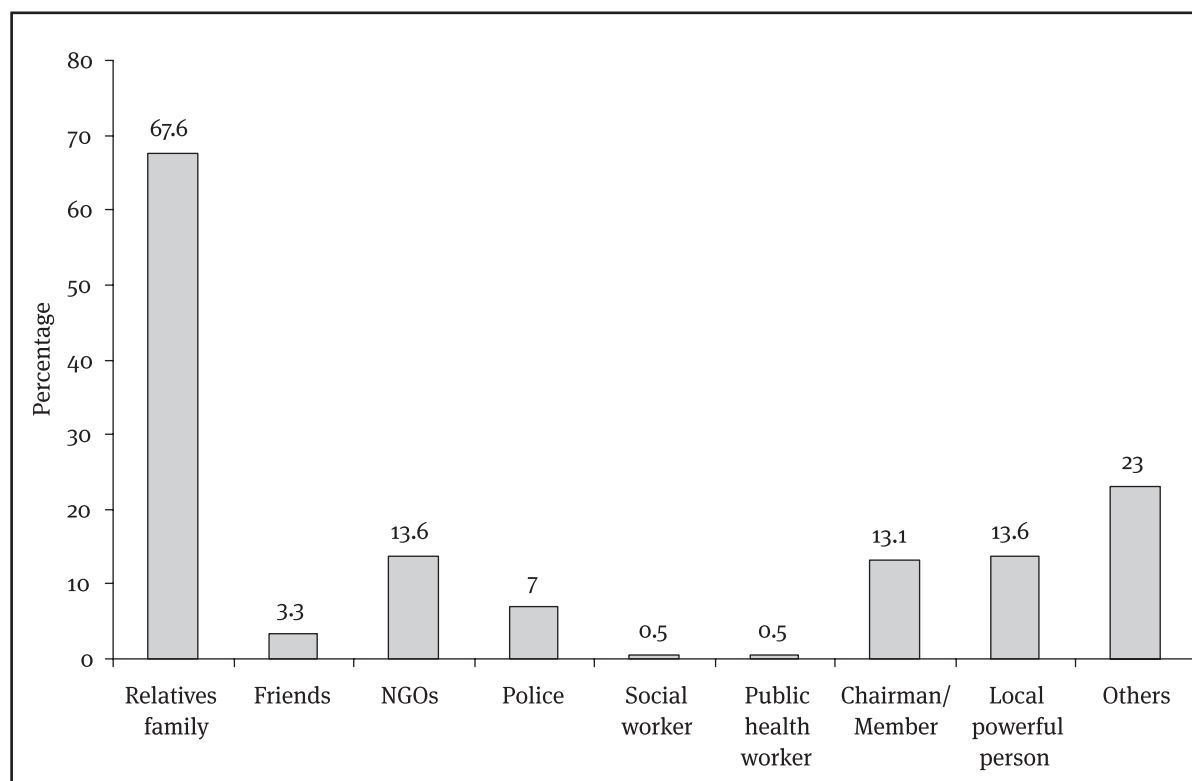
Living in fear of possibly experiencing discrimination, many of the disabled women avoided social programmes and, sometimes, family programmes. Among all the disabled women (n=368), 16.7% decided not to attend social events/programmes, while 4.9% isolated themselves from their family and/or a friend. Because of the fear of experiencing potential discrimination, 7.4% decided to stop working, while another 7.4% decided not to apply for a job/work or for a promotion. More than half of them (58.8%) decided not to get married and 41.3% decided not to have sex, irrespective of marital status.

Coping Strategies

In addition to documenting various forms of violence experienced by disabled women, the study also explored the common coping strategies used by them. Out of 226 ever-partnered women, 189 reported experiencing at least one act of physical, sexual, or emotional abuse by an intimate partner during their lifetime. Among the 189 women, about 45% reported having strategies to minimise or avoid such experiences. However, not all of them were successful. A large proportion sought help from family members (81.4%), followed by a local influential person in the area (16.3%). Some of them (7.0%) also sought help from a NGO counsellor working in a disability support organisation.

Out of the 322 respondents who reported abuse by an individual other than their intimate partner, 63% reported using several strategies to minimise or avoid violence, and among them, only 55% succeeded. Table 15 shows details of women's help-seeking behaviour as a result of experiencing violence from people other than an intimate partner. Most of them (about 68%) reported seeking help from family members/relatives.

Figure 2.9: Percentage of disabled women ever sought help from different persons as a result of experiencing violence from others



The qualitative data explored the possible sources of informal support for the respondents, stemming from their personal surroundings. In some cases, where family members are the perpetrators, other family members provided support to the women. In many cases, the respondents said that their brothers took care of them when they are severely beaten or stood up for them against their perpetrators. Sometimes, unexpected support came from in-laws as well.

“My aunt-in-law was the head of the family. I had a black scar on my leg due to his flogging. When I regained consciousness, I found my aunt-in-law crying. She said to my husband, “Why did you beat this lame girl? If you do not want her, send her back home.” I told my brother everything. He said that I should have told him earlier. He took me to a doctor the next morning. He purchased eye medications for me. My brother felt sorry for me, seeing my condition, he took me home afterwards, because he realised that they [husband and in-laws] would continue torturing me.” (35-year-old woman from a rural area)

“My mother-in-law asked me to bring BDT 10,000 from my parents’ home. I told them that my brother would not give such an amount, because they had already given me land...she then threw me out of the house screaming, “Magi, (whore) get lost!”...I sat outside and cried...at which point, my sister-in-law asked my mother-in-law why did she send me out...I was sitting on the street for three hours, crying all this time. My father-in-law appeared, held my hand, and took me back indoors and gave me food to eat.” (26-year-old woman from an urban area)

The qualitative data also explored the role of local influential people, such as community leaders, who were informal authority figures. They mediated disputes and conflicts, and their decisions were usually adhered to. In addition, some women who were members of disability rights organisations sought help from these organisations to settle disputes between them and their perpetrators. When the violence became too extreme, the respondents’ families sought help from local leaders. In many cases, arbitrations were arranged between the families and the perpetrators, often mediated by the village headman, to resolve problems or dissolve marriages.

Based on the qualitative interviews, the local leaders were the first contact for formal support for the respondents. The local leaders listened to both sides and often ruled in favour of the victims. However, one respondent cited that her in-laws bribed a local leader, whereby he ruled in their favour. Usually, the local leaders act as the law of the village, and their decision is regarded as the final say in the matter.

Similarly, disability rights organisations like ADD and Nandan were also cited as places of formal support. These organisations filed cases, provided counselling, and looked after the interests of the respondents. One respondent from a rural area, aged 17, recounted how a representative from ADD aided her in filing a case against her husband for violence and return of dowry money. Also, when she was separated from her husband, the ADD representative continued helping her when needed, for example, by assisting her with her daughter’s school admission.

Expectations of Support/Justice

The respondents were also asked what types of support were needed to prevent violence against disabled women. More than one-fourth (27.2%) of them said that disabled women should seek help from the police/local political persons to prevent violence. They were further asked how the government could protect disabled women from experiencing violence. Many of them (28.8%) said that the government should ensure proper application of law, whereas 12.2% said that the government should try to increase their employment opportunities.

Many of the respondents interviewed in the qualitative phase gave definitive answers on how to prevent torture and shared their expectations of justice. They were aware of how education and employment opportunities helped prevent violence by empowering women. One 35-year-old respondent from an urban area said, “Women are tortured more because they are not educated. Illiterate women do not understand anything. They should know how to read. They should be educated, even if they are poor.” Another respondent said how a job could help them to survive independently:

“If people could arrange jobs or separate accommodation, say, we can manage with a salary of 5000–6000 taka for disabled people like us, this will help.” (25-year-old woman from an urban area)

Our qualitative findings also explored how some of the disabled women were empowered with the support of different organisations working for the disabled. One 35-year-old respondent from a rural area shared her feelings as follows.

“The torture has now reduced and ADD has helped me in this connection. He [husband] will face the consequences. Everyone realises that disabled people are not alone now, he [husband] has to come see me every seven days. If he does not, then I will inform ADD and the village headmen. So, my husband comes to see me out of fear.”

Another 27-year-old respondent from an urban area explained how being a member of an organisation aided in her recognising the discrimination she faced and demanding solutions.

“I used to feel bad. I would not go out on the streets. I attended a number of meetings organised by ADD in 2003. There are many physically challenged people whose condition is far worse than mine. In that meeting, I told everyone that people call me lame and crippled; they say that I walk like I dance; please see that I do not have to hear all these in the future. I used to think that the condition of my body was due to a sin committed by me, later, I learned from ADD that this was not the case.”

INDIA

The 2001 Census estimates that there are over nine million disabled women in India, constituting 3.5% of the population (Census of India, 2001). Some researchers put this figure at over 35 million (Beijing Review Paper, 2010). India ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. Article 6 of the Convention is particularly relevant in that it recognises that women and girls with disability are subject to multiple discrimination and instructs states to take measures to ensure full and equal enjoyment of their human rights and fundamental freedoms¹⁵.

The history of the Indian women’s movement has been one with a focus on poverty, caste, and employment; social issues such as dowry and sati; population control and female foeticide; sexuality and domestic violence. Its agenda did not include disability. Critical feminist analysis of disability in India was initiated by, among others, Renu Addlakha (Addlakha, 2006, 2005, 2001, 1999, 1998, Addlakha and Das, 2001), Bhargavi Davar (Davar, 1999), Amita Dhanda (Dhanda, 2000), Anita Ghai,

15 www.un.org/disabilities/convention/conventionfull.shtml

(Ghai, 2002a, 2002b), and Asha Hans (Hans and Patri, 2003). These feminist scholars challenged both the disability movement and the women's movement for their lack of focus on disabled women.

Also to be noted is the fact that inclusive education is not at an advanced stage in India. The Persons with Disabilities Act holds the State responsible for providing education to people with disability up to the age of 18 years and stipulates a 3% reservation in government-supported educational institutions. Government schools are bound by law to provide admission to students with disability, and all public buildings, including educational institutions, should be made accessible to everyone. In 2007, 12 years after the Act was passed, a study in Kolkata analysed the gap between policy and implementation. The researchers sought appointments with 65 Kolkata schools, of which only 30 schools (16 government and 14 private) responded positively. Half of the government schools and 36% of the private schools that responded were unaware of the reservation for children with disability, who comprised only 0.2% of government school and 0.3% of private school students. None of the 65 schools had a ramp or any form of infrastructural facility for children with disability within their buildings and environment¹⁶.

In India, the general setting of the study was the areas of Mumbai covered by the Municipal Corporation of Greater Mumbai. Both qualitative interviews and quantitative surveys were conducted with disabled women. We contacted 432 disabled women, of whom 317 participated in the study. Of the 317 respondents, 243 lived in Mumbai itself, 72 in adjacent Thane, and two in Navi Mumbai. Five women discontinued participation before completion: three of them did not understand many of the questions, one did not answer many of them, and one said that she could not recall many of the answers.

For the qualitative study, we interviewed 15 respondents, of whom 12 had visual impairments, two had locomotor impairment, and one had both. Eight respondents were between the ages of 18 and 30 years, four were in their thirties, and three respondents were aged 43, 50, and 57 years. Five were married. Ten women were Hindu, four Muslim, and one Christian. Amongst the Hindu respondents, three gave their caste as Other Backward Classes (OBC), SC, or Scheduled Tribes (ST). Five came from lower socioeconomic strata; four lived in hostels and others lived with their natal or marital families. Two had not had any formal schooling, three had attended till the 10th standard, one had done her higher secondary course (HSC), one had dropped out during HSC, four had completed higher education, and four others had dropped out of BA or MA education. Nine respondents did not have a job, although one of them ran a small home-based business and two others were learning vocational skills.

Table 2.8 summarises the respondent characteristics from the quantitative survey. For instance, 54% were under 30 years of age, and 41% were currently married and 51% unmarried. The women's husbands were a median six years older. Most ever-married women (76%) had at least one living child and most women (70%) were Hindu.

¹⁶ Shampa Sengupta, CRY (Child Rights and You) and Sruti Disability Rights Centre. InfoChange News & Features, September 2008, www.infochangeindia.org

Table 2.8: Demographic characteristics of respondents with disability

Characteristic	n	(%)
Age (years)		
18–25	98	(30.9)
26–30	72	(22.7)
31–35	48	(15.2)
36–40	40	(12.6)
41–45	21	(6.6)
46–50	12	(3.8)
51+	26	(8.2)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>
Marital status		
Unmarried	162	(51.1)
Married	130	(41.0)
Separated	4	(1.3)
Divorced	3	(0.9)
Widow	18	(5.7)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>
Number of living children, if ever-married		
None	38	(24.5)
1 child	53	(34.2)
2 children	40	(25.8)
3 or more children	24	(15.5)
<i>Total</i>	<i>155</i>	<i>(100.0)</i>
Religion		
Hindu	223	(70.4)
Buddhist	44	(13.9)
Muslim	27	(8.5)
Christian	8	(2.5)
Other	15	(4.7)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>
Caste		
General	137	(43.2)
Scheduled Caste	91	(28.7)
Scheduled Tribe	12	(3.8)
Backward caste	27	(8.5)
Other Backward Classes	29	(9.2)
Other	21	(6.6)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>
Educational level		
No schooling	56	(17.7)
Primary (class 1–5)	30	(9.4)
Secondary (class 6–10)	102	(32.2)
Higher secondary (class 11–12)	60	(18.9)
Higher	69	(21.8)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>

Of the 317 women, 193 women (61%) were in paid employment. The largest group (46%) worked in small trades, such as bag making, tailoring, painting, or embroidery, running telephone booths, and selling items on the railway stations. The commonest private sector job was working in a beauty

parlour. Estimates for personal income were available for 183 women, 86% of whom earned less than Rs 5000 per month (median Rs 1500; inter-quartile range/IQR Rs 600–3500). For family income as a whole, 230 estimates were available. Of these families, 72% had an income of less than Rs 10,000 per month (median Rs 4100; IQR Rs 2000–10,000). The main sources of family income were private sector jobs, such as domestic work and businesses like public communications offices. Of 317 women, 74 women (23%) had economic dependents, while 184 (58%) said that they were dependent upon others. Also, 75 of 313 (24%) families owned their homes, most of which had a concrete floor (197; 63%), a solid roof (167; 53%), metered electricity (293 of 312; 94%), and legal water supply (284; 91%) from a private source (199; 64%). And, 60% of the families had a Below Poverty Line (BPL) ration card (187 of 312).

Types of impairment

The International Classification of Functioning, Disability, and Health (ICF) defines disability in terms of body functions and structure, and activity and participation. While the functional categorisation largely matches the idea of impairment, the participatory categorisation matches the idea of disability. All 317 women included in the study had functional impairments. Of them, 197 (62%) had visual, 118 (37%) had locomotor, one had hearing, and one had both visual and hearing impairments. Most of the women had experienced impairments for at least five years (194; 61%), and many since birth (114; 36%). Most described their impairment of function as moderate (231; 73%), as mild (34; 11%), and as severe (52; 16%). Although 262 (83%) were officially registered as people with disability, when asked if they considered themselves as having a disability, only 168 women agreed (54%). And, 49% (27) of women who were not registered nevertheless considered themselves as having a disability. Also, 152 (48%) were members of an organisation working for disabled women. Table 2.9 summarises women's perceived causes of their impairments, the greatest number being infectious and of congenital origin.

Table 2.9: Perceived cause of impairment

Woman's perceived cause of impairment	n	(%)
Infection	131	(41.3)
Congenital or hereditary	112	(35.0)
Accident	31	(9.8)
Other disease	22	(7.3)
Medical error	8	(2.5)
Neglect	5	(1.6)
Unknown	8	(2.5)
<i>Total</i>	<i>317</i>	<i>(100.0)</i>

Perception of gender roles and understanding of human rights

Women had a clear opinion of what should be and what is the current situation regarding human rights in India. Most (78%) did not think that women enjoyed rights equivalent to those of men. They also disagreed with the idea that education is more important for boys than for girls (97%). Table 2.10 summarises their opinions on respect for rights. On the whole, disabled women did not think

that the rights to protection from torture, equality before the law, equal pay for equal work, and property were respected in India.

With respect to gender roles, disabled women felt that both husband and wife should contribute to household income (92%). They disagreed with the political abilities of men over women, with unequal rights to employment, with the idea that men should be able to demand sex while women should not, and that “no” does not necessarily mean “no”. Only 7% thought that a husband could beat his wife if he loved her, and most did not agree that a good wife should obey her husband, or that he should show her who is boss. However, 28% thought that women needed to have children in order to be truly fulfilled, and 61% felt that outsiders should intervene if a man was mistreating his wife.

Autonomy was a little more limited in reality. Between 30% and 45% of the ever-married women were able to visit friends, healthcare providers, or social organisations without permission from their husbands and family, and 30% thought that they could hold a community group meeting. Close to one-third of the ever-married women made decisions about purchasing domestic goods and visits to family and friends, and about 40% did so jointly with their husbands. About one-fifth made decisions about their fertility, and over half made the decisions jointly with their husbands.

Qualitative survey respondents reported abuses of their rights by state and private sector institutions. Structural forms of violence included inequalities in access to work opportunities in private or public institutions. Discrimination towards disability meant that some respondents had been denied jobs and social support. General discriminatory attitudes of potential employers towards women with impairments were often explained as concerns that they would not be able to “keep up” with colleagues, would be less productive, or would be incapable of completing the work.

“The government departments that I have had to work with initially were resistant and did not want to take me on. I would always be confronted with questions, “What can you do? Why are you here?” (35-year-old, visual impairment)

“I was searching for a job as well as pursuing some courses I thought would be useful. However, the response I heard from people made me feel that there is no use of all my education. I began to feel that blind people have no option but to keep studying all their life. Despite being educated, nobody wants to give a job to blind people.” (30-year-old, visual impairment)

In the absence of accommodating environments and facilities for people with disability, women were usually expected to manage on their own. They often felt that requests and complaints were met with indifference or were not taken as seriously as they would have been if they were not impaired. Some women clearly perceived that institutional discrimination such as this was directed at their disability more than their gender.

“Usually, the police are very rude and indifferent to a blind person. Suppose something happens, then the police will say to the blind person, ‘How will you recognise a person? How can we catch the person?’” (50-year-old, visual impairment)

“I have not faced discrimination because of being a girl, but yes, I have faced discrimination because I am visually challenged. Even in my post-graduation college,

the discrimination was because of being blind. It is not a very accessible campus. I can manage very well outside, but within the campus, I cannot manage. I have given feedback to the college about this. But sometimes, because of being a girl and a blind person, it is not taken too seriously.” (20-year-old, visual impairment)

Table 2.10: Ideas about respect for rights, gender roles and decision makers in the home

Respect for rights in India (N=316)	Fully respected	(%)	Partly respected	(%)	Not respected	(%)	Do not know	(%)		
No one shall be subjected to torture	12	(3.8)	84	(26.6)	206	(65.2)	14	(4.4)		
All are equal before the law	24	(7.6)	75	(23.7)	202	(63.9)	15	(4.7)		
Marriage shall be entered into only with the free and full consent of the partners	24	(7.6)	153	(48.4)	122	(38.6)	17	(5.4)		
Everyone has the right to freedom of religion	136	(43.0)	62	(19.6)	102	(32.3)	16	(5.1)		
Everyone has the right to freedom of speech	80	(25.3)	100	(31.6)	124	(39.2)	12	(3.8)		
Everyone has the right to equal pay for equal work	53	(16.8)	42	(13.3)	200	(63.3)	21	(6.6)		
A woman has the right to both her natal and her marital home property	19	(6.0)	91	(28.8)	178	(56.3)	28	(8.9)		
Gender roles (N=314)			Agree	(%)						
Both husband and wife should contribute to household income			290	(92.4)						
On the whole, men make better political leaders than women			29	(9.2)						
When jobs are scarce, men should have more rights to them than women			27	(8.6)						
A woman needs to have children to be fulfilled			89	(28.3)						
Sometimes when a woman says no to sex, she does not mean it			41	(13.1)						
Only the husband has a right to demand sex			9	(2.9)						
Only the husband has the right to decide on abortion			12	(3.8)						
It is all right for a husband to beat his wife if he loves her			23	(7.3)						
A good wife obeys her husband even if she disagrees with him			24	(7.6)						
It is important for a man to show his wife who is boss			11	(3.5)						
If a man mistreats his wife, others outside the family should intervene			191	(60.8)						
<i>Decision making in the home (ever-married women) (N=154)</i>										
Woman can visit friends or relatives without permission from her husband or family members					53	(34.4)				
Woman can visit health centre or hospital without permission from her husband or family members					66	(42.6)				
Woman can visit a social organisation without permission from her husband or family members					58	(37.4)				
Woman can hold a group activity in the community without permission from her husband or family members					47	(30.3)				
Decision makers in the home (N=155)			Respondent	(%)	Husband	(%)	Both	(%)	Mother-in-law	(%)
Purchase of domestic goods			46	(29.7)	35	(22.6)	60	(38.7)	7	(4.5)
Visits to family and friends			56	(36.1)	33	(21.3)	69	(44.5)	5	(3.2)
Own healthcare			66	(42.6)	36	(23.2)	63	(40.6)	4	(2.6)
Having a baby			38	(24.5)	36	(23.2)	95	(61.3)	3	(1.9)
Number of children			35	(22.6)	34	(21.9)	94	(60.6)	4	(2.6)
Family planning			35	(22.6)	31	(20.0)	80	(51.6)	2	(1.3)

Sexual abuse and violence in childhood

Out of 301 women, 22 (7%) had experienced one or more inappropriate demands as children. 2.6% had been subjected to sexual penetration, and 5.3% to being fondled. The commonest perpetrators were—in order of frequency—brothers, neighbours, and strangers. Few of the qualitative respondents reported severe physical violence, such as beatings, during their childhood. Although being hit on the legs by a teacher, smacked by a mother for disobeying her, or being yelled at by a father were traumatising events that “put a lot of fear into us”, they were considered “very, very minor incidents of violence”. More common forms of violence included neglect and verbal abuse, both at home and at school, and were largely driven by stigmatised attitudes to disability:

“My mother and father did not pay me much attention. Sometimes, my aunt would look after me. When I fell ill, she admitted me to the hospital, but no one from my family came to look after me.” (20-year-old, locomotor and visual impairment)

The impact of these behaviours on the conditioning of the women’s self-perception was evidenced by the fact that some “began to believe it”. While some parents took measures to protect their daughters from accidents, others denied them the opportunities enjoyed by other siblings, because they “did not see the need for me to go out or have things”. Derogatory comments from peers and family members reflected the belief that disabled children were incapable and unemployable:

“In my childhood, there were comments I faced from my family. It was verbal. I remember (my father’s sister) used to call me ‘phutki’ (damaged). In school also we had to listen to comments like, “Blind people are going to become beggars only—that is your future”. So, that used to make us feel like, really we are not capable of anything.” (30-year-old, visual impairment)

Parents, who felt that a daughter with locomotor impairment was of little use, seldom offered encouragement or considered ways in which they could help them overcome the challenges of living with their impairment. In extreme cases, some parents thought that disabled daughters were better off dead:

“[My father] felt what should he do with me – he thought that I am very nice, but what to do with me? They never thought about me in a way that I could do anything on my own and that they could help me to do that. They could not understand that responsibility. They never wondered what I want to do; they did not think that I would be able to do anything. He used to feel that death was the best possible option for me.” (43-year-old, locomotor impairment)

Importantly, in the context of childhood, sexual “violence” was constructed not only as the act itself, but also in terms of the unwillingness of parents to acknowledge it.

“By seventh or eighth standard, there were instances of (sexual) misbehaviour with me (at home) around that time, but I could never share. When it first happened, I told my mother about it, but she said that it must be my fault that it happened. So, after that, I never told her anything. When someone misbehaves with you and you tell your family, and they do not believe you, that is also violence. Both are violence: the misbehaviour and the not believing.” (20-year-old, visual impairment)

The stigma associated with being disabled also had a significant impact upon the life of the woman afflicted. Apart from being kept away from social events, they were denied their basic rights of access to healthcare and employment. Within the past 12 months alone, all the respondents listed incidents where they were ostracised for being disabled. Unfortunately, this societal stigma also extended to their children.

Table 2.11: Impact of Stigma associated with being disabled

<i>Respondent experience in preceding year</i>	Never	(%)	Once	(%)	A few times	(%)	Often	(%)	Total	(%)
Excluded from social gatherings in the last year	271	(88.3)	2	(0.6)	10	(3.3)	24	(7.8)	307	(100.0)
Excluded from religious activities in the last year	281	(91.5)	3	(1.0)	4	(1.3)	19	(6.2)	307	(100.0)
Excluded from family activities in the last year	292	(94.2)	1	(0.3)	7	(2.3)	10	(3.2)	310	(100.0)
Aware of being gossiped about	208	(66.9)	1	(0.3)	63	(20.3)	39	(12.5)	311	(100.0)
Had to move home or unable to rent accommodation	274	(93.2)	13	(4.4)	5	(1.7)	2	(0.7)	294	(100.0)
Denied job opportunity	189	(78.8)	11	(4.6)	15	(6.2)	25	(10.4)	240	(100.0)
Lost a job or other source of income	211	(91.3)	7	(3.0)	5	(2.2)	8	(3.5)	231	(100.0)
Excluded in the workplace	226	(95.8)	5	(2.1)	1	(0.4)	4	(1.7)	236	(100.0)
Denied educational opportunity	242	(94.9)	6	(2.4)	4	(1.6)	3	(1.2)	255	(100.0)
Children denied educational opportunity	125	(96.2)	3	(2.3)	1	(0.8)	1	(0.8)	130	(100.0)
Denied healthcare or discriminated against in receiving it	304	(98.7)	1	(0.3)	3	(1.0)	0	(0.0)	308	(100.0)
Denied citizenship	302	(99.3)	0	(0.0)	0	(0.0)	2	(0.7)	304	(100.0)
Denied access to public sector services	298	(97.7)	2	(0.7)	2	(0.7)	3	(1.0)	305	(100.0)
Felt ashamed	224	(70.7)	6	(1.9)	71	(22.4)	16	(5.0)	317	(100.0)
Felt guilty	236	(74.7)	4	(1.3)	65	(20.6)	11	(3.5)	316	(100.0)
Blamed herself	236	(74.7)	1	(0.3)	63	(19.9)	16	(5.1)	316	(100.0)
Blamed others	266	(84.2)	3	(0.9)	34	(10.8)	13	(4.1)	316	(100.0)
Felt helpless	176	(55.5)	9	(2.8)	95	(30.0)	37	(11.7)	317	(100.0)
Felt she should be punished	271	(85.5)	3	(0.9)	32	(10.1)	11	(3.5)	317	(100.0)
Felt suicidal	269	(84.9)	7	(2.2)	26	(8.2)	15	(4.7)	317	(100.0)

Chose not to attend a social gathering	249	(78.6)	7	(2.2)	35	(11.0)	26	(8.2)	317	(100.0)
Isolated herself from family or friends	249	(78.6)	6	(1.9)	29	(9.2)	32	(10.1)	316	(100.0)
Decided to stop working	295	(95.8)	2	(0.6)	8	(2.6)	3	(1.0)	308	(100.0)
Decided not to apply for work or promotion	272	(94.4)	2	(0.7)	6	(2.1)	8	(2.8)	288	(100.0)
Did not take up an educational opportunity	271	(95.1)	5	(1.8)	6	(2.1)	3	(1.0)	285	(100.0)
Decided not to have sex	261	(93.6)	1	(0.4)	2	(0.7)	15	(5.4)	279	(100.0)
Decided not to have more children	223	(91.8)	4	(1.6)	2	(0.8)	14	(5.8)	243	(100.0)
Avoided local clinic healthcare when it was necessary	307	(97.2)	0	(0.0)	6	(1.9)	3	(0.9)	316	(100.0)
Avoided hospital healthcare when it was necessary	306	(96.5)	2	(0.6)	7	(2.2)	2	(0.6)	317	(100.0)

Intimate partner violence

Women were almost unanimous in thinking that a husband had no reason to hit his wife, although 7% said that it was justifiable if she disobeyed him and 4% said it was justifiable if he suspected that she had been unfaithful (Table 2.12). Likewise, over 86% felt that a woman could refuse to have sex with her partner for a number of reasons.

Table 2.12: Opinions on the justification for intimate partner violence, and for refusal to have sex

<i>A man has good reason to hit his wife if..</i>	Agree	(%)	Total	(%)
She does not complete her household work to his satisfaction	7	(2.2)	315	(100.0)
She disobeys him	23	(7.4)	310	(100.0)
She asks for money	4	(1.3)	314	(100.0)
She refuses to have sex with him	6	(2.0)	304	(100.0)
She asks him whether he has other girlfriends	3	(1.0)	315	(100.0)
He suspects that she is unfaithful	13	(4.3)	305	(100.0)
He finds out that she has been unfaithful	17	(5.4)	315	(100.0)
She is infertile	1	(0.3)	315	(100.0)
She does not meet his demands for dowry	1	(0.3)	315	(100.0)
She does not give birth to a male child	1	(0.3)	315	(100.0)
<i>A married woman can refuse to have sex with her husband if..</i>	Agree	(%)	Total	(%)
She does not want to	273	(86.7)	315	(100.0)
He is drunk	272	(86.4)	315	(100.0)
She is unwell	273	(86.7)	315	(100.0)
He abuses her physically, emotionally, or verbally	272	(86.4)	315	(100.0)

We categorised the respondents on the basis of whether they had ever been married in order to compare our findings directly with the NFHS-3 data. There were 123 ever-married women, aged 15–49 years in the sample. Of them, 27 (22%) had experienced some form of physical violence from an intimate partner—25 of them in the last year (Table 2.13). And, 28 (23%) had experienced some form of emotional violence from an intimate partner—all of them in the last year.

When asked about the reasons behind the violence that they had experienced, 99 (81%) women felt that it was related to their disability, 40 (33%) to poverty, 34 (28%) to their inability to work, 21 (17%) to stigma, 13 (11%) to dowry, 7 (6%) to the remarriage of their partner, and 7 (6%) to their partner's alcohol or drug problems.

As a result of violence, 94 women (78%) said that they had experienced mental distress. Twenty women (16%) said that they had felt depressed, 17 (14%) had been fearful, 7 (6%) had had thoughts of suicide, and 5 (4%) had attempted suicide. As a result of violence, 15 women (12%) had sustained physical injuries, the commonest of which were cuts and sprains. Three women had sustained fractures and two had lost pregnancies. Of those women who had experienced violence, 13 (42%) had sought help. And, 11 women had consulted relatives or friends, five NGO staff, one had been to the police, and one had seen a lawyer. None had consulted a health worker of any kind.

We found in the qualitative interviews that women's experiences of domestic violence included emotional and verbal insults, withholding money or preventing them from deciding how to spend their income, threats of abandonment or physical violence, and actual physical violence. They were rarely one-off occurrences, and typically involved a combination of several types of violence over a period of time. Women cited the main causes as the husband's use of alcohol, forced marriage, disputes with in-laws or the tendency for husbands to take their mothers' side, and suspicions of infidelity, rather than their physical impairment. Although the respondents themselves did not perceive their disability as a causal factor, it was an additional dimension to their experiences of violence.

The most vulnerable women seemed to be those who were “married off” at an early age by the parents who no longer wanted to take responsibility for them or were concerned about their ineligibility as wives. For various reasons, the families of able-bodied men often had strong reservations about marrying a physically impaired woman, such as a belief that the marriage would likely fail, “a fear of the unknown”, or the perception that a disabled person's home is a “sad house”. These stigmatised attitudes, sometimes, continued after marriage:

“Right from the beginning, she [my mother-in-law] and her family were against their son marrying a blind girl. There was no acceptance. My mother-in-law told them (her family), ‘She is not married to my son.’” (28-year-old, visual impairment)

Minor marital conflicts, quarrels, and attempts to hurt each other emotionally were not usually considered violence, although physical violence was more likely if a wife's behaviour transgressed acceptable gender norms or caused suspicion:

“...he beat me till I was bruised. He had never beaten me like that before. We used to have verbal quarrels but this was very bad. When he got suspicious of my friend, he beat me up very badly. He had never beaten me like this before. He dragged me out of the house and beat me. I was in a state of panic and shock. I nearly fell unconscious.” (28-year-old, visual impairment)

Table 2.13: Intimate partner violence in ever-married women aged 15–49 years

n=123	Ever	(%)	Last 12 months	(%)	Once	Sometimes	Many times
<i>Emotional violence</i>	28	(22.8)	28	(22.8)			
Insulted you or made you feel bad about yourself	23	(18.7)	23	(18.7)	0	12	11
Belittled or humiliated you in front of other people	18	(14.6)	18	(14.6)	0	9	9
Done things to scare or intimidate you on purpose	17	(13.8)	17	(13.8)	0	10	7
Threatened to hurt you or someone you care about	7	(5.7)	7	(5.7)	0	2	5
Threatened to use or actually used a gun, knife, or other weapon against you	6	(4.9)	6	(4.9)	0	0	6
<i>Physical violence</i>	27	(22.0)	25	(20.3)			
Slapped you or thrown something at you that could hurt you	25	(20.3)	23	(18.7)	1	10	12
Pushed you or shoved you or pulled your hair	22	(17.9)	22	(17.9)	2	10	10
Hit you with his fist or with something else that could hurt you	18	(14.6)	18	(14.6)	0	8	10
Kicked you, dragged you, or beaten you up	20	(16.3)	20	(16.3)	1	7	12
Choked you on purpose	6	(4.9)	6	(4.9)	0	0	6
Burned you on purpose	0	(0.0)	0	(0.0)	0	0	0
<i>Sexual violence</i>	13	(10.6)	12	(9.8)			
Forced you to have sex when you did not want to	12	(9.8)	11	(8.9)	0	5	6
Had sex because you were afraid of what he might do	9	(7.3)	9	(7.3)	0	6	3
Forced you to do something sexual that you found degrading	7	(5.7)	7	(5.7)	0	5	2

Many of the experiences of physical, emotional, and structural violence that women interviewed in the qualitative survey described in their childhoods prevailed into adulthood. Accounts of physical abuse and mistreatment in adulthood were less common than other forms of violence. In light of a widespread popular belief about physical violence that “such things happen in all families”, the focus on articulating other forms of abuse suggested that women found them equally distressing. The anticipation of possible physical violence, especially within the marital home, the temporal nature of injuries caused by it, and the incomprehensibility of inflicting psychological, emotional, and economic violence on a wife might explain why the respondents emphasised them in their narrative accounts. When physical violence did occur, it was usually in a milieu of emotional, psychological, and economic violence, and mostly in the marital home, the natal or joint home, and in public spaces.

The respondents' constructions of their identities were influenced by the social constructions of disability, their own experiences of living with a physical impairment, and the attitudes and behaviour of those they interacted with. Similarly, violence against their 'self' reflected the cumulative effect of these same forces as well as the direct experiences of violence from others. Emotional, psychological, and physical self-violence could not be understood as isolated acts; they were as much impacts as they were behaviours.

Self-defeating beliefs and negative constructions of the self were common, particularly among women who had endured persistent physical or psychological violence. Being constantly spoken down to or being treated like a disabled person tended to lead to an internalised stigmatisation of one's own disability. Feelings about the impact of their physical impairment on their family, and being made to feel a burden, led some women to blame themselves and a sense that "I am the problem". Within marriage, strategies to deal with the pressure of bearing children, together with fears about them inheriting a disability, included anticipating separation from the husband to bring up a child alone.

At least three respondents reported contemplating or attempting suicide. One was motivated by the fact that her family had considered her disability so undesirable (beside her gender) that her father had wanted her to die, and another explained:

"...if I was a burden on everyone, if I was causing all my loved ones so many problems, I should just go away from the scene. Then, I attempted to kill myself, but it was my misfortune that I survived." (43-year-old, locomotor impairment)

Violence experienced from others

Of all the women, 66 (21%) had experienced emotional, physical, or sexual violence from someone other than their intimate partner—28 (18%) of the ever-married women and 38 (23%) of others (Table 14). Fifteen (54%) of the ever-married women had suffered violence from affinal family members (mothers-in-law, in particular), seven from natal family members (brothers, in particular), and four from friends or neighbours. Of the unmarried women, 22 (59%) had suffered violence from natal family members, nine from friends or neighbours, and four at the workplace.

Overall, 21 (17%) ever-married and 42 (22%) unmarried women had experienced at least one of these three forms of violence—20% and 16% of them, respectively, in the last year. When asked about the reasons behind the violence that they had experienced, 55 (17%) women felt that it was related to their disability; 13 (4%) to their inability to work; and 11 (3%) to stigma. Of those women who had experience violence, 54 (83%) said that they had experienced mental distress as a result of violence. Also, 37 (59%) said that they had felt depressed, 28 (44%) had been fearful, 14 (22%) had had thoughts of suicide, and 10 (16%) had attempted suicide. As a result of violence, 19 women (30%) had sustained physical injuries, the commonest of which were cuts and sprains. Three women had sustained fractures and one had lost a pregnancy. Of those women who had experienced violence, 29 (46%) had sought help. And, 19 had consulted relatives or friends, two NGO staff, five had been to the police, and one a health worker.

The qualitative interview respondents reported being vulnerable to violence from natal families in a variety of ways. The women who had defied their family's wishes—for example, by marrying a husband from another religion—described suffering psychological and physical violence, typically

from a father or brother. These appeared to be retaliation or an attempt to control her ‘deviant’ behaviour of marrying outside her community. Although it was difficult to discern exactly whether and how her disability might have been related to the cause of violence, it was evident that both gender and physical impairment were used to make violent threats.

“They started hitting me. At that time, I was sitting on this slab with wheels and I fell down. When I got up, they hit it again and it went towards the steps, but I stopped it. I would have got hurt. My youngest brother said that they could harm me more than this, they would harm my child also, and told me not to complain to the police. They also told me that they had more strength than me.” (43-year-old, locomotor impairment)

Other forms of family violence experienced by qualitative interview respondents included abandonment and exclusion. Women perceived stigmatised attitudes towards their impairment and the resulting social exclusion as both acts and impacts of violence. Similarly, women who were deprived of agency experienced a reinforced sense of ‘being’ disabled and feelings of isolation and helplessness.

Experiences of violence from family members did not depend on physical acts or overtly abusive behaviour. Some women described more subtle forms of social and psychological violence, such as disregarding or negating their existence.

“[My family] would never say a word, an abusive word, but they made you feel like that. You can make out in the way someone welcomes you, and even if someone does not welcome you, but just negates you. Negating you is just terrible. And then, on my birthday, to come and wish me happy birthday when they negated me at every other time. When no one has even spoken to me before my birthday for four days, especially when my heart is dying to talk to you, to be loved by you, then how would I feel?” (43-year-old, locomotor impairment)

Several qualitative respondents noted that physical challenges and societal perceptions of disabled women as being defenceless made them easy targets for violence in public. Verbal and physical sexual harassment by strangers occurred in public spaces, trains, and buses. Women were vulnerable to exploitation because of their dependence on others for support and, possibly, as a result of men perceiving them as easy targets or sexually available.

“Harassment happens in public. People have behaved badly [with me] while travelling in public transport. Or, under the excuse of helping me, people have done weird things. Even in private transport, there is harassment. Recently, an incident happened, so I remember. I took an auto to reach college and just at the gate of the college he [rickshaw driver] touched me here [points to her breasts].” (20-year-old, visual impairment)

“A man came to me and asked me, “Which bus you want?” When the bus came, I went inside, and that man also came in the same bus...that whole way, that man was following me, he was trying to touch me.” (25-year-old, visually impaired)

Table 2.14: Violence by other than an intimate partner

	Ever-married women 15–49 years N=123							Other women N=194						
	Ever	(%)	Last 12 m	(%)	Once	Sometimes	Many times	Ever	(%)	Last 12 m	(%)	Once	Sometimes	Many times
Emotional violence	21	(17.1)	19	(15.4)				39	(20.1)	36	(18.6)			
Insulted you or made you feel bad about yourself	21	(17.1)	18	(14.6)	1	4	13	37	(19.1)	32	(16.5)	2	17	13
Belittled or humiliated you in front of other people	17	(13.8)	17	(13.8)	3	5	9	34	(17.5)	31	(16.0)	3	17	11
Done things to scare or intimidate you on purpose	10	(8.1)	9	(7.3)	1	1	7	24	(12.4)	21	(10.8)	4	8	9
Threatened to hurt you or someone you care about	4	(3.2)	4	(3.2)	1	1	2	10	(5.2)	8	(4.1)	3	1	4
Threatened to use or actually used a gun, knife, or other weapon against you	2	(1.6)	1	(0.8)	0	0	1	3	(1.6)	3	(1.6)	1	1	1
Physical violence	10	(8.1)	9	(7.3)				18	(8.8)	14	(7.2)			
Slapped you or thrown something at you that could hurt you	10	(8.1)	9	(7.3)	2	3	4	18	(8.8)	14	(7.2)	3	7	4
Pushed you or shoved you or pulled your hair	8	(5.7)	7	(5.7)	1	2	4	12	(6.2)	10	(5.2)	1	5	4
Hit you with his fist or with something else that could hurt you	7	(5.7)	7	(5.7)	1	2	4	12	(6.2)	9	(4.6)	2	4	3
Kicked you, dragged you, or beaten you up	5	(4.1)	5	(4.1)	1	2	2	11	(5.7)	9	(4.6)	2	4	3
Choked you on purpose	0	(0.0)	0	(0.0)	0	0	0	0	(0.0)	0	(0.0)	0	0	0
Burned you on purpose	0	(0.0)	0	(0.0)	0	0	0	0	(0.0)	0	(0.0)	0	0	0
Sexual violence	2	(1.6)	2	(1.6)				7	(3.6)	5	(2.6)			
Forced you to have sex when you did not want to	2	(1.6)	2	(1.6)	0	2	0	7	(3.6)	5	(2.6)	3	1	1
Had sex because you were afraid of what he might do	0	(0.0)	0	(0.0)	0	0	0	1	(0.5)	0	(0.0)	0	0	0
Forced you to do something sexual that you found degrading	0	(0.0)	0	(0.0)	0	0	0	2	(1.0)	2	(1.0)	1	1	0

Triggers of violence

We examined potential risk factors for violence. We chose two outcomes for the initial analysis: experience of intimate partner violence (ever) by ever-married women aged 15–49 years, and experience of either intimate partner violence or violence from other sources, by any respondent. We ran uni-variable logistic regression models for each of these two outcomes, against individual covariates (unadjusted odds ratios presented) and multivariable models, including covariates of interest (adjusted odds ratios presented) (Table 2.15).

While associations did not generally attain significance in multivariable models, cross-tabulation did suggest some interesting trends. Intimate partner violence against married women increased with age. It was more common for women with visual impairment and in families with low incomes. There was no clear relationship with the women or their partners' education, religion, or caste. Violence was reported less by women who were members of community groups to which they could go for help, and reported more by women who felt that disobedience was a justifiable reason for a husband to beat his wife. There was no obvious relationship between severity of disability and incidence of violence.

Table 2.15: Intimate partner violence and ever-married women aged 15–49 years, and intimate partner or other violence faced by any woman

	OR unadjusted	(95% CI)	OR adjusted	(95% CI)
<i>Intimate partner violence faced by ever-married women aged 15–49 years</i>				
Age (15–49)	1.01	(0.95–1.07)	1.02	(0.95–1.09)
Education	0.95	(0.70–1.28)	0.85	(0.58–1.23)
Family income ≤ 5000/m	1.12	(0.44–2.87)	1.56	(0.50–4.89)
Children (reference = none)				
1 child	1.03	(0.44–2.42)	1.16	(0.34–3.98)
2 or more children	1.23	(0.54–2.82)	1.31	(0.37–4.61)
Member of community group where one can go for help	1.21	(0.52–2.81)	1.44	(0.57–3.68)
Can visit friend or relative without permission of husband	1.23	(0.50–3.04)	1.25	(0.40–3.94)
Motor impairment (reference visual)	0.74	(0.28–1.93)	0.68	(0.21–2.25)
Partner's education	1.06	(0.76–1.49)	1.48	(0.90–2.43)
It is all right for a man to beat his wife if she disobeys him	1.20	(0.22–6.52)	0.66	(0.06–7.07)
<i>Intimate partner or other violence faced by any woman</i>				
Married	1.92	(1.14–3.23)	0.67	(0.11–3.93)
Age	1.00	(0.98–1.03)	1.00	(0.95–1.05)
Education	1.00	(0.83–1.20)	0.92	(0.67–1.27)
Family income ≤ 5000/m	1.39	(0.78–2.49)	1.15	(0.44–2.97)
Children (reference = none)				
1 child	1.78	(0.96–3.32)	1.15	(0.39–3.37)
2 or more children	1.26	(0.69–2.29)	1.03	(0.34–3.15)
Member of community group where one can go for help	0.92	(0.56–1.52)	0.49	(0.58–3.10)
Can visit friend or relative without permission of husband	1.11	(0.67–1.85)	1.24	(0.48–3.21)
Motor impairment (reference visual)	0.96	(0.59–1.55)	0.73	(0.27–1.98)
Partner's education	0.96	(0.73–1.25)	1.15	(0.76–1.74)
It is all right for a man to beat his wife if she disobeys him	1.17	(0.46–2.96)	1.70	(0.33–8.83)

OR - Odds Ratio

CI - Covariates of Interest

Stigma and discrimination

In most cases, inclusion in social, religious, and familial activities was the norm, although 24 women (8%) had been excluded from gatherings in the last 12 months. One-third of the women were aware of being gossiped about and 10% had been denied job opportunities. Access to public sector services was generally not limited. About 42% of the women said that they felt helpless at least some of the time; 25% blamed themselves for their situation; 14% said that they felt that they should be punished; and 13% regularly had suicidal thoughts. While 19% of the women had sometimes or often chosen to avoid social gatherings, 19% had isolated themselves from family and friends. Also, 114 (36%) women knew of organisations that they could approach for help with their feelings of stigmatisation. These organisations were local NGOs (86), national NGOs (9), lawyers (4), human rights groups (3), religious groups (2), or international NGOs (2). And, 20 women (6%) had sought help from such organisations.

Many women (143; 45%) walked alone in their localities after dark, but 32% (102) never did so. Also, 30% (95) regularly avoided groups of young men, and 32% (103) never took public transport alone after dark. Although about one-third of the women (105) were not worried about their personal safety, 10% were very worried. Of all 317 women, 72 (23%) had been followed by men in a way that frightened them; 30 (10%) had been made uncomfortable by men's comments on their bodies or sex life; 26 (8%) had been repeatedly asked for unwanted dates; and three had been told that they might lose their jobs if they refused sexual relationships.

Within the family environment, many women in the qualitative interviews recounted early experiences of feeling "not accepted", firstly because of gender and, then, because of disability. "When I was born, there was no acceptance. First of all she is a girl, and then she is blind". They described how their parents' disappointment at having a daughter was compounded by the discovery that she also had a physical impairment:

"I was born normal, but [even] then, I was not accepted. Before me [were] three daughters; so there was no happiness, no enthusiasm when I was born. Then, when I was two or one and a half years old, I got polio. After getting polio, I was completely unacceptable. Completely unacceptable. They did not accept me and, then, they sent me away to my maternal grandmother's house." (43-year-old, locomotor impairment)

Coping strategies

Of the women who had faced some form of violence, 44 of the 87 who responded said that they had adopted some sort of strategy to cope with it. These included getting help from other family members, friends, and teachers, and informing the police, lawyers, or neighbourhood organisations. Women said that their strategies had been successful about half the time.

Among the women in the qualitative study, while some strove to prove themselves capable, or to 'be like normal women', others restricted their own mobility and life choices due to their disabilities.

"It is definitely restricting; it is limiting. There are also certain restrictions and limitations that I have also imposed on myself. For instance, I have not (even though I have gone through mobility training) I have not chosen to travel on my own, and so I still have somebody who travels with me. So, it is sometimes anxiety-provoking, since I am dependent on somebody for help." (35-year-old, visual impairment)

The pressure of proving oneself in order to be accepted and treated with some degree of normality fell on the women themselves.

"In experiences with education, I decided that I have to prove myself and my capabilities. Since I have a disability, I am left with no option but to prove myself, and I did that. So, all the hard work that I could do, I did, without complaining. I coped fairly well with my studies." (30-year-old, visual impairment)

Some women used problem-focussed coping strategies to carry out tasks that would usually be done by sighted people, partly to prove themselves. Others worked to limit their distress by accepting, for example, family requests to restrict their mobility.

NEPAL

The Population Census 2001 reported that about 1.6% of Nepal's total population is disabled. Of them, 46% are females (CBS, 2001). The UN Convention on the Rights of Persons with Disabilities (UNCPRD) was drafted in May 2008, and Nepal ratified the convention on 27 December 2009. Nevertheless, the legal and policy environment in Nepal contains some laws that may both perpetrate stigma and preclude redress for violence and discrimination suffered by disabled women. For example, the National Code 1964 permits a second marriage if the spouse becomes blind or crippled (MWCSW and FWLD, 1995). Although this provision is applied to both men and women, it is generally exercised more by men than women. Under the 11th amendment of *Naya Muluki Ain* (Country Code), any perpetrator (or perpetrators in the case of gang rape) of sexual violence against pregnant, disabled, or handicapped women will have an additional five years added to their sentence (MWCSW and FWLD, 1995). However, these protective laws are often not put into practice, usually because of under-reporting of the issue by the women themselves.

In Nepal, both quantitative and qualitative interviews were conducted with disabled women. 99 respondents were interviewed for the household survey and 12 respondents were interviewed for the qualitative research in the Bhaktapur, Kaski, and Jhapa districts of Nepal. These districts were selected to represent regional diversity, socioeconomic background, and the presence of NGOs working with the marginalised women defined in this study.

The median age of those surveyed in Nepal was 43 years, and two-third of the respondents were above 35 years of age (Table 2.16). Slightly less than half of the disabled women were currently married (42.5%), while a third were unmarried (32.6%) at the time of interview. More than half of the disabled women lived with their family members (52.6%) and two-fifths lived with their husbands (41.1%). A small number of disabled women were living alone at the time interview (6.3%).

Table 2.16: Selected demographic characteristics of disabled women

Characteristics	n	%
Age		
16–20	29	6.1
20–35	146	30.7
36–64	217	45.7
65 and over	83	17.5
Marital status		
Unmarried	155	32.6
Currently married	202	42.5
Separated	24	5.1
Widow	94	19.8
Number of living children		
Unmarried and no child	155	32.6
Married but no child	29	6.1
1 child	39	8.2
2 children	71	14.9
3 or more children	181	38.1
Living with		
With family members	250	52.6
Husband	195	41.1
Alone	30	6.3
Total	475	100.0

In terms of socioeconomic characteristics, the largest proportion of disabled women in the sample belonged to the upper caste (43.4%), followed by the relatively advantaged Janjati (29.3%) and then the more economically disadvantaged Dalits (17.9%), respectively. The percentage of disabled women who had never attended school was a high 47%. Very few disabled women had completed secondary or higher level of education.

About two-third of the respondents (63.2%) reported that they were unemployed and a small number were currently in the field of education (6.9). Those employed were mainly engaged in agriculture (9.5%) and petty business (9.1%). Agriculture was the main source of family income (44.8%), followed by business (13.7%) and daily wages (11.8%), respectively. Only a small proportion of respondents (0.6%) reported that their family receives support from the government.

Types of impairment

A majority (59%) of the women had physical disability, a quarter (24.8%) had visual impairment,

one-fifth (20.8%) were hearing impaired, and one in ten (10.5%) had speech and hearing impairments. A quarter of the respondents (25.3%) reported that they were disabled by birth, whereas one in five women (21.6%) said that they became disabled during infancy and childhood.

Half of the respondents (49.9%) perceived that their disability was due to disease, while a quarter (25.3%) were disabled at birth and about another quarter (24.2%) due to accidents. Two-fifths of the women (40%) perceived their disability as severe.

Perception of gender roles and understanding of human rights

The respondents were presented with six statements on human rights and asked their opinions on whether these statements were respected in their country or not. Two in five respondents perceived that the rights regarding 'no one shall be subjected to torture' (40.6%) and 'all are equal before laws' (44.4%) were not fully respected in Nepal. In addition, 37% opined that the 'right to equal work for equal pay' was also not fully respected in the country. More than half (58.5%) perceived that the rights to 'freedom of religion' and 'freedom of speech' (52.2%) were fully respected. On the other hand, 56% respondents perceived that the right to enter a marriage with the free and full consent of partners was respected only partially.

About a third (32.6%) of the women perceived that a good wife should obey her husband even if she disagrees with him. A majority of disabled women (82.1%) felt that family problems should not be discussed with people outside family. On the other hand, almost everyone agreed that if a husband mistreats a wife, then others outside the family should intervene (96.6%). Fifty-nine per cent of the respondents thought that a women needs to have children in order to be truly fulfilled, while 71% felt that women did not have equal right in comparison to men in their country (Table 2.17).

Table 2.17: Perception of gender roles

Statement on women's roles and rights (n=475)	Agree	Disagree	Don't know	Total %
A good wife obeys her husband even if she disagrees	32.6	66.1	1.3	100.0
Family problems should only be discussed with people in the family	82.1	17.7	0.2	100.0
It is important for a man to show his wife/partner who is the boss	16.0	81.9	2.1	100.0
A woman should be able to choose her own friends even if her husband disapproves	65.3	30.3	4.4	100.0
It is a wife's obligation to have sex with her husband even if she does not feel like it	17.5	78.5	4.0	100.0
If a man mistreats his wife, others outside of the family should intervene	96.6	2.9	0.4	100.0
Education is more important for boys than for girls	1.9	97.5	0.6	100.0
Both the husband and the wife should contribute to the household income	91.8	8.0	0.2	100.0
On the whole, men make better political leaders than women do	13.3	75.8	10.9	100.0
When jobs are scarce, men should have more rights to a job than women	6.5	87.4	6.1	100.0
A women needs to have children in order to be really fulfilled	58.9	36.0	5.1	100.0
Sometimes, when a woman says no to sex, she does not always mean it	69.5	21.7	8.8	100.0
Women have equal rights with men	19.2	71.2	9.7	100.0

Disabled women were asked two questions to explore their attitudes concerning the roles of wives in relation to their husbands. The first question explored the perception of disabled women on physical violence. The second question dealt with opinions relating to sexual violence within marriage.

The majority of the women were least likely to approve of wife beating for reasons related to dissatisfaction with household work, disobeying a husband, refusal to have sexual relations with a husband, and enquiring if her husband has other girlfriends (Table 2.18). However, two in five disabled women (42.3%) justified wife beating if the husband finds out about her infidelity, while around one in seven justified wife beating if the husband suspects his wife of infidelity (14.9%).

Table 2.18: Attitude towards acceptance of wife beating

Scenarios depicting intimate partner violence (n=475)	Yes	No	Don't know	Total %
A man should hit his wife if she does not complete her household work to his satisfaction	2.5	97.5	0.0	100.0
A man should hit his wife if she disobeys him	8.0	92.0	0.0	100.0
A man should hit his wife if she refuses to have sexual relations with him	2.3	96.4	1.3	100.0
A man should hit his wife if she asks him whether he has other girlfriends	3.2	96.4	0.4	100.0
A man should hit his wife if he suspects that she is unfaithful	14.9	84.8	0.2	100.0
A man should hit his wife if he find out that she has been unfaithful	42.3	57.3	0.4	100.0

Two-fifths (39%) of the respondents perceived that a woman could not refuse sex with her husband when he is drunk, while 37% felt that a wife could not refuse if she does not want to have sex. One in three women (30.3%) felt that a wife is unable to refuse sex with husband even if he mistreats his wife.

Mobility and social exclusion

Information regarding the extent of freedom of mobility of disabled women was solicited in the present study. Disabled women have a very low level of freedom of mobility. A majority (70.5%) were not able to join a social organisation and hold membership in any community organisation without the permission of husbands or other family members. About two-third of the respondents (64%) said that they were not able to visit their friends or relatives or go to a health centre or hospital without the permission of their husbands or family members.

The respondents were asked to report whether they had experienced any acts of social exclusion within the last 12 months, preceding the date of the survey. Disabled women had experienced different forms of social exclusion. Women reported that they were most likely to be gossiped about (23.4%), whereas one in seven had also been excluded from social gatherings and activities at least once (14.1%) in the past 12 months, on account of their disability. A substantial proportion of respondents was excluded from religious activities or places of worship at least once (8.2%) and was not given employment (11.4%) in the past 12 months.

Women were asked about their feelings of self esteem within the 12 months preceding the survey. Half the disabled women reported having low self esteem (51.2%), while a considerable proportion of disabled women reported feeling ashamed (38.1%) and blaming themselves for their situation (36.4%). Mulling over the possibility of suicide was commonly mentioned by one third of the disabled women (30.5%) and 2% of the disabled women had attempted to commit suicide in the 12 months preceding the survey.

Disabled women were also presented with nine situations in which they had chosen to exclude themselves from various activities on account of their disability. About 70% of disabled women had decided not to have children or more children, while 41% had decided not to get married and a similar proportion not to have sex (44%). One-fifth of disabled women (20.6%) had decided not to apply for a job or work for a promotion and a similar number had chosen not to attend social

gatherings (19.6%). About one in seven disabled women had withdrawn from education or training (15.4%) and the same proportion had decided to stop working (13.7%).

Sexual behaviour

Table 2.19 presents evidence on the first sexual experience of disabled women. More than a third of the respondents (35.8%) had their first sexual experience before the age of 19 years. About one in ten had first sexual intercourse when they were below 15 years of age (9.9%). A third of the respondents (32.2%) reported that they never had sex. Three-quarters of the respondents described their first sexual experience as consensual (74.8%), while one in ten disabled women described their first sexual experience as being forced (8.7%).

Table 2.19: First sexual experience of disabled women

	n	%
Age at first sexual intercourse		
Never had sex	153	32.2
<15 year	47	9.9
15–19	170	35.8
20–24	80	16.8
25 and over	25	5.3
Total	475	100.0
Did you have your first sexual intercourse with a man or a woman?		
Male	321	99.7
Female	1	0.3
Who was this person?		
Husband	318	98.8
Boyfriend	3	0.9
Neighbour	1	0.3
How would you describe this first sexual experience?		
Wanted to have sex	241	74.8
Did not want to but happened anyway	38	11.8
Did not want to but tricked into sex	5	1.6
Forced to have sex	28	8.7
Did it to please partner	10	3.1
Total	322	100.0

Experiences of violence

Lifetime prevalence of violence was defined as the proportion of disabled women who had experienced at least one act of physical, sexual, or emotional violence by a current partner, former partner, or non-partner(s) at any point in their lives was 58%. This included emotional violence (55.2%); physical violence (34%); and sexual violence (21.5%). Similarly, 42% of the disabled women reported that they had experienced violence in the past 12 months—emotional violence (41.3%), physical (12.2%), and sexual violence (9.7%) (Table 2.20).

Table 2.20. Types of violence against disabled women

Types of violence	Lifetime		Within 12 months	
	n	%	n	%
Emotional violence	262	55.2	196	41.3
Insulted you or made you feel bad about yourself	257	54.1	179	37.7
Belittled or humiliated you in front of other people	221	46.5	154	32.4
Done things to scare or intimidate you on purpose	113	23.8	66	13.9
Threatened to hurt you or someone you care about	68	14.3	55	11.6
Gave mental pressure to earn money	4	0.8	4	0.8
Physical violence	162	34.1	58	12.2
Slapped you or thrown something at you that could hurt you	125	26.3	31	6.5
Pushed you or shoved you or pulled your hair	107	22.5	36	7.6
Hit you with his fist or with something else that could hurt you	74	15.6	28	5.9
Kicked you, dragged you, or beat you up	61	12.8	14	2.9
Choked or burnt you on purpose	7	1.5	4	0.8
Threatened to use or actually used a gun, knife, or other weapon against you	14	2.9	8	1.7
Thrown you out of the house	11	2.3	7	1.5
Sexual violence	102	21.5	46	9.7
Physically forced you to have sexual intercourse when you did not want to	81	17.1	26	5.5
Sexual intercourse you did not want because you were afraid of what your s/he might do	48	10.1	19	4.0
Force you to do something sexual that you found degrading or humiliating	36	7.5	22	4.6
Forced sexual activity like kissing, touching, masturbation, oral sex, and so on	22	4.6	12	2.5
n	475			

The qualitative studies also revealed that emotional violence was highly prevalent among the women interviewed (11 out of 12 women). Disabled women were verbally abused repeatedly and called names, denied basic needs such as food, clothes, education, and mobility, often by their family members. Sometimes, disabled women were also forced to give their earnings to their husbands or family members or they faced punishment:

“My father-in-law and mother-in-law are not happy with their son because he has married a blind woman like him. They wanted their son to get married with sighted girl. They call me ‘randi’ (whore) and ‘beshya’ (prostitute). They even said, ‘may you hang and die’.” (24-year-old, married, student, 15 years of education)

“My father-in-law always used to take off his underwear and show his sex organ to me. He always used abusive words. He used to say ‘by looking at your ginger-like feet and hands early in the morning, my entire day will be spoiled (bad luck)’. When I came back home from the hospital, then my father-in-law kicked me and scolded me by saying ‘it would be better if you had died there’.” (44-year-old, married, business, 10 years of education)

Of the disabled women who reported physical violence, about a quarter (26.3%) reported being slapped or having something thrown at them, followed by being pushed or shoved or having hair pulled (22.5%). Furthermore, one in six women was punched or hit with other objects (15.6%), and more than one in ten reported being kicked, dragged, or beaten (12.8%). A small number of women (2.3%) also reported being thrown out of the house.

In-depth interviews revealed similar stories—9 out of 12 women had experienced different forms of physical violence, particularly having their hair pulled; beaten with a stick, rod, or pot; slapped; and kicked.

“He beats for very small matters. If he gets angry, then he beats me a lot. Today also, he has beaten me.” (34-year-old, married, teacher, 12 years of education)

“When I came back from the temple, my mother was locked in a room and was being tortured for two and half hours. When I asked what happened, my brother warned me not to enter there. When I went in, he clenched my hair and dragged me, slapped me, and hit me with his fist (punched). He hit me with his hands, kicked, and hit me with everything he could find” (48-year-old, unmarried, business, non-formal education)

Being physically forced to have sex was the most prevalent (17.1%) act of sexual violence, while being forced to do something humiliating or degrading (7.5%) and unwanted kissing and touching were less common (4.6%).

In line with the quantitative data, the case histories indicate that sexual violence was not uncommon among disabled women. Almost all disabled women interviewed had experienced sexual violence. Eight of the nine women who had ever been married had experienced forced sex from their intimate partners/husbands, while two unmarried disabled women had experienced sexual harassment in public places, sexual violence by neighbours, or from an intimate partner.

Qualitative interviews revealed a different type of sexual violence against disabled women—forced sterilisation. A disabled woman with speech and hearing disability had been sterilised without her knowledge. The physical and sexual violence from her disabled husband intensified after this incident. She explains,

“When I gave birth to my son, I was sterilised at the request of my mother-in-law. It was done without my knowledge. My husband has sex with me 4 to 5 times in a night, saying that I have to give birth to a baby girl. My husband beats me and scolds me when I tell him that we cannot have baby because of sterilisation.” (34-year-old, married, housewife, illiterate)

Determinants of violence

Table 2.21 presents the percentage of disabled woman reporting experiences of any type of violence in their lifetime and in the past 12 months, by selected background characteristics. The results show that a woman’s age, number of living children, employment status, and whether or not she perceives that a woman can refuse sex with her husband were significantly associated with the experience of lifetime violence. Women aged 20–35 and 36–64 years were significantly more likely to report ever

experiences of violence than women less than 20 years or over 65 years. Disabled women who were working for cash incomes were more likely to report a violence experience, as compared to those who did not work. Women who believed that a woman can refuse sex with her husband were less likely report violence than their counterpart women.

Compared to lifetime experiences of violence, only the working status of women, women's mobility, and perception about refusing sex with her husband were significantly associated with violence in the past 12 months.

Table 2.21: Percentage of disabled women reporting experience of violence by their selected background characteristics

Characteristics	Lifetime		Past year		n
	n	%	n	%	
Women's age	**		ns		
<20	17	58.6	12	41.4	29
20–35	90	61.6	64	43.8	146
36–64	133	61.3	96	44.2	217
65 and over	34	41.0	28	33.7	83
Caste/ethnicity	ns		ns		
Upper caste group	120	58.3	88	42.7	206
Relatively advantaged Janajatis	71	51.1	52	37.4	139
Disadvantaged Janajatis/Muslim/Yadav	33	73.3	22	48.9	45
Dalit	50	58.8	38	44.7	85
Women's education	ns		ns		
Illiterate	128	57.1	94	42.0	224
Non-formal education/1–5 years of schooling	76	62.8	57	47.1	121
6–10 years of schooling	44	55.0	31	38.8	80
School Leaving Certificate (SLC) and over	26	52.0	18	36.0	50
Number of living children	*		ns		
Unmarried, no child	80	51.6	55	35.5	155
Married, no child	15	51.7	12	41.4	29
1–2	75	68.2	52	47.3	110
3 and more	104	57.5	81	44.8	181
Women's occupation	*		*		
Not working	180	54.1	128	38.4	333
Working for pay	94	66.2	72	50.7	142
Wealth quintile	ns		ns		
Lowest	62	65.3	42	44.2	95
Second	52	55.9	44	47.3	93
Middle	54	55.7	41	42.3	97
Fourth	55	57.9	39	41.1	95
Highest	51	53.7	34	35.8	95

Exposure to radio	ns		ns		
Never/NA	104	60.1	78	45.1	173
Rarely	48	49.0	33	33.7	98
Sometimes (2–3 days a week)	56	60.2	40	43.0	93
Almost everyday	66	59.5	49	44.1	111
Social network	ns		ns		
Yes	73	60.8	54	45.0	120
No	201	56.6	146	41.1	355
Disability status					
Blind or deaf	66	55.9	55	46.6	118
Other physical disability but no blind	208	58.3	145	40.6	357
Decision making					
Self	56	59.6	38	40.4	94
Joint	4	33.3	4	33.3	12
Other family member	214	58.0	158	42.8	369
Able to visit friends or relatives	ns		ns		
Yes	93	55.0	64	37.9	169
No	181	59.2	136	44.4	306
Able to visit health centre or hospital	ns		*		
Yes	93	55.4	59	35.1	168
No	181	59.0	141	45.9	307
Able to visit any organisation	ns		**		
Yes	74	52.9	46	32.9	140
No	200	59.7	154	46.0	335
Able to hold membership in the community group	ns		ns		
Yes	80	57.1	53	37.9	140
No	194	57.9	147	43.9	335
Agrees with justifying husband beating his wife for any reason	ns		ns		
Agree	116	56.9	89	43.6	204
Disagree	158	58.3	111	41.0	271
Whether a wife can refuse sex with her husband for any reason	*		*		
Yes	49	71.0	37	53.6	69
No	225	55.4	163	40.1	406
Total	274	57.7	200	42.1	475

***Chi square test is significant at $p < 0.001$, ** significant at $P < 0.01$, and * significant at $P < 0.05$, ns – Not significant, and + small cell count.

The relationships observed in bi-variate analysis were reassessed by using binary logistic regression to identify statistically significant determinants, adjusting for the confounding effect of the other factors. Two different models—one for identifying the determinants of lifetime experiences of sexual violence and another for recent experiences (in the last 12 months)—were run during the analysis.

In Model 1, the dependent variable was whether or not the individual disabled women reported any experiences of violence in her lifetime. In model 2, the dependent variable was whether or not the individual women reported experience of violence in the past 12 months preceding the interview.

The independent variables were women's age, caste/ethnicity, women's level of education, number of living children, working status, exposure to the radio, decision-making power, ability to visit health centre or any organisation without husbands' permission, and whether the women can refuse sex with their husbands for any reasons. Selection of independent variables was guided by the previous studies on GBV. Only those variables that were significant or borderline significant in the bi-variate analysis were included on the multivariate analysis.

The results showed that experience of lifetime violence significantly varies according to the age of disabled women. For instance, disabled women who were aged below 20 years of age were eight times more likely to experience lifetime violence, as compared to women aged 65 years and above. Furthermore, unmarried women were 55% less likely to face violence, as compared to those who were married and have had more than three children. Women who were working for cash income were significantly more likely to experience violence than their counterpart, non-working women. It is notable that women who made joint decisions with their husbands were significantly less likely to experience violence during their lifetime. Furthermore, the women who were not able to visit health centre or any community organisation without permission from husband were more likely to experience violence than those women who could visit without permission. Women who thought that a wife cannot refuse sex with her husband were 1.98 times more likely to experience violence than the women who thought that they can refuse sex with their husbands for any reason.

Overall, no major differences were observed in the findings between Model 1 and Model 2. Some of the odds ratios have been modified, and the relationship between violence and perception about refusing sex with husbands subsequently disappeared in Model 2. An association between violence against married disabled women and their husband's characteristics was also examined. Results show that the age difference between a disabled woman and her husband was significantly associated with the experience of any type of violence. A higher proportion of women (74.3%) who were over 10 years younger than their husbands faced violence than those whose husbands were less than 5 years older. Women whose husbands often consumed alcohol were at higher risk of violence than those women whose husbands never have alcohol. Husbands' education, occupation, and disability status were not significantly correlated with violence.

Qualitative interviews also revealed that disabled women experienced violence regardless of their husbands' disability. Four women out of 12 were married to disabled husbands; three of them had experienced violence from their husbands.

Triggers of violence

In this study, women were asked to report what could be the reasons for violence against disabled women. The large majority of the disabled women (80%) believed that their disability was a major cause of violence against them. About three-quarters of the disabled women (74.1%) cited their inability to work as the cause of violence, whereas one in three perceived stigma (34.7%) and poverty (34.7%) to be the reasons for violence against disabled women.

In line with the quantitative findings, qualitative revealed that a majority of the disabled women (7 out of 12), believed that their disability was the main cause of violence against them. Some women thought that their lack of skills, unemployment, and dependency upon their family and their husband's income were causes of violence against them.

Perpetrators of violence

Contrary to a widespread belief that women face violence from strangers, the present study shows that disabled women are most vulnerable to violence from people who are most close to them. A majority (58.4%) of the disabled women experienced violence from family members, followed by neighbours (52.6%), intimate partners (39.1%), strangers (12.8%), and friends (8%), respectively. Policemen, teachers, and healthcare workers were also mentioned (but infrequently) as perpetrators.

The type of violence experienced varied by type of perpetrator. For example, 81% of the disabled women reported that they had experienced sexual violence from their husbands/intimate partners. Family members and neighbours were the main perpetrators for emotional and physical violence. About 6% of the disabled women also reported that teachers committed sexual violence.

Intimate partner violence

Of the women who had an intimate partner, more than half (51.4%) reported facing violence from them during their lifetime, while about three in ten women (29.3%) had faced violence in the past year. Emotional violence from intimate partners (42.3%) was commonly reported, followed by sexual (39.9%) and physical (25.5%) violence (Table 2.22).

Table 2.22: Intimate partner violence by types of violence

Types of violence (n=208)	Lifetime		Within 12 months	
	n	%	n	%
Experience of intimate partner violence	107	51.4	61	29.3
Emotional violence	88	42.3	52	25.0
Physical violence	53	25.5	15	7.2
Sexual violence	83	39.9	34	16.3
Emotional violence				
Insulted you or made you feel bad	83	39.9	46	22.1
Belittled or humiliated you in front of other people	48	23.1	27	13.0
Done things to scare or intimidate you on purpose	31	14.9	19	9.1
Threatened to hurt you or someone you care about	29	13.9	19	9.1
Physical violence				
Slapped you or thrown something at you that could hurt you	44	21.2	14	6.7
Pushed you or shoved you or pulled your hair	34	16.3	13	6.3
Hit you with his fist or with something else that could hurt you	23	11.1	9	4.3
Kicked you, dragged you, or beaten you up	27	13	9	4.3
Choked or burnt you on purpose	3	1.4	2	1.0
Threatened to use or actually used a gun, knife, or other weapon against you	6	2.9	5	2.4
Sexual violence				
Physically forced you to have sexual intercourse when you did not want to	80	38.5	26	12.5
Have sexual intercourse with you when you did not want to, because you were afraid of what s/he might do	46	22.1	19	9.1
Forced you to do something sexual that you found degrading or humiliating	25	12	16	7.7

Consequences of violence

Information regarding the different consequences faced by disabled women as a result of the violence was also explored in this study. Tension (78%) and fear (58.6%) were the most common psychological problems experienced by the disabled women who had experienced violence. Physical consequences were common—severe abdominal pain (76.2%); heavy bleeding (52.4%); body ache (31.4%); and cuts and bruises (33%) (Table 2.23).

Table 2.23: Consequences of violence

	n	%
Experience of psychological problems		
Yes	249	91.2
No	24	8.8
Total	273	100.0
Types of psychological problems faced*		
Fear	146	58.6
Tension	195	78.3
Depression	134	53.8
Suicidal feeling	64	25.7
Tried to take your own life	5	2.0
Worried	8	3.2
Left home	11	4.4
Total n	249	
Experience of physical problems		
Yes	51	18.7
No	222	81.3
Total	273	100.0
Types of physical problems faced*		
Cut	17	33.3
Sprain	10	19.6
Burn	1	2.0
Broken bone	1	2.0
Broken head	6	11.8
Backache/headache/body ache/swollen gums/swollen cheeks	16	31.4
Broken eardrum/earache	4	7.8
Nose bleeding	1	2.0
Had been unconscious	1	2.0
Uterine injury	1	2.0
Total n	51	
Experience of reproductive health-related problems		
Yes	21	7.7
No	252	92.3
Total	273	100.0
Types of reproductive health problems faced*		
Pregnancy loss	2	9.5
Heavy bleeding	11	52.4
Severe abdominal pain	16	76.2
Uterus prolapsed/uterine injury	4	19.0
Itching/pain/burn in sex organ	1	4.8
Total n	21	

*Percentage total may exceed 100 due to multiple responses.

All 12 women interviewed in-depth reported experiencing psychological problems. The most common psychological problems experienced by disabled women were fear and depression. Suicidal ideation was reported by four women and two had made an attempt to commit suicide:

“I do not know what to do. I have received so many injuries. Look here, yesterday, he beat me and my hand is swollen [showing her hand]. My heart is filled with pain and agony. Sometimes, I want to die by jumping out of this window. Brothers-in-law and neighbours do not speak with me. My husband only needs alcohol. I have tension both day and night. And, due to tension, I have high blood pressure. No one is there to support me.” (44-year-old, married, business, 10 years of education)

“On that day, he tied my both legs with ropes, made me kneel down and face towards the ground, and had anal sex. And, it was intolerable, so I screamed. But, he closed my mouth and beat me very badly. I was not able to tolerate that, so I went to die. I went to Begnas Lake to die at 12 midnight, telling him that I wanted to catch fish. But, the neighbours came to know about that and they came to stop me. Everybody counselled my husband. Next day, I went again and had reached to the middle of the lake, but my husband arrived there rowing his boat and saved me” (29-year-old, married, business, non-formal education)

Ten women also reported experiencing injuries, including a perforated eardrum, sprain, and bruises on their body. Two married women reported being disabled as a result of physical violence inflicted by their husband. Five interviewees reported reproductive health problems that resulted from violence, including severe abdominal pain, burning sensation, and heavy bleeding during periods:

“As long as I am living, some kind of fear will always disturb me that the others might find out about the rape. I also started getting more pain at my lower abdomen during my period. I never had pain before. I also feel dizzy from time to time and bleed heavily during my menstruation. When I recall all these things, sometimes, I have a lot of mental pressure and feel like dying.” (17-year-old, unmarried, student, 9 years of education)

Coping strategies

The disabled women who had reported violence were asked about strategies to avoid violence. More than a third of the disabled women (38%), who had experienced violence from an intimate partner, had not used any strategies to deal or avoid the violence. Of those who had adopted strategies, 41% had attempted to convince their husbands/partners, whereas 23% had visited relatives to seek help and support. Very few women had reported to the police (3%) or had fought back against their intimate partner (1.5%). Despite all the strategies used, a third of them reported that they could not protect themselves from violence (33.3%).

Among those interviewed in the qualitative research, sleeping with children and locking the room was the most commonly used strategy by women to protect themselves from sexual violence. However, these strategies were not always successful. Two women explained how they tried to avoid the violence, but were unsuccessful.

“He used to make me sleep with him forcibly. Many times, I had our daughter sleep in-between us. But, it did not work. After all, men get what they want.” (20-year-old, married, housewife, illiterate)

“If I were normal, then I would have said, ‘If you want to leave then you can, or if you are going to get another wife, then I am going to get another husband or I can do anything’ and I would have said no to sex. But, I have to tolerate everything because if he leaves me, who will support me. I cannot do anything and I need him. I am disabled and weak, so I have to be dominated by my husband.” (34-year-old, married, teacher, 12 years of education)

Over three-quarters of the disabled women (77.6%) who had experienced violence from their intimate partners had not sought help from any institution, families or friends for advice and support. Similarly, more than half of those who faced violence from people other than their intimate partners had not sought help (52.5%). When women faced violence from someone other than their intimate partner (32.8%) or from their intimate partner (9.3%), they usually sought help from their relatives and family friends. Very few sought help from community organisations or the health system.

Three qualitative interviewees who had faced violence from their intimate partner or from their brothers reported the situation to the police—not always with positive results:

“The policemen scolded me for crying. Then, my brother came and a lot of others who supported him also came. I did not have anyone. My brother confessed about beating me, but he did not disclose the reason for doing so. Then, the policemen said that the people from maiti (maternal home) have the right to beat the cheli (daughters and sisters), if they do any mischief, and supported my brother instead.” (48-year-old, unmarried, business, informal education)

“What would they do? It is a fight between husband and wife. They (police) told me ‘you should not speak when your husband speaks’. They kept him in the cell for a day and, the next day when he came back from there, he beat me even more than before.” (42-year-old, married, business, illiterate)

However, qualitative interviews revealed that some women do find support. Three women reported to a mother’s group and received a positive experience from them:

“Nowadays, he has not beaten me. The mother’s group had written an agreement and made him sign on it. So, he is scared to hit me.” (29-year-old, married, business, informal education)

In terms of the barriers preventing women from seeking help, most frequently, women perceive that seeking help or support may aggravate the violence against them (45%). One in five disabled women (21.9%) stated that disabled women were unaware of the places to report violence, while about one in six women (15.6%) reported physical weakness as one of the reasons that hinders access to support services (Table 2.24).

Table 2.24: Perceived barriers that hinder women from reporting violence

Perceived reasons	n	%
Fear of further violence	213	44.8
Do not know where to report	104	21.9
Due to physical weakness	74	15.6
Fear of losing family prestige	72	15.2
No one cares about what disabled say/problem would not be solved	69	14.5
Ashamed to report such event	68	14.3
Fear telling anyone/fear being further humiliated	56	11.8
Unable to go alone	47	9.9
Family does not allow to go outside	22	4.6
Due to economic problem	16	3.4
Lack of self confidence/self esteem	11	2.3
Do not know	9	1.9
Due to mental weakness	2	0.4
Total	475	100.0

*Percentage total may exceed 100 due to multiple responses.

Case histories also showed that disabled women did not believe that reporting would solve their problem. They also feared that reporting or seeking help would increase the violence even more. A few women reported the difficulty disabled women face while accessing services for violence.

“We do not receive good service; the government officers are hungry for money. If you have money, then it will be good to go to the government officers. But, without money, nothing will happen. When I went for my divorce, I could not find a lawyer to fight my case, because the lawyer straightaway asked for money.” (34-year-old, divorced, unemployed, 10 years of education)

3

FINDINGS: LESBIAN WOMEN

In this chapter, we present our findings on violence faced by lesbian women in Bangladesh, India and Nepal. It includes background characteristics of the lesbian women who were interviewed in the three countries, their attitudes and perceptions of gender roles and relationships, human rights, as well as the 'self'. This chapter also examines the prevalence of violence from various perpetrators, stigma and discrimination faced by lesbian women, and their coping strategies.

The Bangladesh study included a very small number of recruited persons from Dhaka city, and the respondents were similar in terms of demographics. Thus, research findings from Bangladesh need to be read cautiously and cannot be generalised to fit a larger population.

BANGLADESH

There is a culture of collective denial on the existence of same-sex sexualities in Bangladesh, perhaps linked to Islamic religious sentiments, effectively stifling any public debate about same-sex sexualities in the country (Universal Periodic Review, 2009). The focus is on a hetero-normative framework, which means that anyone who does not fall into this normative structure is penalised or ostracised. Bangladesh retains the infamous British anti-sodomy law, known as Section 377. This section of the Bangladesh Penal Code criminalises sexuality against the 'order of nature'—a rather ambiguous phrase that can be used to penalise even heterosexual anal sex, cunnilingus, and fellatio. The punishments for crimes perpetrated under this Section include fines, and imprisonment of up to 10 years (Universal Periodic Review, 2009). The lack of protection of the sexual rights of homosexual and transgender groups results in harassment, silence, shame, and fear around discussions regarding sexuality, thereby pushing many issues underground (Universal Periodic Review, 2009). Currently, little is known regarding the estimated number of lesbian women, with the few of the respondents having been identified informally and anecdotally. There is some documentation and visibility of MSM (men who have sex with men) and transgender groups, but this is usually carried out under the umbrella of HIV/AIDS and related organisation-based activities (Rashid, S.F. *et al*, 2011, in press).

In Bangladesh, only qualitative interviews were conducted with lesbian women. Accessing lesbian women for this research in Bangladesh was particularly difficult due to extreme social stigma and fear of disclosure. For the qualitative interviews, we were able to complete only 10 in-depth interviews with a small number of lesbian women from a single geographical location—Dhaka city.

Table 3.1: Socio-demographic characteristics of the respondents (lesbian women)

Socio-demographics	Frequency
Age in years	
30–40 years	6
40–50 years	2
50–60 years	2
Educational qualification	
Bachelors	3
Masters	7
Occupation	
Service holders	8
Housewife	1
Retired	1
Area of residence	
In Dhaka	7
Abroad	3
Monthly income	
\$200	1
\$400–500	2
\$600–700	4
\$1000	1
No income	2
Marital status	
Living with husband at the time of interview	4
Divorced	2
Separated	1
Never married	3

Table 3.1 shows that all the women reported that they had completed their higher education. Eight out of 10 respondents were employed at the time of the interview; of the remaining two, one woman had retired a few months before the interview and another woman was a housewife. Three respondents stayed abroad, two were interviewed via web-based chat and e-mails, as the interviewer knew them personally. One was interviewed while she was visiting her family in Dhaka. Face-to-face interviews were done mostly at the respondents' homes. One of the interviews was conducted in a restaurant, which was not very crowded and had been chosen by the respondent.

The respondents who were employed reported that they earned BDT 30,000 (about \$400) or above in a month (a decent salary by local standard), with the exception of one lawyer who earned approximately BDT 15,500 (about \$215) per month. Out of the 10 respondents, 7 were ever married; of which, 2 were divorced. One of them was separated from her husband two years prior to the interview and was living abroad with her same-sex partner. Four of the married women were living with their husbands. The remaining three respondents were not married; two were living with their natal families at the time of interviews, and one shared a house with her female friend in Dhaka, as her parents lived in another city.

Perception of Relationships

Almost all of the women mentioned that they preferred same-sex partners because they were more understanding, affectionate, and treated them equally. Some of them talked about sexual pleasures,

while others reported that they had never enjoyed sex with men in their life, which sometimes triggered them to break their marriages:

“I could never enjoy sex with men. This was one of the key reasons behind my divorce.” (42-year-old divorcee)

All the women were asked how they dealt with their feelings after they realised their sexual orientation. Some women mentioned feeling guilt when they first experienced their attraction for other women. A 50-year-old woman, who was married with two children, spoke about her feelings when she was first attracted to a girl when she was in high school:

“We were so confused. We could not understand how could two girls fall for each other! My friend felt guilty and told me that it is not right. So, we broke up.”

However, two women mentioned that it seemed very natural to them and expressed no guilt for their feelings:

“I was very sure about my attraction for girls when I was in high school and it seemed very natural to me. If a girl can fall for a boy, why can she not fall for another girl? I used to think this way.” (32-year-old)

“I was always attracted to women since the age of 5–6 years. Even after I was married [arranged marriage] at the age of 18 years to a man, my desires and attraction towards women did not change. And, I never felt bad about that...” (42-year-old)

Violence in the family

All the respondents mentioned that society exerts immense pressure on them to get married. On resisting, some experienced violence from their family members. Most of them reported that beatings from immediate family members were common when they refused to marry, or were suspected to be in same-sex relationships. A respondent reported that her partner was beaten up by her elder brother when he found out that she was in a same-sex relationship. She said bitterly, *“Society denies the fact that same-sex relationships exist. People think that she will get married and everything will be okay”* (34-year-old married woman).

Some respondents shared stories of their lovers being forced into marriage by their family members.

“I had a relationship with a woman six months back. Once her family learned of our relationship, her elder brother hit her, slapped her, beat her, and hurt her emotionally. They used to tell her that they wanted her to die...because of all these tortures, she was forced to marry and, thus, separated from me.” (45-year-old)

There is continuous denial in the family too. A 59-year-old retired single woman said, *“A couple of weeks ago, I told my elder sister that I am a lesbian woman. She just laughed aloud and said that she did not believe me. I think that she did this because otherwise, she would have had to accept it and it would have been very difficult for her!”*

Sometimes, extreme emotional domestic violence pushed women to leave their families. One respondent moved out of her parents' house after they found out about her same-sex relationship:

“I was so embarrassed when my parents found out. One day, I came home late from work and my father said, “Oh! Your life is ruined already!” Then, my elder sister came from abroad. She heard about it and told me to leave home...then, one day, I just left home because it was easier.” (36-year-old)

Violence by Same-sex Partner

The women interviewed commonly reported physical violence from same-sex intimate partners. Some of them mentioned experiencing abusive behaviours from their lovers, which ranged from being called names such as whore or slut, having something thrown at them, being yelled at or threatened with disclosure of identity, and being slapped and pulled by their hair. The common triggers of partner violence were perceived to be related to financial constraints, suspicion, jealousy, cheating, infidelity (with another woman), and disputes related to household chores. Sometimes, the end of relationships, especially if instigated by one partner, incited violence and/or abusive behaviours from the other partner. In one of the interviews, a woman seemed to accept her partner’s extreme reactions and abuse as love in the guise of jealousy:

“Sometimes, my girlfriend used to swear at me and destroy things. She did all of this out of jealousy and love. She thought I was having relationship with a man. [speaking with a smile]” (51-year-old)

Violence from Heterosexual Partners

Barring one, all the women had had male intimate partners at some point in their lives. All of the married women reported experiencing physical and emotional violence from their husbands. Some reported being sexually abused by their husbands:

“My husband was sick, I guess. He wanted sex every night...no matter if I was ill or unwilling. One night, we went to Cox’s Bazaar for a holiday. My mother-in-law, my husband, and I were sharing the same room. In the middle of the night, he started having sex with me. I was so ashamed! His mother was there beside us! But, he did not care!” (51-year-old woman)

A few of the married women reported that they had told their husbands about their attraction towards other women. One of them said that her husband did not believe her and another said that her husband did not like her hanging out with her female friends after that. However, another married woman reported that her husband asked her to have sex with her girlfriend in front of him. Most women said that they found their husbands’ negative behaviour unjustified, but accepted it nonetheless.

Stigma and Discrimination

Most of the women interviewed did not disclose their same-sex relationships to anyone outside of their own community, due to fear of being outcast, rejected, and stigmatised. There was already immense pressure on them to conform, and many feared the consequences and stigma of coming out. As a result, many loved in secrecy, not being able to share their feelings and desires openly; some waited for the opportunity to be reunited with their lovers; and some spoke of having to live

a dual life, not being able to share their relationships with anyone. One respondent, a 45-year-old woman, living in the US said, *“I always had to cover up my identity from society. I consider this to be a kind of violence.”* She also talked about how it had affected her relationships:

“I had to be very careful in maintaining this kind of relationship—out of my concern for ‘shomaj’ (society), ‘paribarik shomman’ (family honour), and to protect myself from ‘lok lojja’ (public shame). I always find this insulting. Besides, in most cases, whenever the families of my lovers became aware of our relationships, they always tortured my lovers physically and mentally. In most cases, even if I wanted it with all my heart, I could never develop a long-term relationship. Each time, I wanted to be steady. But, social barriers destroyed each of my relationships.”

Two respondents talked about the fear of being discovered:

“I cannot even think of what will happen if my parents or siblings find out about my relationship. They will be extremely shocked. How shall I deal with it then? Where shall I go? I do not know. Maybe, I will just deny everything! There will be no alternative.” (32-year-old)

“We always have to hide our identity; this is a huge pressure on us! My girlfriend lives in India. I visit her every 2–3 months. Everyone asks me why I go there so much. I have to lie to them. If I were a man, I could have said that I am going to see my girlfriend. I feel bad.” (32-year-old woman)

Coping Strategies

Not disclosing their feelings and desires and adapting to living ‘double lives’ were mentioned as key strategies of self-protection. Respondents wanted to avoid being harassed and stigmatised by their family and by society.

The women who reported being forced into marriages said that they tried to cope and adjust with their husbands and in-laws. Lack of social support and fear of financial and social uncertainty stopped the women from walking out of their marriages:

“Where will I go if I leave my husband?” (51-year-old)

“I left my husband and went to my aunt’s house...but, I had to come back because she did not want me to stay.” (45-year-old woman)

However, one of the respondents had divorced her husband, using her connection with a lawyer she knew. A woman who worked at the United Nations (UN) mentioned that work regulations and rules sometimes help women who are or prefer to be in same-sex relationships. This protected her from probing and personal questions, especially in the workplace.

One 59-year-old woman set up a network in Dhaka to help lesbian women interact and share their experiences with each other, and realise that they are not alone. She talked about the challenges she faced, saying, *“In the beginning, there were 10–12 women, but now, hardly 2–3 women come to our meetings, so many constraints, social, religious constraints and feelings of insecurity.”*

One 45-year-old respondent had a mental breakdown after her girlfriend was forced by her family to get married to a man. She said that she used to take sleeping pills and was addicted to some other drugs after that. It took her a year to get over that relationship. Another 37-year-old respondent reported that she wanted to commit suicide after being forced into marriage by her family, but did not attempt it.

INDIA

In India, a broad campaign is underway to repeal Section 377 of the Indian Penal Code, which criminalises ‘sexual activity against the order of nature’. (Bose and Bhattacharyya, 2008; Menon, 2008) The campaign succeeded in having the section read down to decriminalise same-sex behaviour between consenting adults in a historic judgment by the Delhi High Court in July 2009. Immediately, a range of religious persons and others filed petitions to the Supreme Court to reverse the High Court order. Any examination of the violence faced by lesbian women needs to take into account the socio-cultural forces that create societal institutions, gender roles, and sanctions, as well as analyse the norms against which homosexuality is evaluated.

The violence faced by lesbian women is pervasive. Section 377 of the IPC has been used by parents to exert control over their lesbian daughters. In 1987, in Gujarat, a father used it to achieve the annulment of his daughter’s marriage to her girlfriend, who had undergone a sex change operation, but did not have the capacity to procreate (Joseph, 1998). During the hearing of the petition to read down Section 377 in the High Court, Additional Solicitor General P. P. Malhotra said, “AIDS is already spreading in the country, and if gay sex is legalised, then people on the street would start indulging in such practices, saying that the High Court has given approval for it. Legalising it would send a wrong message to our youth”. The High Court bench said that the hearing was underway and the Centre should refrain from making comments of this sort (*Times of India*, 2008). Section 377 is often used to justify violence against queer people. Thus, legal reform must be backed by social change that challenges the prevalent homophobia in society, especially in the intimate spaces of family, relationships, and the workplace (Bhan and Narrain, 2005).

The lack of acceptance of their sexuality leads to violence in the lives of lesbian women in multiple ways. A fact-finding report by the People’s Union for Civil Liberties (PUCL) identifies two strands of violence against people from sexual minorities: the State and the society (PUCL-K, 2001). Within the State fall violations by the law and by the police. Section 377 is cited as a form of violence by the law. Others include the absence of the provision of civil union and economic and legal benefits available to heterosexual couples. The law currently makes no provision to prohibit discrimination against an individual on the basis of sexual orientation. Violations by the society occur when the society condones violence against people from orientations other than exclusive heterosexuality in the family, workplace, medical establishments, public spaces, and popular culture. The PUCL-K report identifies lesbian women as a group so marginalised as to be invisible and silent (PUCL-K, 2001). Patriarchal norms coerce both heterosexual and lesbian women into the roles of wife and mother in the private space of the home.

In India, 24 women were interviewed in the qualitative study. Of the 24 respondents, one was 19 years old; nine were 20–25 years; four were 25–29 years; eight were 30–35 years; and three were 35–40 years. Two women were not working; five earned less than Rs 7000 per month; seven came

from middle class backgrounds; and ten were upper-middle class. One woman had been to school up to the tenth standard; two up to the twelfth; two were at college; ten were graduates; and seven had postgraduate education. While the majority of the women were Hindu, two were Muslim, one was Parsi, and four said that they did not believe in religion. We spoke to women with a range of occupations, including a filmmaker, an NGO worker, a policewoman, and a domestic worker. Most were living with family members, four were living alone, and only one was staying with her partner.

Experiences of violence

The respondents spoke of a range of negative experiences in their everyday lives of 'being' a lesbian woman, and their stories reflected a lived reality in a society where heterosexuality is considered mandatory. Some respondents said that as children, their family considered them to be more like boys than girls. Most enjoyed sports and outdoor games at school and college, and often met their future partners there. Realising that one might be a lesbian woman was a strange, confusing, and, for some, a frightening experience. Some thought that they were "weird" and "did not accept it", others felt "really bad" or "different", and some denied it. Several women tried to counteract their feelings by dating boys. A few women reported experiences of childhood violence. Two respondents witnessed episodes of domestic violence at home and three reported facing child sexual abuse:

"One night, I was alone in the house, as my family had gone out of town for a marriage. I woke up with half sleep in my eyes and I saw this guy above me. And, he was like, 'Go to sleep, because we are doing this, we are doing what every husband and wife does, and I am your husband'. Some story he gave me; I do not really remember. And, one thing led to the other. That guilty conscience I have till date, which is a part of me, not doing anything wrong. I feel guilty about doing everything in my life. (Very upset, tears in eyes) I was shit scared at that time to talk about what I did; how I felt." (35-year-old)

Violence and the self

Some women were traumatised by events surrounding their experiences of coming out, especially when they were 'outed' (their sexuality was disclosed) against their will.

"In college, there was this guy who had put up a picture of me and S [my partner] on Orkut [a social networking site], and had started a poll that [asked people] what do you think—are they lesbian? And, people were voting." (23-year-old)

In the absence of reliable support systems, feeling let down by people they trusted and rejected by friends and family members, some women resorted to self-harm. Four women reported attempting suicide during adulthood. Two did so after their girlfriends married men and two after their sexuality was publicised by friends and a college counsellor. These disclosures caused extreme emotional distress, and their sexuality was rejected by close friends and peers. The respondents described them as extremely painful and challenging times:

"All this was happening, I cried a lot, went home, I started burning myself with cigarettes, started cutting myself. I really needed attention to talk to someone and I did not know whom to talk to." (23-year-old)

Violence in the family

When we asked the respondents to tell us about themselves and their lives, most focused on their—often painful—experiences of ‘coming out’. While this was sometimes liberating, it could also lead to violence. Many women had experienced different types of violence from family, friends, colleagues, and people in public, largely because of the non-acceptance and stigmatisation of their sexuality. Those who had come out were often told to change their sexuality or that what they were doing was wrong. Others were told that they could be treated through counselling. Some friends and family members asked them to give up loving women, believing it to be a phase of sexual experimentation.

On the basis of a belief that homosexuality is wrong, friends and family explained a lesbian woman’s expression of sexuality as “a mistake”, or sometimes as dirty or disgusting. In this case, it was considered necessary to “correct” their behaviour or “clean up their acts”. One respondent was threatened with her life when her father read about her lesbian relationship in her private diary:

“Then, papa had a doubt: how can they be so close? Whatever was written [in my personal diary] was about her [my partner] only. So, he started shouting, ‘If I come to know anything about you like this, then I will kill you then and there. It is OK if I do not have any daughter’”. (20-year-old)

Another, more passive way in which friends and family members expressed non-acceptance of a woman’s lesbian sexuality was to render it invisible by refusing to acknowledge it or talk about it. As one respondent reported, “My extended family invisibilises it, except for my cousin who completely accepts me for who I am. The older generation is a little upset” (38-year-old). Another said, “My Mom and Dad, they must be aware about me [after being ‘outed’ by friends after a suicide attempt], but they never speak to me about it.” (32-year-old)

Some parents, who refused to accept that their daughters were lesbian, tried to prevent them from expressing their sexuality. This included controlling or restricting their mobility and contact with girlfriends, monitoring their phone conversations, following them, and disrupting their relationships. Some parents also demanded that their daughters keep their lesbian identity hidden to preserve family prestige and honour.

The respondents reported feeling very distressed when they were unable to ‘come out’ to their mothers, whom they considered to be a part of themselves. They longed to do so, but held themselves back because of a fear that their mothers would not accept them.

Violence by same-sex partner

Women reported both facing and perpetrating intimate partner violence. The causes included the stress of hiding their sexuality and their relationships, and the fear of ‘coming out’ to their families. The insecurities of relationships, and the fear of the partner being pushed into marriage by the natal family, often led to violence. Ending a relationship was also a trigger:

“Once earlier, I had tried breaking up with her. That time, we were on a road and she had slapped me when I had said that we should break up, because my family will not be able to accept it. She had slapped me on a road.” (29-year-old)

In another example, a respondent, who had been in a relationship with an older woman, described being locked in a room by her partner who also sometimes used to cut her:

“And then, there were times when she cut me, because she just thought it was very fascinating...she used to be careful to do it in places where it was not all that visible. And, they were like minute cuts; small size, very little, the cut was like that. It was somewhere here, somewhere here [gestures to her upper arm, stomach, and thighs]”.
(23-year-old)

Violence experienced from others

A common premise in many women’s narratives was that, for the mainstream society, being a lesbian woman was wrong. This dominant message was the basis of multiple forms of societal violence. Negative imagery affected women’s interpretations of their sexuality, and many described difficult periods in their lives when they had started to realise that they loved women. Without much knowledge of the range of sexualities or normative terms for same-sex relationships, many were forced to internalise popular, homophobic perceptions.

Non-acceptance of lesbian sexuality sometimes led to discrimination at work, and in religious institutions. This occurred both overtly and covertly: overtly by treating women as immoral or refusing them entry into places of religious worship, and covertly when managers criticised their work because of their sexuality, rather than its lack of quality.

“I told them that this is not right and you cannot segregate people who come to your church on the basis of their sexuality. So, that is a sort of emotional violence in a way that, you know, that a group of people that you have been taught to trust—although I never trusted religious people—have betrayed you. So, if you want to be an ‘out’ person in your church that does not happen”. (23-year-old)

“I was working with an NGO, and I did feel that there was some homophobia there from my immediate boss, because I did a fabulous job with something that was a complete success and then, ultimately, I was told that it was a terrible job. I mean, why? The numbers proved that I had done a fabulous job”. (38-year-old)

The homophobic attitudes of work colleagues highlighted the risks of coming out to others:

“People may not really be homophobic in a theoretical way, as in they will invite your partner over if there is office party, but, when things are not going okay, they use your sexuality to defame you. Your sexuality is, then, deviant, and there are these statements about how you are ‘always wanting’ to have sex. And, that has been a terrible violence that one has experienced in life. It is even worse because one experienced it in a so-called progressive NGO.” (34-year-old)

Some respondents reported facing institutional discrimination in terms of the absence of legal privileges available to heterosexual couples. Common examples included official recognition of lesbian relationships, the right to social welfare, and the opening of joint bank accounts. Women also spoke of discrimination in heterosexual society that had an ‘othering’ effect. This was expressed in different ways and was often described as violence:

“Yeah, heterosexual privileges that you do not get in the homosexual world, you know, where you cannot kiss a woman if you are in a bar; but two heterosexuals are kissing away like crazy. It just does not work. You have to stop that kind of violence. That is also violence. That is also discrimination”. (38-year-old)

Some respondents described how their short, “boyish” hair and clothes did not conform with gender norms, which exposed them to harassment and exclusion. Some were mistaken for boys and asked to leave the female compartment of a train, give up a seat reserved for women in a bus, or were prevented from using ladies’ public toilets. Others faced verbal insults from their families and strangers in public spaces. These experiences were deemed violent because they prevented women from expressing themselves in a way that was natural to them.

Reservations about coming out to friends and family members resulted in many women living two lives: one straight and one lesbian. Although living a “dual life” might not be considered direct violence, being prevented from expressing one’s true identity in its entirety meant having to suppress one’s sexual preferences and freedom to choose one’s relationships, because of a fear of violence. These women were not allowed to be whole; their lesbian identity was suppressed, unrecognised, and unaccepted. In Indian society, marriage is an institution to which women are strongly expected to conform. The pressure to marry is tremendous, and most respondents, especially those who had not come out to their families, reported receiving comments, lectures, or taunts about their single status. In order to avoid this, many chose not to attend social events and family functions.

“I have a lot of pressure. Relatives keep asking me when I am going to get married. [They say] ‘All your cousins are married.’ I usually do not go to any religious function because they are like, ‘Next is your number, your number.’ I have started avoiding them. That way, family, it does affect you a great deal.” (27-year-old)

Consequences of violence

An initial reaction to becoming aware of an attraction to women was often a sense of being “different”, “not normal”, and the only person who could have such feelings. Non-normative sexuality often conflicted with religious beliefs and their associated moral implications. The power of society’s non-acceptance of homosexuality and an expectation of heterosexual relations created, in some respondents, an ‘internalised homophobia’, in which they considered their feelings towards other women as immoral. Those without information or knowledge about other lesbian lives described feeling isolated and lonely.

“...but, it was very hard. It was a very difficult time because at that time, there was no Internet, and there was no Google, and I thought I was the only lesbian in the entire world. So, there was a lot of isolation, there was a lot of loneliness.” (38-year-old)

These experiences had a serious impact, especially during the period when women were coming to terms with their sexuality. Those dealing with internalised homophobia, the perception that they were different, and the resulting isolation, also reported feeling ashamed and guilty. As one respondent reported, *“See, there was a point where, inside, I felt ashamed that I was different.” (27-year-old).*

Even the women who had disclosed their sexuality feared negative reactions, which often prevented them from seeking support and interacting with people that they knew would disapprove. Fear and lack of support had physical and mental consequences and, at times, put a strain on their relationships with partners:

“I am my own support. I do not talk to anyone; I keep it inside me. That is why I have become like this. When I was with my friend, I was very fat; I was huge. Look at me now. I have lost so much weight. It is all because of worrying.” (29-year-old)

Many women struggled to balance their dual lives. While for some, it was uncomfortable or bothersome, for many others it caused considerable distress.

“It affects my life in a big way. You are different. I mean, you like somebody [but] how do you go and tell that person? You, it is like you live a dual life in front of your parents [and] relatives—you are straight, a different person. With your lesbian friends, you are a different personality, you are yourself. Like, you know, you are faking. That is very disturbing, very disturbing.” (32-year-old)

In cases in which a partner had broken off the relationship to get married, the respondents described feeling severely depressed, and a few had attempted suicide. In cases where the relationship was hidden, the impact of a partner’s marriage was worse and, sometimes, resulted in inter-partner violence. Others felt disillusioned about having a long-term lesbian relationship because of potential problems or the possibility that a partner would eventually marry a man under pressure from her family.

“Because of my girlfriend, I have wanted to commit suicide three times. When all this was happening: the break-off and when she was going away from me [to get married], that time, I had tried to commit suicide.” (27-year-old)

The stigma and fear of non-acceptance meant that many women kept their sexuality hidden, wanting to please their families and prevent them from getting “hurt” or “angry”. As a result, some had decided to “abandon” their lesbian life and get married to a man, even though they had concerns about married life and, in particular, sexual relations with a man. They were anxious about their husbands forcing them to have frequent sex as their “right”:

“I have left all this [being lesbian] now anyway. I have a lot of family problems. There is so much tension in the house. One cannot keep living only for oneself. You have to think about your family. Only I know how I feel. I am getting married and I do not know how I will go through with it. But, I think that I will do it, so that everyone is happy. I do not know if I will ever be happy. Do you think that the society will ever accept us? Now recently, some days back, we [my future husband and I] had sex. It was so difficult because I did not enjoy it even a bit. I could not feel any response coming from my body. And, he understood, but he said it is ok; once we are married my body will get used to it. Anyway, now he is very understanding, but after marriage he will also have his needs, and once we are married, he is going to want it [sex] as his right, as we are married. Then, I will have to do it, whether I want to or not. There will be no choice then.” (29-year-old)

Marriages like these were conceptualised as forced marriages, because the decisions were not taken of one's own free will. Women felt that there was little that they could do to prevent losing a partner to marriage. Two respondents in the study expressed the need to undergo sex reassignment surgery to transform their body into a male body. They felt that this would allow them to conform to hetero-normative standards of a straight relationship. However, they were unsure as to whether it was really feasible because of the high cost of the surgery.

Coping strategies

Responsive strategies for facing violence due to non-normative sexuality included suppressing or negating their feelings, and forcing themselves to have relations with men. As one respondent, a 30-year-old, reported, *“I was about 19 years old and, of course at that point, I thought that something is wrong with me; I should better start having a crush on a boy, and I tried hard for a long time.”* A common means of protection from stigma was to carefully choose the person that they came out to. Most women had only done so to a limited number of people. One respondent, who had been in a relationship for 19 years, had only disclosed her sexuality to her sister. Others were too afraid of the possible reactions of friends and family.

Living a dual life, as discussed above, was interpreted as both an impact and a response strategy, and typically resulted from a fear of the negative reactions of others, and not wanting to hurt their families. Other strategies to hide their sexuality included denying it or lying about it, changing the names of girlfriends on their mobile phones to male names, “de-queerising” the home (removing pictures of girlfriends and other evidence from display), creating separate straight and lesbian profiles on social networking sites, and living apart from partners.

NEPAL

There are only a few civil society organisations working for lesbian women in Nepal, and there are no systematic estimates of the numbers of lesbian women in the country. However, anecdotal evidence exists. Mitini Nepal, an organisation based in Kathmandu that works with lesbian women, has estimated that there are 1200 lesbian women in Nepal, and claimed that they have 600 members, both within and outside the Kathmandu Valley (personal communication, Mitini Nepal, 2009). However, this estimation was not based on any systematic method and has not been verified.

By virtue of being a member state of the UN, Nepal has publicly recognised the human rights of every citizen, including marginalised women. However, no special strategies or programmes that focus on preventing and addressing violence against marginalised women are currently under consideration in the country.

In Nepal, we conducted both qualitative and quantitative research. 475 respondents were interviewed for the quantitative survey and 10 respondents were interviewed for the qualitative study. The presentation of the findings combines both.

Table 3.2 shows the socio-demographic characteristics of the respondents in Nepal. Sixty per cent of the women interviewed in this study were aged 20–34 years, while a quarter (25%) were less than 20 years of age. About a fifth of the lesbian women (19.5%) had never had formal education. Less than

a third had had schooling up to 7 years and almost an equal proportion had completed 8-10 years of schooling (27%). Fifty-nine per cent of the sampled lesbian women belonged to the disadvantaged Janjati caste, followed by the Brahmin/Chhetri (27%) caste. Thirty-eight per cent of lesbian women were unemployed at the time of interview.

Although same-sex marriage is not legally approved in Nepal, the survey explored whether the respondents were married. Two in five women stated that they were currently married to a woman, while only one respondent was married to a man. Seven per cent of the respondents have a child/ children.

Table 3.2: Background characteristics of respondents

Background characteristics	n	%
Age group		
<20	25	25.3
20-34	59	59.6
35 and over	15	15.2
Education		
No formal education	19	19.2
1-7 years of schooling	30	30.3
8-10 years of schooling	27	27.3
School Living Certificate or more	23	23.2
<i>Mean years of schooling=7 years</i>		
Caste/ethnicity*		
Brahmin/Chhetri	27	27.3
Relatively advantaged Janajatis	11	11.1
Disadvantaged Janajatis	58	58.6
Others (Tharu/Yadav/Muslim)	3	3.0
Occupation		
Unemployed	38	38.4
Business	11	11.1
Organisation staff	18	18.2
Labourer	13	13.1
Services	11	11.1
Others (Private company staff/ driver/agriculture)	8	8.1
Marital status		
Yes, currently married with a woman	40	40.4
Yes, currently married to a man	1	1.0
Not married	58	58.6
Total	99	100.0

*Ethnicity was categorised according to the Health Management Information System of the Ministry of Health and Population, Nepal.

Sexual behaviour

All 58 unmarried lesbian women interviewed in this study were currently in a sexual relationship with a woman. The mean age of first sexual intercourse was 18 years. More than half had engaged in some type of sexual activity when they were between 15 and 19 years of age, and almost a fifth (18%) reported that their first sexual experience (with a woman) has occurred when they were younger than 15 years.

Although the process of coming out has several stages, the study explored one of them—disclosure of one’s sexual orientation to others—and the difficulties they faced when they came out. Of the 81 respondents who responded to the “coming out question”, more than half reported that they had come out to their lesbian friends (58%), while about a fifth had come out to their other female friends (22%) and family members (22%). About a third of the lesbian women reported that they had faced violence when they disclosed their sexual orientation (31%). Most of them reported that they had faced violence from their family members (68%), while a smaller number had faced violence from their friends (16%) and their partner’s family and neighbours (8%).

The in-depth interviews highlighted the extent of family hostility, but also the possibility of family support, when women came out:

“My parents say that I am different and crazy. My father does not know what a lesbian is and he thinks that I am crazy. He curses me and says that he does not even want to look at my face. I said that I liked ‘B’ and that I lived with her, so my father thought that we were ‘hijada’ [hijada or hijra are physiological males who have feminine gender identity, women’s clothing, and other feminine gender roles].” (20-year-old, service, 11 years of education)

“My family members did not know that I was a lesbian. But, they came to know after an incident. When my brother came to know about everything, he gave me a lot of courage. He said, ‘Elder sister, do not panic; nothing is going to happen to you. We all are here for you and you have done nothing wrong’.” (26-year-old, service, 10 years of education)

Perceptions of gender roles and understanding of human rights

The lesbian respondents were asked a total of five statements concerning women’s roles and rights. A majority perceived that women do not have equal rights as men in Nepal (85%). In terms of education, almost all disagreed that education is more important for boys than for girls (95%). Furthermore, in relation to the role of women in the house, the majority disagreed that a good wife obeys her husband even if she disagrees with him (87%) and that it is important for a man to show his wife or partner who the boss is (90%). Almost all the respondents perceived that outside intervention is necessary when a wife is mistreated by her husband (92%).

More than a third of respondents (38%) justified wife beating in at least one scenario. The respondents were least likely to approve of wife-beating for reasons related to food preparation (94% not approving), disobeying the husband (93%), asking for money (100%), and enquiring if the husband has any girlfriends (100%). One-third of the respondents justified wife-beating if the

husband learned of the wife's infidelity (35%) and 13% justified wife-beating if the husband was suspicious of the wife's infidelity (13%).

The respondents were presented four scenarios and asked if a woman could deny sex to her husband on such situations. Almost all the respondents perceived that a woman can deny sex if she is sick (92%). Three-quarters stated that a woman can deny sex in circumstances such as if her husband mistreats her (80%) and if she does not want to have sex (75%). Only 60% felt that a wife can deny sex when her husband is drunk.

A mixed opinion on human rights was observed among the respondents. More than half perceived that the rights of 'no one shall be subjected to torture' (54%), 'all are equal before the law' (52%) and 'everyone has the right to equal pay for equal work' (55%) were not respected in Nepal. On the other hand, half the respondents perceived that the right to 'freedom of religion' was fully respected (51%), while nearly half of them perceived that the right of 'marriage is entered into only with the free and full consent of the partners' (49%) was partially respected. Forty per cent perceived that the right to 'freedom of speech' was partially respected in Nepal.

Experience of social exclusion

The common forms of exclusion faced by lesbian women were related to others gossiping about them (71%) and access to accommodation (23.1%). One in five lesbian women (20%) reported that they were excluded from social gatherings or activities (20%), religious activities (17.2%), or places of worship (17%) in the past year. Also, 18% reported not getting a job and 13% lost a job due to their sexual orientation in the past year.

The in-depth interviews revealed that the denial of accommodation to lesbian women by landlords was based on stigma:

"I went to many places to look for a room. No one gave us a room to rent when we went together and I was really angry. Then, I told my partner to stay at my sister's place and I went alone to look for a room. And, I found a room. If the two of us went, then they would not give us the room." (20-year-old, service, 11 years of education)

Stigma and discrimination

During the in-depth interviews respondents were asked how they feel about being a lesbian woman in Nepali society. Two sources of discrimination were mentioned: as a woman plus as a lesbian. One respondent argued that treatment of lesbian women is improving:

"In our society, to be born as a female is almost like a curse, and to be a lesbian is worse. The society thinks that we wish to be lesbian women. But that is not true; we are born with that characteristic. But the society thinks that it is bad to be a lesbian. They discriminate against us and call us names. I am also not happy being born a lesbian. The society and family calls you a lesbian and they do not drink the water that is touched by us. The family and the society hate us." (28-year-old, sales person, 7 years of education)

“To be a lesbian in Nepali society is to be discarded from everywhere. Earlier, when the police used to learn that a person is lesbian, they used to take her to the police cell and say that such people do not have any basis to live. But now, such situation is no more, it happens rarely. There has been change in the perspective of the society and the other sectors. And I think that is also a different kind of change.” (21-year-old, service, non-formal education)

Because of this stigma, one in five respondents reported that they had chosen not to attend any social gatherings in the past 12 months (22%) or had isolated themselves from family or friends (22%). Seven per cent of the respondents had tried to commit suicide in the last 12 months, while 13% decided not to have sex, and 6% decided to stop working.

Social networks

The respondents were, in general, aware of the organisations that exist to promote the rights and well-being of lesbian women. In addition, a quarter of the women reported that ‘mainstream’ human rights organisations could provide support to them. A minority (19%) of the respondents had sought help from these organisations with regards to stigma or discrimination (19%) (Table 3.3).

Table 3.3: Awareness of organisations that provide support for stigma or discrimination

	n	%
Aware of any organisations or groups that provide help for stigma or discrimination		
Yes	80	80.8
No	19	19.2
Total	99	100.0
Types of organisations or groups*		
NGO	71	88.8
A human rights organisation	21	26.3
Lawyer	4	5.0
NGO	3	3.8
Police station	2	2.5
Mothers’ group	1	1.3
Female cell	1	1.3
Total	80	100.0
Sought help from any organisations or groups to resolve any issue of stigma or discrimination		
Yes	15	18.8
No	65	81.3
Total	80	100.0

*Percentage total may exceed 100 due to multiple responses.

Experiences of violence

A majority of the respondents (72%) reported lifetime experience of any kind of violence, including 54% in the past 12 months. Emotional violence (particularly being insulted) was most commonly reported (47.5%), followed by sexual violence (38.4%) and physical violence (23.2%). Table 3.4 lists the different types of violence that women report.

Table 3.4: Types of violence

Types of violence	Lifetime		Within 12 months	
	n	%	n	%
Emotional violence	47	47.5	42	42.4
Insulted you or made you feel bad about yourself	46	46.5	41	41.4
Belittled or humiliated you in front of other people	13	13.1	8	8.1
Did things to scare or intimidate you on purpose	11	11.1	7	7.1
Threatened to hurt you or someone you care about	14	14.1	5	5.1
Physical violence	23	23.2	14	14.1
Slapped you or threw something at you that could hurt you	14	14.1	7	7.1
Pushed you or shoved you or pulled your hair	10	10.1	6	6.1
Hit you with her fist or with something else that could hurt you	11	11.1	6	6.1
Kicked you, dragged you, or beat you up	4	4.0	1	1.0
Choked or burnt you on purpose	1	1.0	1	1.0
Threatened to use or actually used a gun, knife, or other weapon against you	2	2.0	1	1.0
Sexual violence	38	38.4	22	22.2
Physically forced you to have sex when you did not want to	23	23.2	13	13.1
Had sex with you when you did not want to because you were afraid of what s/he might do	18	18.2	6	6.1
Forced you to do something sexual that you found degrading or humiliating	26	26.3	12	12.1
Total	99			

Determinants of violence

Table 3.5 presents the bi-variate analysis of women's socio-demographic characteristics and their lifetime experience of violence, both from partners and non-partners. The results show that level of education, access to media (frequency of listening to radio), participation in groups, membership in groups, association with lesbian organisations, and marital status were significantly associated with the experience of some forms of violence among lesbian women. For example, lesbian women who participated in community groups were more likely to report violence than those who were not members of any community groups. No socio-demographic variables were found to be associated with emotional violence. However, a higher proportion of lesbian women who were married had faced physical violence than those who were unmarried. Lesbian women who were members of community groups were more likely to report ever having experienced physical violence compared to those who were not members. In contrast, lesbian women who had less than a secondary level of education were more likely to report ever experiencing sexual violence, as compared to those who had a higher level of secondary education.

Table 3.5: Percentage of lesbian women reporting experience of violence by types and selected background characteristics

	Any	Emotional	Physical	Sexual	Total
Age group	ns	ns	+	ns	
<20	76.0	52.0	16.0	48.0	25
20-34	71.2	42.4	23.7	32.2	59
35 and over	66.7	60.0	33.3	46.7	15
Marital status	ns	ns	**	ns	
Married with women/men	75.6	56.1	39.0	39.0	41
Unmarried	69.0	41.4	12.1	37.9	58
Caste/ethnicity	+	ns	ns	ns	
Majhi/Chapang/Tharu/ Muslim/Yadav	86.7	60.0	40.0	40.0	15
Newar/Rai/Magar/Tamang/Limbu/ Gurung	71.9	49.1	19.3	42.1	57
Brahmin/Chhettri	63.0	37.0	22.2	29.6	27
Level of education	ns	ns	ns	*	
Less than secondary	69.0	55.2	25.9	46.6	58
Secondary or higher	75.6	36.6	19.5	26.8	41
Occupation	ns	ns	ns	ns	
Unemployed/student	71.1	39.5	13.2	42.1	38
Working for income	72.1	52.5	29.5	36.1	61
Living with	+	+	+	+	
Family members	80.0	48.9	15.6	44.4	45
Partner/husband	71.1	57.9	36.8	36.8	38
Alone/friends/hostel	50.0	18.8	12.5	25.0	16
Exposure to the radio	ns	ns	ns	*	
Almost everyday	76.0	48.0	28.0	20.0	25
Sometimes (2-3 days a week)	73.7	39.5	15.8	36.8	38
Rarely	66.7	55.6	27.8	52.8	36
Use of alcohol	ns	ns	ns	ns	
No	75.9	51.9	25.9	42.6	54
Yes	66.7	42.2	20.0	33.3	45
Participation in organisation/group	*	ns	ns	ns	
No	58.1	45.2	16.1	38.7	31
Yes	77.9	48.5	26.5	38.2	68
Member of any community group	ns	ns	*	ns	
No	65.4	46.2	13.5	42.3	52
Yes	78.7	48.9	34.0	34.0	47
Associated with any organisation/ association that works with lesbian women	+	ns	**	ns	
No	62.7	43.3	14.9	38.8	67
Yes	90.6	56.3	40.6	37.5	32
Total	71.7	47.5	23.2	38.4	99

*** Significant at $P < 0.001$, ** significant at $P < 0.01$, and * significant at $P < 0.05$, ns=Not significant, and +=Test not performed due to small number.

Perpetrators of violence

Fifty per cent of the respondents had faced violence (emotional, sexual, or physical) from people other than their partners, such as relatives and family members, friends (both male and female), local hooligans, neighbours, male strangers, house owners, policemen, and teachers.

Table 3.6 highlights the different types of violence experienced, according to the type of perpetrator. Female intimate partners were more likely to be sexually or physically abusive, while non-partners were more likely to mete out emotional abuse.

Table 3.6. Types of lifetime experience violence according to perpetrators

Perpetrators	Any types of violence (n=99)		Emotional (n=47)		Physical (n=23)		Sexual (n=38)	
	n	%	n	%	n	%	n	%
Intimate current female partner	37	37.4	21	44.7	12	52.2	31	81.6
Intimate male partner (ever)	7	7.1	6	12.8	5	21.7	6	15.8
Other partners (male and female)	6	6.1	2	4.3	2	8.7	3	7.9
Non-partner	50	50.5	40	85.1	8	34.8	11	28.9

One woman described how she has been abused by both her male and female partners over the years.

“My partner was three years elder to me. I spent six years with her...When I was with her, I had to go through a lot of pain. [She cried for a while and then remained silent for some time] She always used to scold me, but even then, I continued staying with her. A girl was also equally capable of ill-treating another girl—I found this out after it happened to me. Time passed and my partner used to force me, beat me, and use foul language. She also used to starve me, saying that I could not earn. Sometimes, I would earn well and sometimes, I would not. One day, she made me remain naked and did whatever she felt liked. Being a girl, she acted like a devil and she bit me. I had wounds from the bite. She bit me on my lips and chest, and there were blue bruises on my body. She had also bit me on my ear and damaged my ear drums. After leaving my partner, I went to live with my maternal family, and they forced me to get married to a man. My husband used to force me and if I did not agree, then he would show me weapons. He used to force me to have sex with him and that is how I got pregnant with this child.” (28-year-old, sales person, 7 years of education)

Violence by same-sex partner

We explored the type of violence perpetrated by [female] intimate partners in more detail. Sexual violence (31%) was the most commonly reported type of violence (Table 3.7).

Table 3.7: Experience of intimate partner violence

Types of violence ever experienced	n	%
Any emotional violence	21	21.2
Insulted or made feel bad	14	14.1
Belittled or humiliated in front of other people	9	9.1
Did things to scare or intimidate on purpose	6	6.1
Threatened to hurt you or hurt someone you care about	9	9.1
Any physical violence	12	12.1
Slapped or thrown something that could hurt you	10	10.1
Pushed or shoved or pulled your hair	4	4.0
Hit with her fist or with something else that could hurt you	2	2.0
Any sexual violence	31	31.3
Physically forced to have sex when you did not want to	15	15.2
Have sex you did not want to because you were afraid of what she might do	7	7.1
Forced to do something sexual that you found degrading or humiliating	22	22.2

Consequences of violence

The consequences of violence reported by women who had suffered violence from their [female] intimate partners included psychological distress (48%)—tension, depression, and suicidal ideation. No women reported physical consequences of violence (Table 3.8).

Table 3.8: Reported experience of psychological problems as a result of violence

Experience of psychological problems (n=37)	n
Yes	18
No	19
Types of psychological problems*	
Tension	13
Fear	9
Suicidal feeling	5
Depression	3
Tried to take your own life	1
Total	18

*Percentage total may exceed 100 due to multiple responses.

Coping strategies

Only a small number of women who experience intimate partner violence seek redress or support from external organisations. When help is sought, it is mainly from friends (9 respondents) or NGOs (5 respondents). Among the women who had suffered violence, we explored their reasons for not seeking help. These included women who considered it shameful (13 respondents) or those who thought that it was a “private matter” (7 respondents). A small number of women (7) perceived that

if they sought help, then their identity would be disclosed and they would face further violence. A few women who had sought help externally had negative experiences:

“We went to the police station and said that we were ill-treated. They had to punish the wrongdoers, but they did an agreement and let them go. The police got angry with us, and there was a constable at the police station who takes bribes. She closed the door and asked for money, and said that she would help me. I gave her Indian Rs 200–500. I will never ask for help again from them, as I realised we do not receive help.” (43-year-old, Business, 9 years of education)

“I think that if we say we are lesbian women, then the organisations that provide services discriminate against us. For instance, when you try to access legal services, they will say that there are no laws for you and they do not help you. They treat us badly when seeking health services and do not give us quality services. They do not help us with informal services. And, when we go to the police to complain, they make fun of us and behave badly towards us. We have to face those kinds of barriers.” (26-year-old, 10 years of education)

4

FINDINGS: SEX-WORKING WOMEN

In this chapter we present our findings on violence faced by sex workers in Bangladesh, India and Nepal. It includes background characteristics of the sex workers, the reasons for their entry into sex work, the prevalence of violence from various perpetrators, social exclusion, stigma, and discrimination faced by them, and their coping strategies.

BANGLADESH

There are no current or reliable statistics on the number of women and girls engaged in sex work in Bangladesh. However, it has been estimated that at present, about 100,000–150,000 women and girls are involved in prostitution, including both street-based/floating and brothel-based/residence-based. Sex workers can be broadly defined into two categories—brothel/residence-based and street-based/floaters—and they can also be further defined within these two locations¹⁷. According to a study conducted by Research Evaluation Associated for Development (READ), apart from the brothel-based sex workers, 33% of the floating women are primarily engaged in sex work as a means of livelihood. The estimated number of such floating FSWs could range from 83,000 to 171,000¹⁸. Like in many other developing countries, prostitution in Bangladesh is more common in municipal¹⁹ towns and cities, and rare in rural areas. There are 14 registered brothels in Bangladesh. (Boneschi, 2004)

A number of factors result in the entry of women and girls into the trade, including poverty, cheating, abduction, coercion and rape, slavery and debt bondage, kidnapping, and trafficking. (Boneschi, 2004) However, in a study, half of the sex workers in a brothel stated that they chose the

¹⁷ The first type is private brothels, which are usually apartments/flats or houses, where there are managers with a number of sex workers on duty, located in residential urban areas. Social elites, businessmen, and rich people often visit these brothels. The second type of private brothels is in the housing area for lower and middle income people, where young male students go for their sexual entertainment. The third type of private brothels is in slums and squatters for the labouring class, truckers, bus drivers, and other lower income people. The fourth is the floating places, such as inside parks, jungles, and dark corners of different facilities like stadiums, railway stations, bus stops, truck parking, motor garage, rickshaw stands, and so on. The clients are mainly daily labourers, rickshaw pullers, bus or taxi drivers, porters, and delinquent male students. In addition, there are call girls and floaters or street-based sex workers. (Chowdhury, 2001)

¹⁸ Ibid., p.3

¹⁹ Municipal means towns that have their own local governments.

profession “willingly”. (Tahmina and Morol, 2004) For many sex workers, it is almost impossible to leave the trade for a number of complex factors. In Bangladesh, the current laws on prostitution lead to a paradoxical conclusion—“prostitution is illegal, but prostitutes, defined as ‘destitute women’, are legal”. (Boneschi, 2004) In other words, prostitution in Bangladesh is neither legal nor illegal²⁰. Sex workers, especially those who are street-based, are subjected to various forms of violence during their lifetime. (Boneschi, 2004) A number of studies (WHO, 2000) found that street-based sex workers are subjected to beatings with objects, cuts/scrapes with blades/knives, slaps, fist blows, cigarette burns, forced entry of foreign objects into their vaginas, and so on. About half of all the sexual exchanges with street-based sex workers, initially contacted to provide services to two or three clients, end in their being forced into sexual service to almost 10 clients (WHO, 2000).

In Bangladesh, both qualitative and quantitative studies were conducted. The quantitative surveys were conducted with 381 sex workers in Dhaka using the Respondent-driven sampling (RDS) methodology. All categories of sex workers (street-based, hotel-based, hotel and residence-based), 16 years and above in age, and who had had sex for money with a man/woman in the past three months were considered to be eligible for the survey. Women who reported selling sex prior to three months were excluded from the study. We calculated initial sample sizes based on violence prevalence rates in each country (as estimated by studies), with 95% confidence level and 5 % margin of error.

For the qualitative research, 34 semi-structured in-depth interviews were carried out with all categories of sex workers. Of these 34 participants, 12 were street-based, 9 were hotel- and residence-based, and the remaining 13 were brothel-based sex workers. All street-, hotel-, and residence-based sex workers were from Dhaka.

The survey collected demographic and socioeconomic information from 381 sex workers. A majority of the sex workers (82.7%) were from the age group of 16-30 years, followed by the age group of 30-45 years. Almost everyone (99%) was Muslim. The formal educational training of the study participants was low. The main occupation for 98.2% of the respondents was sex work. Most of the respondents (63.8%) earned between BDT 1001 and BDT 5000²¹ per month (Table 4.1).

20 http://news.bbc.co.uk/2/hi/south_asia/677280.stm

21 US \$1 is equal to BDT 73. Therefore, BDT 1001 is equivalent to US\$14 and BDT 5000 is equivalent to US\$69.

Table 4.1: Background characteristics of the sex workers

Background characteristics	Frequency	Percentage
Age in years		
16–30	315	82.7
30–45	60	15.7
46–55	6	1.6
Monthly income		
Less than BDT 1000	106	27.8
BDT 1001–5000	243	63.8
BDT 5001–10,000	27	7.1
BDT 10,001–20,000	4	1.0
BDT 20,001 or higher	1	0.3
Area of Residence		
Rural	10	2.6
Urban	203	53.3
Slum	161	42.3
Other	7	1.8

Participation in family decision-making is a form of empowerment for women. More than three-fourths of the respondents reported making decisions independently in the family. This high percentage might be explained by the fact that many of the respondents were separated/divorced and some were widowed, situations which enabled them to make decisions independently.

The respondents were asked about their marriage, partnerships, first sexual experience, and sexual practice. Among the 381 respondents, 18% were married, 33% were separated and 23% were divorced. 20% reported having an intimate partner. Among those who reported having an intimate partner, 71 reported having a male partner, whereas 5 reported having a female partner.

Out of the 381 respondents, 45% reported that their first sexual intercourse was with their husband, whereas 12% reported that their first sexual intercourse was with their lover. More than half of the respondents were forced to have sex by their counterparts during their first sexual intercourse. About 41% reported having received payment for their first sexual intercourse, whereas 27.3% reported that their *shardarni*²² received the money.

Perceptions of Gender Roles and Understanding of Human Rights

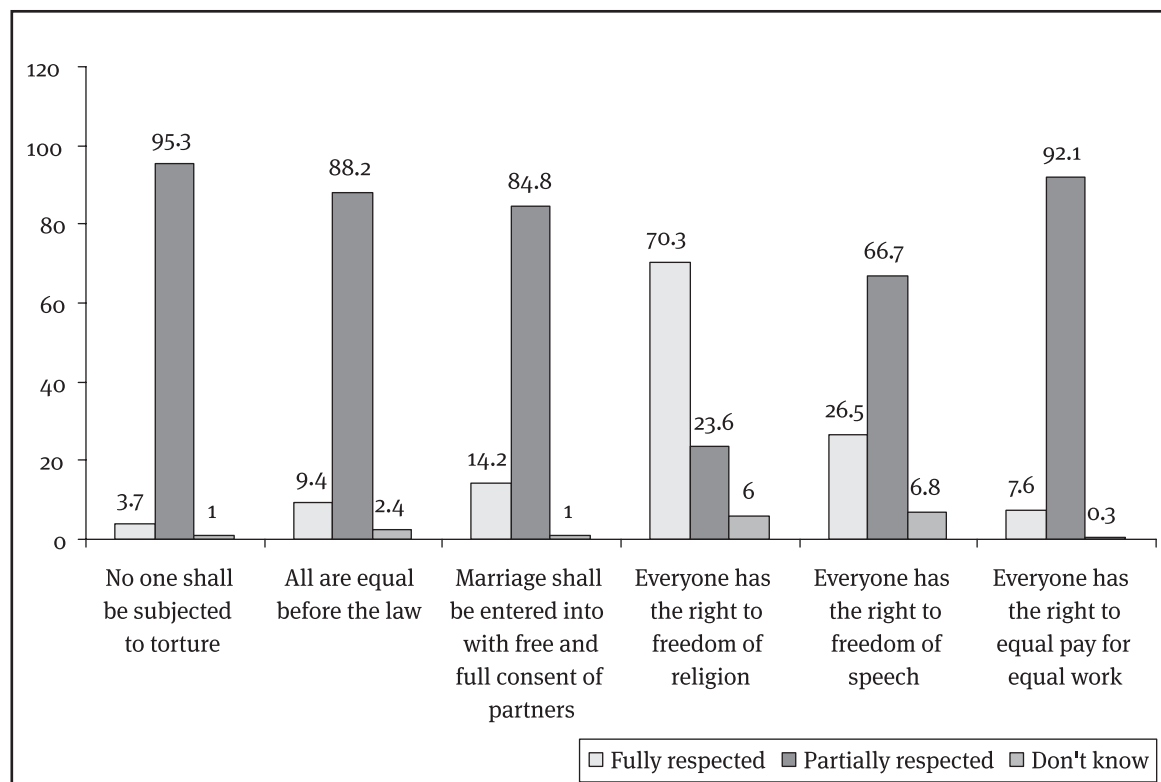
The sex workers were asked some questions during the survey related to their perspectives on some gender-specific social and behavioural norms. Table 4.2 shows the respondents' perceptions about gender roles. More than half of the respondents (54.1%) believed that a married woman could refuse to have sex with her husband if she is sick. A high percentage of sex workers (96.6%) also believed that a woman needed to have children in order to be really fulfilled.

²² Shardarnis/madams refer to those who 'own' chukries. Chukries are sex workers who hand over all of their income to their shardarnis and the shardarnis fulfil their demand like food, clothes, habitants, cosmetics, and so on. (Khan, 2010)

Table 4.2: Perceptions of gender roles

Perceptions	Percentage who agree with the sentence
A married woman can refuse to have sex with her husband	
If she does not want	34.4
If he is drunk	42.3
If she is sick	54.1
If he mistreats her	44.9
Husband and wife should contribute to the household income	98.7
A women needs to have children in order to be really fulfilled	96.6
When a woman says no to sex, she does not always mean it	38.8

The sex workers were also asked to share their thoughts on the human rights situation of the country. Figure 4.1 shows the percentage of women who believed that different human rights laws are partially or fully respected in the country. The data shows that only 3.7% of the respondents believed that the right 'No one shall be subjected to torture' is fully respected in the country. Only 9.4% of the respondents believed that the right 'All are equal before the law' is fully respected in the country.

Figure 4.1: Sex worker's opinion on human rights issues

Sexual abuse and violence in childhood

Table 4.3 shows the different forms of violence experienced by sex workers during childhood, with commonly mentioned perpetrators.

Table 4.3: Childhood violence experienced by sex workers from different perpetrators

<i>Childhood violence (respondents below 15 years)</i>	<i>Family member (%)</i>	<i>Unknown person (%)</i>	<i>Relative and neighbour (%)</i>	<i>Lover or Husband (%)</i>	<i>Customer (%)</i>	<i>House owner (%)</i>	<i>Maastan (%)</i>	<i>Others (%)</i>	<i>Total no. of women reported</i>
Did something sexual that you found degrading, humiliating, or inappropriate	-	13.5	19.5	23.0	6.5	6.0	10.5	21.0	200
Forced you to have sexual relations	-	13.5	10.5	32.7	11.1	8.0	7.5	16.7	162
Threatened you to have sexual relations	-	12.9	17.4	17.4	7.1	7.1	14.2	23.9	155
Called you stupid, lazy, or ugly	53.7	1.1	28.5	0.4	0.4	1.8	0.4	13.7	270
Hit you so hard that you had to go to a doctor or a hospital	75.6	0.6	7.7	1.2	1.8	4.2	0.6	8.3	168
Threatened to use a gun, knife, or other weapon against you	52.9	4.8	12.5	1.9	3.8	4.8	3.8	15.4	104

During the survey, many respondents reported experiencing sexual abuse during childhood. Of the 381 respondents, 200 reported experiencing something sexual that was degrading, humiliating, or inappropriate, and 162 reported that they were forced to have sex when they were younger than 15 years. The main perpetrators of these acts of sexual abuse were husbands or lovers, followed by unknown persons and cousins. Among the 381 respondents, 168 said that they were hit so hard that they had to see a doctor or go to a hospital. About 76% of the 168 respondents experienced this act of violence from family members during their childhood

A large number of the respondents interviewed in the qualitative phase described their experiences of being sexually abused when they were children. Usually the perpetrators were their male cousins, uncles, and neighbours. Some talked about extreme cases like being raped by someone or by a group of people. Those who were orphaned, or whose parents remarried, seemed more likely to encounter this type of violence.

Most of the respondents came from poor families in rural areas, and spent their childhood in extreme poverty. Starvation and lack of education were common experiences. Poverty forced some of the respondents to come to Dhaka at a very young age, leaving their family and their village, to work as domestic help. Some respondents also shared stories of how they were tricked or deceived by the people they trusted, who had given them false hopes of providing work, only to be sell them to brothels. In the in-depth interviews, two respondents shared that they had a good childhood because

they were from a relatively comfortable economic background. One of them came into this profession after her marriage, and another was tricked by her boyfriend and sold into a brothel. Both of them had attained secondary-level education.

Reasons for entering sex work

A high percentage of the respondents (60.6%) reported that they started selling sex purely for survival; about 31.2% mentioned that they started selling sex after being raped; 31% because their family needed money; 28.6% were sold into the profession; and 21% entered it because their husband did not provide for expenses.

Our qualitative data complies with the quantitative findings. Poverty was reported as the root cause by many of the respondents during the in-depth interviews. Some respondents shared their experiences of how they, along with their children, were left starving after being abandoned by their husbands. Some of them mentioned that they took up this profession, at a very early age, out of hunger. One of the respondents described her vulnerability after her mother died and her father had remarried:

“At the age of nine, I was not capable of doing sex work. But, I had to do it because of poverty. I did not have parents. I was very young, but had to do it. There was no one to look after me. No one is to blame. If I had a father and mother, then I would not have turned to sex work, I would not have been violated. I did because of hunger. Actually, fate is to blame.” (24-year-old street-based sex worker in the city)

In the in-depth interviews, a number of respondents said that repeated sexual abuse, a lack of protection, and the lack of alternate job opportunities pushed them into this profession. Some respondents also said that they came to this profession because they had been socially ostracised after being raped. One respondent, who was unmarried and used to work at a garment factory, reported being kicked out from her slum by local leaders and neighbours after she got pregnant and was abandoned by her boyfriend.

Although most of the respondents said that their vulnerability had pushed them into this profession, a hotel-based sex worker expressed her feelings as to how her financial autonomy had improved her life:

“I came here due to financial problems, and I came into this [sex work] world because I needed money. Now, I work at the Market-Cinema, and I do whatever I wish”.
(Independent sex worker, who works both at hotels and streets in the city)

Intimate Partner Violence

The respondents were asked about their current and past relationships, and how their husband/intimate partner treated them. Among the 381 respondents interviewed in the survey, 311 were found to be ever partnered. Table 4.4 shows the different acts of emotional abuse, and physical and sexual violence ever experienced by the sex workers from their current or past partner. The experience of emotional abuse from intimate partners was found to be high. Most of the time, husbands were the perpetrators (90.9%), followed by lovers (9.1%).

Table 4.4: Violence ever experienced by ever-partnered sex workers

Types of violence	Total number of ever-partnered women (n)	Percentage experiencing violence (ever-partnered sex workers)	Who were the perpetrators? (%)	
			Husband	Lover
Emotional abuse				
Insulted you or made you feel bad about yourself	311	88.7	90.9	9.1
Belittled/humiliated you in front of other people	311	74.0	94.3	5.7
Did things to scare/intimidate you on purpose	311	83.6	91.2	8.8
Threatened to hurt someone you care about	311	69.9	91.7	8.3
Physical violence				
Ever slapped you or thrown something at you that could hurt you	311	87.1	92.6	7.4
Ever pushed/shoved you or pulled your hair	311	78.8	92.7	7.3
Ever hit you with his fist or with something else that could hurt you	311	77.5	94.2	5.8
Ever kicked you, dragged you, or beaten you up	311	75.6	93.6	6.4
Ever choked or burnt you on purpose	311	54.0	96.4	3.6
Ever threatened to use a gun, knife, or other weapon against you	311	46.9	93.2	6.8
Sexual violence				
Physically forced you to have sex when you did not want to	311	64.6	92.5	7.5
Had any sexual experience that you did not want out of fear of what s/he might do	311	60.8	93.1	6.9
Forced to do something sexual that you found degrading or humiliating	311	49.2	92.2	7.8

The respondents were categorised into two groups (ever experienced violence and never experienced violence) to discover the association between the experience of violence and other socio-demographic characteristics. Among the 311 ever-partnered sex workers, 292 reported ever experiencing at least one act of physical, sexual, or emotional abuse by an intimate partner. The respondents who were separated reported experiencing violence more frequently from an intimate partner as compared to women who were married, divorced, or widowed.

The logistic regression model was also used to investigate the association between the women's lifetime experience of violence by an intimate partner and different socio-demographic characteristics. The women who were separated or divorced were found to be more likely to have experienced violence as compared to women who were married and lived with their husbands.

Violence Experienced from *dalals/shardarnis*

During the survey, the respondents spoke about commonly experiencing violence from their *dalal/shardarni*. While many respondents reported experiencing violence from the *shardarni* and sometimes from the *dalal*, some reported experiencing violence from both sources. Additionally, the qualitative data showed that brothel-based sex workers identified *shardarnis* as key perpetrators, whereas hotel- or residence-based sex workers identified *dalals* instead. Only a few street-based sex workers, who lived together as a group with *shardarnis*, reported experiencing violence from them. This can be explained by the hierarchical power structures within the sex trade, where most *shardarnis* usually have supreme control over sex workers in brothels, particularly those who were sold into the brothel at an early age as bonded sex workers. For other independent and street-based sex workers, a *shardarni*'s control over their lives was reportedly limited to kicking them out of her house if they did not pay her a commission. Otherwise, they exercised autonomy in spending their income, and she did not restrict their movements. However, this was found to be the opposite for bonded sex workers in brothels, referred to as *chukris*.

All the sex workers living in brothels reported that they had to work under a *shardarni* at some point in their lives, and all of them spoke about experiencing violence from the *shardarni*. In the case of hotel- or residence-based sex workers, *dalals* were identified as the key perpetrators. Although *shardarnis* and *dalals* provide protection and find clients, they were also reported to be perpetrators of violence.

Out of the 381 respondents interviewed in the survey, 46.2% mentioned having a *dalal* or *shardarni*, and among them 99.4% reported ever experiencing violence from them. In terms of the different types of violence (emotional abuse, physical violence, sexual violence, or controlling behaviour) ever experienced by the sex workers from their *dalal* or *shardarni*, the majority of the respondents (90.3%) reported being insulted by *dalal* or *shardarni* during their lifetime. Most of the time, the perpetrators were *shardarnis* (55.3%), followed by *dalals* (34.0%). The most common type of physical violence experienced by the respondents was being slapped or having something thrown at them by their *dalals* or *shardarnis* (72.7%). In all acts of physical violence, *shardarnis* were the main perpetrators. About 38% of the respondents reported that they were physically forced by their *dalal* or *shardarni* to have sex. The most common perpetrator of this act of violence was the *dalal* (92.4%). Overall, the percentage of women suffering sexual abuse from *shardarnis* was found to be lower than that of physical violence. But 88.1% of the respondents reported that they were forced by their *shardarnis* to do sex work with the clients against their will. More than three-fourth of the respondents said that they were not allowed to visit family members/friends, or attend social gatherings.

Among the 176 respondents who reported having a *dalal/shardarni*, 173 reported ever experiencing at least one act of physical, sexual, or emotional abuse by the *dalal/shardarni*. According to the chi-square output of violence experience according to different socio-demographic characteristics, respondents who were below or equal to 35 years of age reported a high incidence of violence.

Violence Experienced from Clients

The respondents were asked about the violence experienced from clients. Our survey data shows that more than 95% of the women had ever experienced violence from clients. Table 4.5 shows the

different acts of emotional abuse, physical violence, and sexual violence ever experienced by the sex workers from clients.

Table 4.5: Violence ever experienced by sex workers from clients

Types of violence	Total no. of women who have clients (n)	Violence ever experienced from clients (%)
Emotional abuse		
Ever insulted or made feel bad by clients	381	85.6
Ever belittled or humiliated by clients in front of other people	381	55.3
Clients ever done things to scare or intimidate you	381	79.3
Clients ever threatened to hurt you or someone you care about	381	59.3
Physical violence	381	
Ever slapped or thrown something that could hurt you	381	64.8
Ever pushed/shoved or pulled your hair	381	60.6
Ever hit you with his fist or with something else that could hurt you	381	50.6
Ever kicked you, dragged you, or beaten you up	381	53.5
Ever choked or burnt you on purpose	381	35.7
Ever threatened to use a gun, knife, or other weapon against you	381	44.8
Sexual violence	381	
Forced you to do something sexual that you found humiliating or degrading	381	82.7
Forced you to have sex when you were afraid of what he/she might do	381	83.5

Sex workers also experienced economic violence from their clients—76.4% of the respondents reported not being paid by their clients after sex, while 87.1% received less than the agreed amount. The qualitative findings also showed that sexual violence from clients was reported as extremely common among all the interviewees. Many of them reported that this occurred because many of the clients see this as a “right”, as they have paid for the services. As one woman explained, “a sex worker is viewed as having a duty to serve clients, as she is a ‘bad women’ and has no right to say ‘no.’” Rape and being forced to do sexual acts against their will, such as anal and oral sex, were reported as different types of sexual abuse. In the in-depth interviews, the women shared that their resistance or refusal to do such things often escalated into violence against them, resulting in severe beatings by their clients. Some hotel-based sex workers said that sometimes, their clients took sex-stimulating tablets and forced them to have sex for longer periods or to have sex twice or thrice while only paying for once.

Clients sometimes forced the sex workers to have sex with them by threatening them with a knife or machete, as reported by some street-, hotel-, and residence-based sex workers. Other common abusive behaviours from clients, as reported by sex workers, ranged from not paying for services,

paying less than the agreed upon amount, having sex without condoms, calling them names, taunting them, and physical violence (beating, slapping, punching, kicking, and pulling hair).

Violence experienced from society

Our survey data suggests that sex workers frequently experienced violence from the police and from local *mastaans*²³ and strangers. Most of the respondents reported experiencing at least one act of emotional abuse, or physical or sexual violence during their lifetime from the police (71.1%), followed by a stranger (47.8%). Many of them also reported experiencing violence from local political leaders/influential people (26.5%) and *mastaans* (8.7%).

All categories of sex workers interviewed in the qualitative phase reported experiencing physical and sexual violence from local *mastaans*. The power structure at brothels makes sex workers more vulnerable to violence from *mastaans*, who usually control the area and expect money in exchange for their support. Their association with local influential political leaders gives them power not only to extort money from sex workers and *shardarnis*, but also to beat and rape them. Many respondents reported that *mastaans* came to their *shardarni* to extort money, and if the *shardarni* failed to pay, they forcibly had sex with the girls. Sometimes, they picked up girls and took them away.

“Some mastaans came to her room. They said, ‘If you do not listen to us, we will kidnap your girls.’ They took one of our friends (girl). Eight to nine mastaans came together and had sex with whomever they wanted”. (23-year-old brothel-based sex worker)

All categories of sex workers reported experiencing violence from the police. However, it was more common among street-based sex workers. Many of them reported being picked up from the street and being raped or beaten by policemen. On the contrary, sex workers at brothels reported receiving protection from their *shardarni*, who maintained good connections with local policemen and leaders.

Sometimes, street-based workers were picked up and ‘rehabilitated’ (placed in shelter homes). However, many respondents shared stories of abuse. Some street-based sex workers reported being sexually harassed and raped at the shelter homes by the police.

“It was 12 am. The police put me in their car...[took her to] the Rainkhola shelter at Mirpur. They said, ‘Why? Huh? If you can give it those guys, why can you not give it to us?’ They groped my breasts. You know, they call it ‘dry sex’. They kept me there for 13 days. The ‘jomider’ (landlord) and policemen there made me have sex with them. (25-year-old street-based sex worker in the city)

Triggers of Violence

The respondents were asked to share their thoughts on why sex workers experienced such a high incidence of violence from different individuals in society. Table 4.6 shows the percentage of women who reported different causes for the violence experienced.

²³ Mastaan is the equivalent of a local thug/goon, who sometimes is affiliated with a local gang or political party.

Table 4.6: Reasons[§] behind/causes of violence against female sex workers

Reasons behind/causes of violence against female sex workers	n	Percentage
Weak sexual performance	192	50.4
Using condom during sex work	297	78.0
Because of being a sex worker	344	90.3
Poverty	307	80.6
Illiteracy	299	78.5
Lower socioeconomic status	215	56.4
Powerfulness	309	81.1
Compulsion to fulfil the clients	295	77.4
Superstitions	20	5.2
If sex worker becomes violent or perpetrator	7	1.8
Others	130	34.1

§ Multiple responses

The respondents were also asked to report some specific reasons that hinder sex workers from reporting violence. More than one-third of the respondents (41.7%) believed that it was shameful to share with others, while 22.6% feared their identity being disclosed, 19.2% said that they did not share because of the fear of being separated from the society/family, 18.6% to save their dignity, 12.9% for fear of being victimised, and 10.5% because there was nobody to help.

Consequences of Violence

The respondents suffered from a range of physical and psychological problems as a result of experiencing violence from different individuals (intimate partners, clients, *dalal*, *shardarni*, and others). Overall, the frequency of suffering psychological problems was found to be higher than that of physical problems. The proportion of women who were mentally depressed was high (97.2%). Over 90% experienced tension or fear. About 72% of the respondents reported that they had suicidal feelings and 33% had tried to take their life due to intimate partner violence. In terms of the physical problems experienced by the sex workers as a result of intimate partner violence, some of the commonly-mentioned injuries include cuts (73.9%), fever (51.9%), pain (57.5%), unexpected pregnancy (29.1%) and pregnancy loss (28%). More than 60% of the respondents reported suffering from pain as a result of violence from the *dalal/shardarni* and about 58.1% from clients. More than half of the sex workers also reported suffering from abscess in the genitals and another 34.4% reported unexpected pregnancies caused by violent clients.

The qualitative findings also show how experiencing violence at different levels affects sex workers' overall well-being. Many respondents interviewed in the qualitative phase reported negative impacts on their physical well-being after being raped or forced to have sex. A 29-year-old street-based sex worker in the city described her pain after being kidnapped and gang raped:

“I had physical problems having sex with so many of them. I felt pain in that part; it did not feel good. I could not work for two months; that part got swollen. I took medicine.”

Another street-based sex worker, after experiencing violent and forceful sex from a client said:

“I was hardly conscious. There was a lot of bleeding. Two shirts and a lungi (skirt-like dress for men) were soaked in blood. There was blood all over the bed. I fainted after I reached home.” (21-year-old street-based sex worker)

Among the brothel-based sex workers, some, who were sold for prostitution, spoke about its extreme impact on their emotional well-being. One said, *“Shardarni forces us to do work. I have come to hate this place. I have to eat at the same place where I finish my work. Every night, I throw up. I cannot tolerate doing this work any more.”* (21-year-old brothel-based sex worker)

Some sex workers mentioned that they tried to harm themselves by cutting their hands, taking alcohol or heroin, or attempting suicide. Unwanted pregnancy was another consequence. A large number of the respondents mentioned that they had to abort, which had further negative impacts on their physical well-being.

Stigma and Discrimination

The respondents were asked whether they had experienced any discrimination from their families or from society in the past 12 months because of their profession. The proportion of women who reported being excluded from social activities was 31.5%. More than 15% of the respondents reported being excluded from family activities. These rates were low, as more than half of the respondents had not disclosed their profession to their families or to larger society. However, more than half of them reported experiencing discrimination from healthcare workers when they sought treatment. Table 4.7 summarises the results on the discriminatory behaviour experienced by the sex workers because of their professional status.

Table 4.7: Discrimination experienced by sex workers in the past 12 months

Discrimination experienced by sex workers in the past 12 months because of professional status	Never	Once	Few times	Often	I did not disclose my profession to anyone
Been excluded from social gatherings or activities (such as, weddings, funerals, parties, and other occasions)	16.3	4.5	12.6	14.4	52.2
Been excluded from religious activities or places of worship	24.4	5.8	7.3	12.1	50.4
Been excluded from family activities (such as, cooking, eating together, and sleeping in the same room)	28.3	1.3	6.3	7.6	55.1
Been denied health services	22.6	6.3	19.4	47.0	4.5
Been aware of being gossiped about	62.5	12.6	15.2	2.1	6.0
Forced to change your place of residence or been unable to rent accommodation	66.1	19.9	11.8	1.0	1.0
Lost a job or another source of income	85.0	4.7	4.7	1.6	3.7
Dismissed or suspended from attending an educational institution	24.9	1.3	0.8	0.5	19.2
Dismissed or suspended your children from attending an educational institution	82.4	3.9	3.9	1.0	8.7

The respondents were also asked to share their feelings about their life and profession. Their involvement in the sex trade made many of them feel guilty and tense about their status and selves. Among all respondents (n=381), 74.3% felt ashamed because of their profession and 80.8% felt guilty. The proportion of sex workers with low self-esteem was found to be high (82.2%). A large proportion of sex workers (67.7%) felt that they should be punished and 61.7% felt suicidal.

Most of the respondents who took part in the qualitative interviews mentioned that they were ashamed to disclose their identity to their community. Some of them said that they lived in constant fear of shame and stigma. One 17-year-old sex worker ran away from the brothel after being severely beaten by her *shardarni* and returned to her village. No one at her home or village knows that she had been in a brothel for the last couple of months. She told them that she had been working at a garment factory. After she returned to her village, her parents arranged for her marriage. Then, she got extremely scared at the thought of how her husband and in-laws would react if they found out that she had been working in a brothel. She felt guilty saying, “I was thinking I have already become ‘noshto’ (spoilt). I cannot spoil a man’s life by marrying him.” She repeatedly requested her parents not to arrange this marriage, but they kept insisting. One afternoon, when everyone was out, she attempted to hang herself, but her mother rescued her.

Some sex workers expressed how they felt about hiding their identity.

“I cannot go out into the society because people call me a whore, slut, is this not abuse? I cannot go anywhere. If I tell them that I am a prostitute, I am told I cannot enter the premises. I cannot go to a relative’s wedding and tell anyone what I am.” (21-year-old street-based sex worker in the city).

A brothel-based worker said,

“My father would be ashamed of me. Everybody would say to him that his daughter does bad things.” (19-year-old brothel-based sex worker)

Coping Strategies

The respondents were asked whether they used any specific strategies to deal with/avoid the violence from different individuals. Out of 311 ever-partnered women interviewed in the survey, 292 reported experiencing at least one act of violence (emotional abuse, or physical or sexual violence) from their intimate partner during their lifetime. Among these 292 women, 56% shared/sought help from an individual to minimise or avoid such experiences. A large proportion sought help from family/relatives (38.7%). Many of them (29.8%) also sought help from neighbours, while some of them sought help from fellow sex workers (16.1%). Only 7% sought help from the police.

The total number of women who ever worked under a *dalal/shardarni* was 176. Among these, 173 reported experiencing at least one act of violence (emotional abuse, or physical or sexual violence) from the *dalal/shardarni*. About 46% of the 173 women shared/sought help from an individual to minimise or avoid such experiences. More than 61% reported that they sought help from fellow sex workers. Some of them sought help from the police (7.5%), followed by friends (6.3%).

Of all the respondents, 365 reported experiencing at least one act of violence (emotional abuse, or

physical or sexual violence) from clients during their lifetime. Most of the time, they sought help from their house-owner (about 61%), followed by the police (8.4%).

Our qualitative data helps us understand how sex workers' low socioeconomic status within society limits their scope to seek formal support. The respondents living in the city, where both government and NGO healthcare facilities are available, reported that they preferred to go to NGO clinics, which explicitly provided healthcare to sex workers. They only feel comfortable sharing their health problems in those specific clinics. Also, as reported by many sex workers during the in-depth interviews, they preferred NGO clinics because they were treated less disrespectfully by the staff there when compared to government hospitals. A few brothel-based sex workers who lived outside the city, where NGO clinics were not available, mentioned that they sought support from the government hospitals or healthcare centres when they were severely ill. If the doctors or other hospital staff were aware of their professional identity, they reacted with extreme neglect.

A significant proportion of sex workers from all categories said that they took various drugs, such as alcohol, speed (yaba), and heroin, to get rid of or escape their emotional stress. Some of the hotel-based sex workers said that they carried painkillers with them when they were at work. A 23-year-old woman who worked at a hotel said, *"I always carry medicines with me when I work at hotels. I take medicine when I am in pain. I swallow three tablets with water after serving six or seven clients."*

All categories of sex workers mentioned that they gave money or had free sex with policemen to maintain good connections with them. Two young girls at a brothel said that they maintained romantic affairs with two local *mastaans* as protection from harassment by the police, leaders, *shardarni*, or customers.

Lack of social support and the need for survival forced many sex workers to seek support from the very people who they identified as key perpetrators. Therefore, at brothels, they mostly go to *shardarnis* for support. In hotels, they seek support from *dalals* and in the street, from the police. Clients were also mentioned across all categories as good sources of support. Some said that their clients helped them flee the brothels. Some said that their influential clients helped them receive treatment from hospitals or saved them from potential harm from the police, *shardarni*, or other clients.

INDIA

The National AIDS Control Organisation (NACO) estimates that 1% of the adult women in India may be engaged in sex work (NACO, 2000). A recent survey of over 9000 sex workers across India estimates their number at about three million (Sahni and Shankar, 2011). Approximately 200 girls and women begin commercial sex work each day, 80% of them under coercion, and there are reportedly 300,000–500,000 child sex workers in India (NHRC *et al*, 2004).

Trafficking in women and girls for the purposes of commercial sexual exploitation (CSE) is viewed as a form of GBV, as well as a violation of criminal law. The NCRB reports discussed above (NCRB, 2009) do not distinguish between trafficking and sex work, and it is difficult to disaggregate violence against sex workers (UNODC, 2009). The Ministry of Home Affairs estimates that 90% of India's sex trafficking is internal. Women and girls are trafficked for the purposes of CSE and forced marriage.

India is also a destination for women and girls from Nepal and Bangladesh, trafficked for the purpose of CSE. Bangladeshi women are reportedly trafficked through India for sexual exploitation in Pakistan²⁴.

In India, we conducted 20 in-depth interviews with FSWs. No quantitative research was conducted. Five NGOs were contacted to put us in touch with sex-working women who were either members or were connected with them as service seekers, or through soliciting in the area covered by the NGO and, therefore, listed in their database. Two NGOs agreed to let us use their contacts. Two informal group discussions were held at a brothel, with five sex workers in each, to get a general sense of the operation of sex work, actors involved in the lives of sex workers, and the day-to-day experiences of sex-working women in Mumbai. A *gharwali* was also present at one such group discussion.

The 20 respondents in the qualitative survey in India were from varied socioeconomic backgrounds. Nine women were brothel-based sex workers, eight were street-based, and three were bar-based. Their reported ages ranged from 20 to 50 years. There was some ambiguity in this information, because some of the respondents contradicted what they had said about their age while narrating their life experiences during the interview—reported ages were usually lower than their stories implied. Eleven of the women had been married, four were separated, three were widowed, and two were single. Five lived with their husbands, three with male partners, three with other sex workers, and nine lived alone. Ten respondents were Muslim, nine were Hindu, and one Christian. Only five out of 20 had had some kind of education; none of the Muslim women had been to school. Five women earned less than Rs 500 per month (all of them street-based workers), ten earned Rs 500–2000, and two Rs 10,000–15,000. The latter two were brothel-based workers. Three women were unable to put a figure on their earnings. Six women had incurred debts of Rs 2000–10,000, and five women had owed Rs 20,000–30,000.

Childhood experiences of violence

Most of the sex workers described their childhood as a happy time. None of them reported suffering child sexual abuse.

“[My childhood] was good. I have never had any problem as a child...I had no worries...I could just eat, sleep, and roam around.” (30-year-old, brothel-based)

“Oh, my childhood was such a good time. There was a maid who took care of me. My parents did not even have to take care of me. I got five new dresses for Durga Puja [worship of the Hindu goddess, Durga] every year, one for each day of the puja and then again for Diwali [the Hindu festival of light]. Life was really good at that time, things changed after marriage and my life became really bad.” (35-year-old, brothel-based)

“I had three siblings, one sister has passed away, I am the youngest. None of my siblings, or my parents, ever hurt me. Everyone in the family loved me because I was the youngest. I did not know grief during my childhood days, I used to only play with my friends. It is now that I know what grief is.” (50-year-old, brothel-based)

24 www.state.gov/g/tip/rls/tiprpt/2010/index.htm

Marriage, often at the very young age of 11–12 years, was an unhappy experience in the lives of all women but one, in which they were exposed to physical and emotional violence. After this, there was the introduction to sex work, either through choice or coercion, and a range of violent experiences that followed. Most women regarded their childhood experiences to be in sharp contrast to their present lives. Whereas for most, childhood was about freedom and happiness, a few blamed their present condition on their childhood experiences. One woman was too traumatised to even think about it, let alone talk about it. During our interview, she started crying and reacted violently, throwing away the audio recorder.

“My childhood (voice breaks)...I am unhappy since childhood...let it be, I do not want to talk about it (in tears)...if my childhood was good, then I would not have to experience all this now”. (25-year-old, bar-based)

“Since the day I was born, my life has not been happy. I did not get along with my parents. My mother used to work. My grandmother and aunt also lived with us. My grandmother was a horrible person. She used to fight with everyone all the time. She did not give us enough food to eat. Somehow, my brother and I grew up in that environment. My father always listened to my grandmother. He also used to beat us up. I was never sent to school. I was married off at the age of 11 years”. (35-year-old, bar-based)

Reasons for entering sex work

For some women, their very entry into sex work was by violent means: they were either sold or cheated into it. Conditions of poverty and the urge to secure better financial opportunities for themselves and their families added to their vulnerability at a young age.

“There was one woman in our village whose daughter was a dhandewali [sex worker] in Bombay [Mumbai]. She used to wear really nice clothes and I would feel so greedy. So, I asked her one day where she got such nice clothes from. She told me that her daughter worked as a maid in Bombay and earned Rs 5000 every month. I asked her if I would be able to earn that much money if I also went to Bombay. She said yes. My family was so poor that I desperately wanted to earn some money for my family. So, I came to Bombay with her, but, she sold me off for Rs 5000 in Kamathipura.” (55-year-old, street-based)

While some women had entered the profession through deceit and coercion, others knowingly chose it as a viable alternative to other work. Interestingly, for some, doing sex work was an escape route from a violent family life.

“My husband and mother-in-law have troubled me a lot. If they were nice to me, then I would not have been here doing dhanda. My husband has hurt me, my mother-in-law has hurt me, and my father-in-law has also hurt me. They made me do a lot of work, but even after doing all that, they fought with me. I was so hurt by all these experiences that I came here.” (50-year-old, brothel-based)

Violence was part of most sex workers' daily lives, and they faced it at the hands of the police, clients, male partners, family members, brothel keepers, and the wider society.

Violence during and outside sex work

Sex workers reported facing violence both during and outside their work. They faced violence at their place of work and in their interactions with the actors in it, like clients, police, *gharwalis*, and other sex workers. The perpetrators outside their work included family members, service providers, and strangers. The types of violence reported included beatings, emotional pain, sexual abuse, extortion, coercion, deceit, harassment, stigmatisation, shaming, insults, exclusion, and discrimination.

Violence from regular male partners

Male partners and permanent clients were some of the many perpetrators of violence in sex workers' lives. Most of them lived off the woman's earnings.

"[My partner] ruined my life. He used to take away whatever I earned and then, he also used to go and visit other magi [Bengali slang for women]. When I got to know that he is misusing all my money, I left him." (30-year-old, street-based)

Almost all of the sex workers who had regular male partners narrated experiences of being emotionally hurt, cheated, beaten up, harassed, insulted, and humiliated in public. Most of their male partners had other lovers or were married; some sex workers were supporting their partners' family even though they had no connection with them.

"My husband had passed away. So, after coming here, I kept another man...he used to beat me up a lot (starts crying)...he troubled me a lot...he hurt me in the eye, gouged my eye...he used to beat me up and also abuse me a lot (still crying). You know what he had done once? He tore all my clothes that were there inside the house...he tore away clothes that I was wearing and dragged me out of the house completely naked, there was not even a thread on my body. There was this woman from Karnataka who stayed next to my room. She saw me in that state and threw a dress at me. She asked me to wear it. I wore it, and went and stayed that night in my friend's room." (55-year-old, street-based)

"I have paid for her [my partner's wife's] treatment and also paid her hospital bills when their daughter was born. I used to give the money to him, so I am not sure if she knows." (35-year-old, bar-based)

Violence from the police

Police violence was very common. Most sex workers were forced to pay them a regular monthly bribe (*hafta*) of Rs 1200, irrespective of how much they earned. For brothel-based sex workers, the *gharwali* often acted as the intermediary between the police and them, so that they did not have to deal directly with the police. The same was usually true in bars. However, street-based sex workers were more vulnerable to police violence, because they had to interact with them directly and on a daily basis, whether to pay *hafta* or when soliciting on the street.

"My god, you should just come and see the way they beat us up...they take money from prostitutes and they also beat them up. Bombay police does not show any respect to prostitutes." (30-year-old, street-based)

“I have to pay hafta because I am so scared of what they might do to me if I do not pay. It is like, even if I do not eat, I have to pay the bribe.” (30-year-old, street-based)

“One night, when we were standing on the road and doing dhanda, the policeman came and all the other girls ran away...I kept standing there, so he caught me and started hitting me with his rod. I was wearing bangles...so, some of the broken glass pieces went into my flesh (shows wound).” (age unknown, street-based)

The three homeless street-based sex workers reported a high incidence of physical violence from the police.

“You would not believe it, but the police beat us up when we are just lying on the pavement. They will not even wake you up and ask you to move away from there or just sleep on the side or something, they will just start beating us up. This year, it rained very badly during monsoons, so, I was lying down under a plastic shed with my daughter, but the policeman came and just tore the plastic shed. I wrapped up my daughter in a shawl and kept sitting there quietly and even then, they do not feel sad for us. (30-year-old, street-based)

The police conducted regular raids on brothels and bars, and arrested sex workers to extort more money. The law authorises this in order to prevent trafficking. On most occasions, however, rather than performing their primary duty of protecting sex workers from violence and harm, they violated the women’s rights and refused to register their complaints.

“If I have to tell you about the police, it is like they work for people who have money. If you do not have money, they are not there for you. Whenever they see me, they either hit me with their rod, or just drive me away. If they see me on the road and understand that I am there to do dhanda, they arrest me and take me to the police station and I can get away from there only after I pay Rs 1200. The police take a fine from us and do not even let us stand on the road to do dhanda. I cannot tell you how much they torture us and harass us. If they do not find us on the road, then they go and raid brothels, so, all the women in the brothel would have to pay a fine of Rs 1200...and then, they will do the same thing again after a few days. (35-year-old, street-based)

“One man came and was suddenly trying to hit me. I went to the police station to complain against this person, but the policeman told me, ‘You drunk woman, you live on the footpath and you think that I am going to take your complaint?’ He simply asked me to get lost!” (30-year-old, street-based)

Some sex workers compared the police to local goons [thugs] and considered them just as harmful. Both abused their power: in the case of the police, it was their legal power, and the goons, their criminal power. They also demanded free sex, and threatened and abused sex workers who refused to give in.

“Goons and policemen hardly ever pay and have sex. They always force the girls to go with them. Ordinary people who come as customers do not do that, they pay Rs 200–300 for each time and on top of that, they pay Rs 300 as room rent. Policemen and local goons are really horrible. Girls do not even complain about the goons to the

police because they carry blades with them and if you say a word against them, they will slash your face.” (55-year-old, street-based)

Street-based sex workers faced violence from the police simply for standing on the road, irrespective of whether they were soliciting or not.

“It is a daily affair. It happens every moment. They do not let us even stand on the road. The moment they see us, they start beating us up, or take us to the police station and tell us to pay some fine.” (20-year-old, street-based)

The respondents mentioned that many Bangladeshi sex workers in India faced violence on two counts: they were illegal migrants engaged in an illegal profession. Even Bangla-speaking sex workers from West Bengal, India, were sometimes suspected of being from Bangladesh and had to face the same kinds of violence. The difficulty for them was that most did not possess an identity card and were unable to prove their Indian citizenship. The situation was complicated by the fact that many Bangladeshi sex workers try to obtain fake identity cards.

“I do not know why, but they just hate Bangladeshis...because Bangladeshis are coming here to work and earn money from outside...I do not know why they also hate Bengalis [from West Bengal]...they used to beat us up so much, they used to make us sit beside them and beat us up. I cannot tell you how much I have been tortured in jail. The policewoman used to beat us up quite a lot and abuse us...they used to call us randi [sluts]. They used to give us bananas to eat every morning, but these women used to give small bananas to Bengalis and big bananas to Nepalis. They hate Bengalis.” (26-year-old, street-based)

“It is very important...because there are lots of women here who are from Bangladesh and Nepal...but, you know, because of them, even we face a lot of problems. Just because we speak Bengali, the police think that we are also from Bangladesh. These days, everyone tries to make a ration card, whether they are from Calcutta or from Bangladesh. Bangladeshis try to pass off as Bengalis from Calcutta. I would not try to stop a Bangladeshi from getting a ration card, saying she is Bengali, because we are all like sisters here, but because of this we all face police harassment.” (35-year-old, brothel-based)

Violence experienced from clients

Sex workers consistently faced violence from clients, who often bribed the police not to take action if a sex worker filed a complaint. Although violence occurred in their lives in general, street-based sex workers faced a lot of violence, whether physical or of other kinds.

“My clients...what will I tell you about them? They are drunkards! They are bad people! They beat me up and harass me and trouble me a lot. On top of that, they pay money to policemen to not to take action if I complain. Then, customers lie to the police and tell them that I have cheated them and stolen their money and the police will only listen to whoever gives them money”. (30-year-old, street-based)

“One client stabbed four of us in the back. I still have that scar. He did that for only

Rs 5. A customer had come to one of the girls in the house. When her work got done, the man asked for her rate. She asked for Rs 5 more than what he was willing to pay, so, the girl started to look into his pockets for money. This man took out a knife and said that he would stab whoever tried to stop him and that is exactly what he did. My wound was the worst. I could have died that day.” (55-year-old, street-based)

In the case of brothel-based and bar-based sex workers, these experiences of violence were mitigated to some extent by the presence of *gharwalis* and bar managers, who negotiated terms of agreement with clients before they approached a sex worker, and also offered protection if anything happened. Despite this, brothel-based and bar-based sex workers faced violence.

“The girl in the next room was having some problem with her customer about using condoms. I came in between them, so I got hurt. Seven men had come with sticks. They hit me on my hand. I got hurt very badly. I also had a fracture. We took all of them to the police station and they were in jail for three months.” (30-year-old, brothel-based)

Most of the street-based sex workers reported that clients often ran off without paying the mutually agreed amount, and also snatched the sex workers’ money. Clients also threatened them with physical violence and extortion if they refused to attend to them.

“You know what happened the other day? I had kept my money under the pillow and thought that I will take it after I finish my work with a customer, after finishing my work with him, I had gone to the toilet. When I came back, I saw that he had run away without paying me. Not only that, he had even taken my money that was kept under the pillow (starts crying)”. (26-year-old, street-based)

“Then, there are these customers who harass me, they torture me. I told you about how they snatch money from me, right? So, that is why I do not like to do this work. Sometimes, these guys come and say ‘If you do not sleep with me, I will run away with your money and beat you up.’” (30-year-old, street-based)

All three types of sex worker described experiences of being forced to have unprotected sex as well as perform sexual acts that they were unwilling to do.

“Some customers force me to have sex with them without a condom. I do not like to take the penis in my mouth, but there are customers who just force me to do it for them. Because they have paid money for sex, [they say that] I should be doing whatever they ask me to do, they force me to do things that I just hate to do. They also beat me up if I do not listen”. (35-year-old, bar-based)

Triggers of violence experienced from clients

The refusal to have sex without a condom was reported as the primary cause of violence from clients. The women’s narratives suggested that there was awareness of HIV/AIDS and its prevention. Although some of the statistics on sexual behaviour and condom use among sex workers suggest otherwise, an increase in the number of NGOs working on HIV/AIDS in Mumbai might explain the fact that many respondents said that they refused to have unprotected sex with clients. Some customers were also violent if they were not happy with a sex worker’s services.

“Customers always want us to work without condoms. Sometimes, even if I manage to put it on them, they just tear it off and throw it away, but, I never agree to that. I do not care. I never sleep without a condom. So, they get angry with me...and try to beat me. He [a client] even hit me because he was not happy with my work—I had not done it well. Sometimes, they even come back later on to beat me...if I run to a policeman for help, he asks me to take care of it myself.” (20-year-old, street-based)

Violence experienced from *gharwalis/managers*

Sex workers had complex relationships with their *gharwalis* and managers. *Gharwalis* were good to them—even protected them from police raids and other kinds of violence—as long as they received their share of the profits from *dhandas* and the rental fee for the room. As soon as business went down, and women were unable to make enough profit, they threw them out of the brothel. They also restricted their mobility in order to prevent them from running away.

“My gharwali threw me out of the house because I was not able to pay the rent. She had also beaten me up because of this she said, ‘Go and live on the pavement if you do not have the money to pay rent.’ She did not even let me take my clothes. This is how gharwalis torture us. Earlier, when I was able to pay the rent, maybe not every day, because I did not get business every day, but I could pay her 3-4 times a week, she was okay with me then.” (Age unknown, street-based)

“The brothel felt like a jail because she [the gharwali] did not allow me to go anywhere.” (29-year-old, brothel-based)

Although the bar managers were not directly violent towards the bar-based sex workers, they pressurised them to do things against their will, such as consume alcohol, in order to increase clients’ consumption and bar sales.

“What happens in a bar is that...managers tell us to increase the customers’ bill amount by ordering for more booze. All girls do not like to drink, but they have to drink to keep raising the bill amount...I do not like to drink, but I have to keep ordering for more and more bottles...so that he has to pay for whatever he is drinking and also pay for the drinks that I have ordered”. (35-year-old, bar-based)

Violence experienced from society

All types of sex workers spoke negatively about themselves and their existence. Because of the illegality of their work, they felt that their very existence was illegal.

“People look down upon us as barwalis and dhandewalis. The society does not respect us because of the work we do. The society looks at our work as illegal—bars are illegal, doing dhandas is illegal. They have made us illegal.” (35-year-old, bar-based)

“People (on the road) feel repulsed by me. They treat me with disgust, as if I am dirty and cheap” (age unknown, street-based)

This reality took precedence over all other aspects of their lives. They often described themselves as “filthy”, “dirty”, “cheap”, “spoilt”, and “rotten”. They made a distinction between ‘good women’

and ‘bad women’ (like themselves), and ‘prostitutes’ and ‘women with families’, as if both could not co-exist and prostitutes could not also be women with families. This idea—prevalent in the wider society—perpetuated a divide that resulted in ‘bad women’ being discriminated against, stigmatised, and violated with impunity. People, as well as law enforcement mechanisms, do not make exceptions to this rule.

“Whoever I approach looks at me with disgust and asks me to get lost! They say, ‘Go away!’ (shows an expression of disgust). I have become kharab [spoiled] now, so people treat me like that, they did not do that when I was achha [good]. People feel repulsed by me [and] they treat me with disgust as if I am dirty and cheap.” (Age unknown, street-based)

I go to a hospital, they do not even talk to us properly. I do not know why they do not think of us as good people. They will always think of us as women who do dhanda. They have no respect for us. They are people with families and we are prostitutes. They will spit on us.” (30-year-old, street-based)

“People with families living here [in red-light areas] lodge false complaints against us, so the police come and arrest us. We have to pay some fine and get out of police custody. We pay around Rs 1200–1500. We have to pay whatever amount they ask for, they do not let us stand on the road. We run away when we see the police.” (25-year-old, bar-based)

Stigma and discrimination

The women’s experiences of violence had a powerful detrimental impact on their self-image. This often resulted in feelings of loneliness, sadness, lack of trust, withdrawal from social interactions, and low self esteem. There was a sense of being different from other women who were not engaged in sex work, which they felt served as a justification for their experiences of violence and discrimination. Some sex workers, who struggled to deal with discrimination, chose to isolate themselves from others.

“This is dirty work and we are different from other people. I feel that it is best to stay alone. I am better off this way.” (30-year-old, street-based)

“When I die, no one will even look at my dead body and claim it. The Municipal Corporation will just pick me up and throw me away somewhere. So, do you not think that my whole existence is illegal?” (35-year-old, street-based)

Coping strategies

Sex workers’ responses to violence can be classified broadly as proactive or accommodative. Some reacted proactively in violent situations, by taking the perpetrator forcibly to a police station or making a decision to provide services only to the clients they knew. When customers refused to use condoms, some women tried to negotiate with them in a friendly manner, whereas others reacted violently, beat them, or tried to harm them in other ways.

“Seven men had come with sticks. They hit me on my hand. I got hurt very badly. I

also had a fracture. My hand was hurt, my head was bleeding because that man had hit me with a beer bottle, but even in that condition, I took him to the police station”. (35-year-old, brothel-based)

“I have regularly gone and done dhanda with my customers, but only with a few chosen ones. I got cheated by one guy, so I became very careful. I only trusted customers whom I had known for a long time. I slept with them only if they always came and sat with me, and only went out with me.” (37-year-old, bar-based)

“When customers refuse to use condoms, I try talking to them and explaining. I take all the blame, and say that I sleep with 10 different men and I do not even know who has what disease. So, if I have already contracted some disease, he will get it from me and then pass it on to his wife who has no fault at all...I do dhanda and I will do anything for money. I tell them all this just to convince them.” (35-year-old, bar-based)

A few women reported not responding to violence, or being more passive. This was usually because they felt a sense of fear and helplessness from their experiences of violence and discrimination. Some simply refused clients who haggled over rates for services. Some chose to avoid trouble by allowing perpetrators to do what they wanted. An important aspect of these reactions was the sense that they lacked access to legal redress.

“What can I do if they threaten to cut my throat with a blade? I feel scared and just let him walk away with my money. Sometimes, they also just snatch it and run away. I cannot do anything about it.” (20-year-old, street-based)

“To avoid trouble, what I do now is charge Rs 120, so that if he refuses to pay the room rent, I can pay it myself. If the man does not agree, then I just ask him to leave. What is the point in getting into altercations when the police are not bothered to take my complaint? It only creates problems for me. I live on the footpath. What if, to take revenge, some guy hits me with a stone or something when I am sleeping on the road?” (30-year-old, street-based)

Most women chose to hide their identity, to avoid or cope with violence and discrimination. They never told their families about their source of income. In most cases, this was possible because their families lived in a village far from the city, and their only means of contact was occasional phone calls. In more proximate surroundings, however, concealment was more difficult, because most of them were ‘marked’ as sex workers. Notions of ‘respectability’ were ingrained in them; some said that they behaved like ‘respectable’ and ‘decent’ women, which allowed them to hide the fact that they were sex workers.

“People cannot even understand that I work in a bar. I behave completely like a ‘family woman’. They do not think of me as doing all these altu faltu [shady] jobs. I will never do this work in the same area where I live. I will not do all these kachhra [rubbish] things there. When I lived [elsewhere], I used to come this side to work.” (37-year-old, bar-based)

Some sex workers sought advice and assistance from the NGO that helped us in the recruitment process for the study.

“Whenever there was a problem, I used to just call up some madam from A [the NGO], and the matter would get sorted out. I show my A identity card to the police and do not even need to pay the fine. The policemen in these areas know me by my face, so usually there is no problem, but if they catch me, I show my card. Even after that, if they ask questions, I make them call A’s office and speak to someone. When they get to know that I work here, they let me go.” (30-year-old, street-based)

Brothel- and bar-based sex workers were often able to rely on individuals for support and protection. This was not the case for street-based workers. Those who were not affiliated with an NGO had to deal with various crises alone, without an external support system, and could not seek help from the police.

“It is a lot easier for those who are inside brothels. They have the support of the gharwalis. Safety is a big issue for those of us who stand on the road. When I see a policeman coming, I just run away.” (55-year-old, street-based)

“I have not had any dhanda for the last two days. There is no money at home...I have hardly eaten anything for the last two days, but I never ask anyone for help. If I ask someone for money, they will say, ‘Oh, you prostitute, have you not found anyone to fuck, or what?’ I am in such a bad state now.” (35-year-old, street-based)

“They [the police] say, ‘Why did you accept them as your customer?’, and then, they beat me up. Policemen torture us more than anybody else, they never provide any help and support. They do not let us sleep, sit, eat, nothing.” (20-year-old, street-based)

Brothel-based sex workers reported receiving some support from their colleagues, *gharwalis*, and in some cases, from the police. Although this did not ensure safety and security of all of them, the benefit was simply that being surrounded by more people provided greater protection.

“In our room [brothel], if someone tries to force us to do anything, all the girls go and help her. We do not like the fact that a girl is harassed by a customer. We just beat them up and send them away (laughs).” (30-year-old, brothel-based)

“If someone is hurt and bleeding, then they [the police] are usually nice, but if you are [soliciting] on the street, then they create problems.” (35-year-old, brothel-based)

In bars, there was a system to ensure the protection of sex workers from clients. It did not automatically mean complete safety, but meant that they had some form of backup. Bar-based sex workers also reported having more support from colleagues.

“There is a system [in a bar] that after half an hour, or one hour, whatever had been decided, Chhotu would just go and knock on the door, asking him to leave.” (37-year-old, bar-based)

“See, whenever we go for dhanda, we only go to hotels where the manager already has some arrangement made...so, the moment there is a problem, we either call up the hotel manager, or my bar manager. The Chhotu usually waits outside the room, or stays somewhere close by. The moment he hears something and feels that something is

not right, he knocks on the door, or calls someone to help the girl.” (35-year-old, bar-based)

“I have good friends in the bar where I work. I ask them for help if I fall ill and want someone to take me to a doctor. We lend money to each other, let each other stay in our houses if there is any difficulty, and also provide any other kind of help.” (35-year-old, bar-based)

NEPAL

The number of Nepali girls and women involved in the Indian sex trade is estimated to exceed 200,000 (Simkhada, 2002). Due to the levels of social stigma and discrimination attached to sex work, sex workers often do not disclose their profession. Research conducted among 373 FSWs in Kathmandu in 1993 found that 68% of the women were engaged in other activities, such as carpet/garment industries and small businesses. Similarly, most of the sex work is being conducted under the pretext of massage parlours, cabin restaurants, and guesthouses. A study carried out in 38 districts (50 urban centres and 330 village development committees) of Nepal estimated the maximum number of FSWs to be 15,707 (CREHPA/FHI, 2006). It is estimated that there are 3400–3800 FSWs in Kathmandu alone. Although prostitution is illegal in Nepal, many service and entertainment sectors, such as hotels, restaurants, massage centres, and beauty parlours, have a stake in the sex industry (Adhikari, 2008).

The interim constitution of Nepal guarantees that every citizen the right to practice any profession, which could lead to the interpretation that selling sex voluntarily is not a crime. However, the law has a provision to punish those who forcefully engage women in prostitution under the Trafficking in Human Beings (Control) Act, 1986. Similarly, the National Plan of Action against Trafficking, 1999 is silent with regard to the legality of prostitution (UNIFEM/FWLD, 2005). Despite the ambiguity of the law, FSWs are often arrested for ‘public offences’ (Sood, 1999) in Nepal. A constant debate exists on the legal response to sex work. Some members of community-based organisations of FSWs are asking for the legalisation of the sex trade (Gaunle, 2002). A study of 425 FSWs in Nepal found that more than half wished for their work to be legalised; those who did not want legalisation wished to continue working secretly, due to the prevailing stigma attached to their work (Ghimire and Teijlingen, 2009).

In Nepal, we conducted 14 in-depth interviews with FSWs. Of the 14 FSWs interviewed, 4 were street-based, 4 were call girls, 3 were home-based (housewives), 2 were cabin restaurant-based, and 1 was a restaurant-based sex worker. The age of the women ranged from 18 to 39 years, and only four of them were less than 20 years old. While 10 of the participants reported that they were currently married, two were separated and two were divorced.

The participants belonged to different caste/ethnic groups. Nine of the participants belonged to Brahmin/Chhetri, a dominant and high caste group in Nepal. Two of 14 FSWs were Tamang, while the remaining women belonged to the Newar, Sherpa, and Tharu ethnic groups. Although a majority of the FSWs (8 out of 14) covered in the study were literate, most had had non-formal education. Three of the respondents had attended school, ranging from grade 2 to grade 10. Five were ‘call girls’ (contact clients through mobile phone), four were ‘street-based’ (solicit clients in the street), three

were home-based (invite clients to their own home), and two were cabin restaurant-based (work as waitresses in restaurants and solicit clients) sex workers. Most of the FSWs (12 out of 14) had at least one child, and the same number of women reported that they had been involved in sex work for more than a year.

Violence in childhood

Violence in women's lives often does not start at the moment they become sex workers. A number of women shared their histories of having suffered violence as children. Their experiences ranged from sexual to physical violence, and perpetrators included domestic employers and, in one case, the owner of a brothel in Mumbai where the woman had been trafficked as a young girl.

“Four people raped me the day I reached Bombay. They did oral sex and anal sex. At that time, I did not even know what sex was. Then, I cried a lot. I did not have money to return to Nepal. The ‘sahuni’ (owner) used to forcefully lock me in a room and would not let me go out, saying that she had already bought me. If I was unable to satisfy the clients then I was beaten; burnt with cigarettes on my body. I went through a lot of pain and bled while having sex. I was raped many times in that way [eyes filled with tears while talking]. These type of rapes happened many times in my life [crying and talking]”. (27-year-old, street-based, non-formal education)

Another woman described how she was tricked into prostitution by her ‘owner’, who brought her to Kathmandu for domestic work when she was 14 years old.

“When we first reached Kathmandu, that ‘didi’ took me to a man’s house in Ason and kept me there. I stayed there for two years, where I had to do different types of works like cooking, dishwashing, cleaning the house, and washing clothes. I also had to sleep with men who came to that house. Before bringing me here, my parents and I were told that I would be doing household chores. But only after coming to Kathmandu, I realised that I was brought here to get me into this business (sex). The owner of the house, where I stayed at first (Ason) was a pimp and he forced me to do that work. At first when I refused, he beat me up and scolded me, and later did not give me food. So, I thought it is better to be a sex worker than to die of hunger and so, I had to do this work out of compulsion.” (20-year-old, call-based, illiterate)

Reasons for entering sex work

There were many varied reasons for the women to enter sex work. Some women (n=10) were introduced to the profession by friends or didis (elderly women), who were themselves in sex work. Two women reported being sexually exploited by a thekadar (housing contractor) and compelled to continue with sex work. The other two women reported that they had chosen the profession themselves. Financial pressures underscored the reasons given by many women.

“My husband cannot earn and support me. He has started staying with another girl in his workplace. He does not come and does not even give me money for my expenses. I have no option but to do this profession. I can make money through this profession.” (18-year-old, home-based, non-formal education)

Experiences of violence

Violence is prevalent and frequent in the lives of women selling sex in Nepal. The women interviewed reported four different types of violence to which they are susceptible: sexual, physical, emotional and economic/financial violence. Most prevalent was sexual violence, with 13 of the respondents reporting having suffered from sexual violence in the past year. The most common act was forced group sex (11 of the 13 women reported non-consensual group sex). Sometimes, the group included a known client or a regular “boy friend” who brought along his friends. These types of non-consensual acts were often perpetrated with force, and condoms were not used.

“It happened about a month ago. I was just two months pregnant then. One of the clients had called me to his room at Koteshor. When I reached there, I saw three men. They closed my mouth, caught my legs, and forced me. I screamed, thinking that they would leave me, as there were others people next door. But they did not. One of them did oral sex, while the other one did anal. One of them tied my feet and the other two forced me. Then, they forced me, closed my mouth, and pressed me, and I fainted for an hour.” (18-year-old, house-based, 2 years of education)

Women reported various forms of physical violence, ranging from torture to being beaten with glass bottles or iron rods, to being locked up (in their own houses or in jail) or burnt with cigarettes. Verbal abuse, blackmail, humiliation, and threats of violence were also reported by interviewees. Perpetrators of such emotional violence included neighbours and clients or boyfriends of the women.

“I told him (regular client) about my pregnancy and asked him to take responsibility for it but he refused. When I asked him for money for the check-up, he said that he would not pay me and threatened to cut my vagina instead.” (35-year-old, street-based, illiterate)

A large number of interviewees (n=12) reported histories of coercive sex with no payment being received, and the same number reported being paid less than the agreed rate at various times in their professional history, or having had their money stolen by clients. As noted above, women are also tricked and coerced into having group sex (when a rate, terms and conditions are agreed for one client only).

“I said that I would not do it with five men, but he said that it should not be a problem since I would get more money. I scolded him and said that I would not do it. So, he asked me to do it with two of them. I agreed and they said they would pay me NPR 2000. After having sex with two of them, there were two more men who were waiting outside, came in. They said that these two men have the money, so I had to provide sex to both of them as well. But, none of them gave me any money”. (35-year-old, street-based, illiterate)

Perpetrators of violence

A range of perpetrators was reported as being responsible for the violence that FSWs suffer: clients, ‘owners’, police, boyfriends, and husbands. However, the most commonly mentioned group of perpetrators of sexual violence were clients.

“I face many problems from the clients. They force us even when we do not want to have sex. They beat me and some do it in my mouth and some from the back and

some do it by tying my hands and legs [talking with a sad expression]". (19-year-old, cabin-based, 5 years of education)

Violence, both sexual and economic, by 'owners' was particularly prominent at cabin and other restaurants. One woman reported:

"The owner of that restaurant used to have sex with all the new girls (sex workers). He used to say 'How can I keep you at work without having sex with you first. How can I let others have you before I taste you?' and he forcibly made me sleep with him." (26-year-old, cabin-based, non-formal education)

Women reported many types of abuse from the police, including sexual exploitation and threats. The policemen would threaten them with jail if the women did not have sex with them.

"The police caught me from the jungle while I was having sex with my client. They took us to the police station and hit me with an iron rod. They kept me there for the whole day. Later, they said that they would release me soon if I would let them have sex. I refused, but they forcefully had sex with me saying that when I can do it with the others, why not with them. I was released after both policemen had sex with me." (19-year-old, cabin-based, 5 years of education)

Within the domestic sphere, women reported different types of violence from members of their family, including husbands. Outside the home, women faced stigma and abuse from neighbours and members of the local community.

"My neighbours said that I was involved in sex work. The village committee tied me with a rope and everyone beat me throughout the day. They tied me there at night. Some (community members) threw bricks at me, while some pulled my hair, [showing her sore on her forehead] and I got hurt with the brick. Some hit me with a bamboo stick, some kicked me [showing her body where they hit her on her stomach and back]. There were many of them. There were around 20–25 people [eyes full of tears]." (38-year-old, street-based, non-formal education)

Triggers of violence

We explored the possible causes of violence with the respondents. They had a variety of reasons to explain why they are vulnerable to such high rates of violence. Many interviewees thought that the nature of their profession made them more vulnerable to violence. Clients, in particular, were said to treat them like a commodity. Therefore, they had no negotiating power once a financial transaction had taken place.

"Working in this kind of business is also the reason. Clients treat me violently because I am in the sex business. Anything has to be tolerated for money; that is why all this happens." (27-year-old, street-based, non-formal education)

In addition to the vulnerability associated with their work, women thought that their gender made them vulnerable. Unequal power relations between men and women make women more vulnerable. One said: *"Yes, because of being a woman, we have to face such things (violence). Only the women are*

facing violence. We are women and we do not have equal rights or the capacity to speak as the men do." (35-year-old, street-based, illiterate)

Women also noted that they lacked the negotiating skills and power to challenge clients:

"I go there thinking that there will be just one client, but when I reach there, I find around three clients. My inability to tell them that I cannot do with three of them is also one of the reasons that I face such violence." (18-year-old, house-based, 2 years of education)

Poverty was said to be a driver both of sex work and of the violence; for several of the respondents, the two issues are inextricably linked:

"It is because of poverty that I am facing such violence. I am compelled to do this kind of work for money. I am uneducated." (39-year-old, call-based, illiterate)

"I think the main reason is poverty due to unemployment. I had to go through such violence. Since I am unemployed; I am compelled to be involved in this work. I have to feed myself." (26-year-old, home-based, non-formal education)

Consequences of violence

Direct causality (except in the case of obvious physical injury) cannot usually be established through cross-sectional surveys such as this. Nonetheless, we report here on the consequences of violence that the women told us about and the situations that they faced as a result of violence.

All but one of the respondents reported facing health problems due to the violence that they had suffered. Problems included abdominal pain and back ache during and after sex, difficulty in walking due to forced sex, burning sensation during urination, white discharge and itching of vagina after forced sex, unintended pregnancy, injuries such as cuts, bites, bruises and swelling of the vagina.

"I was sick and bed ridden for 15-20 days due to forced sex...That time, when they did it forcefully, I could not get up due to pain in my leg, the skin on my back had peeled off, and I had lower stomach ache and waist pain. I had blue marks all over my body due to the abrasions on my back". (39-year-old, call-based, illiterate)

In addition to the direct physical consequences of violence, women experienced many forms of psychological distress, including repeated suicidal ideations and even attempts at suicide.

"When he beat me up, I left my baby and went to the jungle at night. I thought that I will die, but I could not do so due to my children. I tried to kill myself many times, but I could not. I was worried that my children would face difficulties if I die." (38-year-old, street-based, non-formal education)

"I was hospitalised for three days when I became a victim of group sex for the second time. (Showing her back) My back was injured and had turned blue as the client beat me. I went to a government hospital at Lagankhel. I tried to commit suicide in the hospital's toilet by hanging with a shawl (long scarf), but people saw me from outside the window and saved me." (27-year-old, street-based, illiterate)

Stigma and discrimination

Stigma is prevalent in these women's lives, and comes from family, friends, community members, and health service providers. Respondents faced stigma and social exclusion from family and community events, such as weddings and religious activities. Some women also reported being denied jobs with NGOs. A few women reported facing discrimination from healthcare providers, while some faced difficulties in renting accommodation:

"Friends ill-treated me when they knew about my profession. I had two or three close friends and they deserted me [talking with a sad expression]. They started humiliating me, saying that I sleep around with all the people in the world and that they should not walk with such 'bhalu' (slang for prostitute) and they stopped talking to me". (26-year-old, home-based, non-formal education)

"I went to a private hospital in Chakrapath. I had a terrible stomach pain due to an abortion. I requested the doctor to give me some discount on the treatment, but he said that there is nothing for sex workers like us and asked me to go to some government hospital. He did not even offer any service to me". (27-year-old, street-based, non-formal education)

"It is very difficult for me to get a room on rent. In some places, the house-owners insulted me when they came to know about my profession. They threaten us by saying that they would call the police and scold us using abusive words." (35-year-old, call-based, illiterate)

Respondents often hid their profession for fear of stigmatisation and exclusion, but they reported strong feelings about the treatment that they received from their own communities and families.

"People who recognise us have a habit of pointing fingers while talking to us in public, but it is not good. Sex workers are women just like others. Therefore, they should be treated equally. Woman should be looked at as a woman and not by her profession." (38-year-old, street-based, non-formal education)

"Women in this profession also have equal rights like other women. We are also Nepali citizens and must be treated like any other Nepali women. We should not be discriminated against due to our profession. We have chosen this profession for our living. So, we should be treated equally." (27-year-old, street-based, non-formal education)

Coping strategies

The respondents are not passive recipients of violence, and the interviewees mentioned a variety of means to defend themselves from the pervasive violence they suffer.

"I tell them to go with gay men if they want to do that way (anal sex). I tell them to do it with their wife and tell them that I will not do it. One guy forced me and tried to make me do that (oral sex) but I beat him up and sent him away. I told him that I would not put that in my mouth which is used for eating food and I beat him and chased him away". (38-year-old, street-based, non-formal education)

A large number (n=12) of the interviewees had sought help from NGOs, from the health sector, and from close friends. Their experiences with help-seeking were mixed. Women only knew of a small number of NGOs providing care and support for sex workers who have suffered violence; but were aware of more services targeting HIV/AIDS among sex workers. Several of the respondents mentioned positive experiences with a particular NGO Community Action Centre (CAC-Nepal), where they received healthcare, information services, and counselling services.

Both NGOs and government sector health services offer counselling and testing services for FSWs. A number of women reported positive experiences with such services.

“The behaviour of everyone working there [JMS – an NGO] is nice. They provide good suggestions. They tell us about the dangers of unprotected sex and the consequences of getting diseases through unprotected sex, and they also do blood tests. They talk with us in a nice way. (39-year-old, call-based, illiterate)

For one woman, the Women’s Cell at the local police station had been supportive of her when she was in trouble: *“A female police officer supported me saying that as a single woman, I had the right to work as a sex worker as long as it didn’t affect the society and that no one had the right to misbehave with me. They (other police officers) stopped beating me after that and they dropped me at the hospital for treatment.” (38-year-old, street-based, non-formal education)*

However, not all sex workers had such positive experiences with care-giving organisations. Women reported being stigmatised by a variety of professionals—policemen, health workers, and even members of a human rights NGO.

“When I broke my leg, I went to a government hospital. He asked me if I am involved in sex work. I lied to him, but he did not believe me. He said that he did not care for people who were involved in such work.” (38-year-old, street-based, non-formal education)

“I went to an organisation that works for human rights for help when I was beaten by the community, but they told me that I need to bring proof of the beating. I did not get support even when I went to file a case to the police. I did not get justice after filing a report at the police station. I will never go to Bhaktapur police for any help. [raising her voice in anger].” (38-year-old, street-based, non-formal education)

In addition to the stigma and discrimination that sex-working women may be subjected to from professional and care-giving services, there are other barriers that they face in accessing care at all. Lack of money and fear of disclosure were mentioned by several respondents.

“If I go for a check up, I have to explain everything to them. I will be ashamed and others could find out about me. I could not go as I was ashamed.” (18-year-old, house-based, 2 years of education)

“I will not turn to anyone, because only if you have money, everyone will help. That is the reason why I will not seek help from anyone. I will get medication (treatment) if I have money, else I will commit suicide.” (27-year-old, street-based, non-formal education)

5

INTERVIEWS WITH SERVICE PROVIDERS

We conducted interviews with service providers in each of the three countries, to establish what services were available for marginalised women who were at risk of or had experienced violence, and to examine providers' perceptions of women and services.

BANGLADESH

Barriers in providing services

Ten service providers working in urban Dhaka were interviewed. Based on the interviews, the principal reasons deterring women from seeking help were lack of knowledge of services, fear of their violence being publicly known, fear of being discriminated against, fear of abandonment by their husbands/intimate partners, and lack of confidence in attaining proper services and/or justice. Additionally, some women, who may be knowledgeable about available services, are economically incapable of attaining these same services. Women with physical disability, on the other hand, are prevented from seeking services due to mobility issues, such as the lack of disabled-friendly facilities in public transportation systems and buildings.

A police officer at an urban police *thana* (station) said, "Women do not want to go to the *thana*, especially women from decent, educated families, in order to protect their self-respect...in fear of harassment. They do not go as '*janajani hoye jabe*' (everyone will know) and there will be trouble if they file cases in the *thana*. Our perspective is that common people consider going to the *thana* as harassment". An independent lawyer in an urban town said, "[Women] do not know where to go many times, if they get tortured by *mastaans* (gangsters) of the *moholla* (community), they do not come. They think that seeking help will do further damage."

How to motivate women to seek support

Across the board, service providers stated that government and non-governmental agencies should work in tandem to create and maintain safe spaces, where women affected by violence can seek services. It was emphasised that both the government and non-governmental agencies should jointly ensure the creation and implementation of laws that ensure that women who have been violated receive justice.

Besides legal measures, the service providers also recommended that current healthcare facilities be improved, that disabled-friendly facilities be made available in all public locations, and importantly, that victim-support centres should be established in all *zillas* (districts). As of now, there is one victim support centre, launched in 2009 and located in urban Dhaka city²⁵. According to a medical officer, separate violence wings at clinics and hospitals will increase the flow of women seeking support. A police officer in Bangshal *thana* (station) said that he would like to see more female police officers recruited, as well as female-only *thanas* (stations). Additionally, he also would like separate female *hajat* (custody) halls. Segregated spaces will encourage women to seek help and feel more secure in a women-only environment, with less chance of abuse and rape. People, especially women, should be informed about their rights and available sources of support services.

Also, especially for disabled women, it was noted that provisions must be in place where they can file cases at convenient locations if their mobility is hampered. Based on the interviews, many service providers encouraged the involvement of the media as a strategic tool in educating the masses. According to them, mass public education through the media would be the most effective strategy to reach the women, their families, and society.

Knowledge of Laws on Violence against Women

Many of the service providers interviewed had some knowledge of the laws governing violence against women (involving rape, kidnapping, physical torture and/or dowry, and so on). But they had little or limited knowledge of the types of laws that cater specifically to sex workers, lesbian women, and disabled women. Most of the knowledge was gleaned from mass media. When asked about laws governing lesbian women, some respondents denied that lesbian women existed and/or doubted whether there were any laws specifically for them. In one extreme reaction, one respondent suggested that there should be laws banning lesbian practices, in case they encouraged other girls to emulate this behaviour. Another respondent, when asked about laws for sex workers, stated that there should be laws ensuring that women did not enter into sex work. When probed further, she questioned what would happen to their children socially and to their identity if they were known as sex workers.

Although most of the service providers did not have adequate knowledge on laws governing violence against women, they were aware of the various institutions, mostly legal, that aided women in seeking justice. Most respondents chiefly cited Bangladesh Legal Aid and Services Trust (BLAST), Ain o Salish Kendra (ASK), and Bangladesh Women Lawyers Association (BWLA) as referral agencies. ADD/National Council of Disabled Women (NCDW) was also recognised as an organisation that worked with people with disability. The service providers knew more of the organisations that catered to women in general. When probed further about the institutions specifically servicing lesbian women and/or sex workers, they had no concrete knowledge.

²⁵ On 17 February 2009, Bangladesh Police and 10 partner NGOs launched the Victims Support Centre (VSC). This project is supported by UNDP, through the Police Reform Programme (PRP), a multi-party endeavour aimed at improving the efficiency and effectiveness of Bangladesh Police by supporting key areas of access to justice. The PRP is funded by UNDP, the European Commission, and DFID. <http://www.undp.org.bd/info/events.php?newsid=390&t=In%20News>

Some of the service providers were able to highlight the gaps in legal services and/or facilities. According to a lawyer, there are no provisions in courts to cater to women who are hearing/speech/sight impaired. Sign language interpreters are not available there either. Similarly, in Bangladesh, it is hard to prove rape if the woman is blind, because she is unable (according to the rationale) to see the rapist. Therefore, these women are often excluded from seeking justice through legal channels.

Attitude towards women's rights and human rights

In order to gauge the service providers' perspectives on gender issues, a series of statements (some in the form of questions) were asked. Responses were sought as to whether they believed the statements to be true or false, and they were asked to provide explanations for their opinions. Overall, the service providers shared similar views on gender roles and violence. They believed that children complete women's lives and felt the need for equal educational opportunities, employment, and wages. They believed that a husband has no justification for hitting his wife. However, there was one notable exception, who claimed that based on the severity of the situation, a husband is allowed to hit his wife, as dictated by the Quran. In terms of lesbian rights, all the providers agreed to their prerogative for equal rights, with the exception of one who did not believe in the existence of lesbian women. Finally, almost all the providers agreed that sex workers are more vulnerable to rape. Their rationale indicated that almost all of the service providers were cognizant of gender equity and were against domestic violence.

In summary, the interviews show that service providers require training in gender awareness and tolerance of different sexual orientations, deeper understanding of the laws, training to become better equipped to recognise and treat women who have suffered violence, and knowledge of other institutions that aid women who have experienced violence.

INDIA

Services offered

In India, we interviewed 10 service providers for disabled women and three who worked on lesbian women's issues. Of the service providers for disability, four were Mumbai-based organisations; two worked for the visually impaired, one for the physically handicapped, and one worked in urban slums on community-based issues. One was a national-level not-for-profit organisation, another was a centre within college premises for the visually impaired, and the last was a residential training centre. The service providers for lesbian women had been identified by the women during in-depth interviews. One was a private counsellor, one worked with a health and sexuality community-based organisation, and one was a member of a queer feminist collective. The providers offered services to people with disability; the services could be broadly divided into financial and material assistance, counselling, vocational and life skills training, and shelter.

Providers of services to disabled women believed that government attitudes had been a hindrance to the creation of facilities and the provision of effective services. Government bodies had not consulted disability organisations and, perhaps more importantly, had not implemented the existing laws. This had resulted in a disability-unfriendly environment.

“In India, the government never thinks from the angle that the disabled need some extra facilities...See, a disabled-friendly environment is missing”. (Local NGO for visually impaired persons)

According to these providers, the main barriers to accessing services were that disabled women were unaware that supportive services existed. Information about them was often not updated in directories and on the Internet. Sometimes, the services were ineffective, and at other times, the NGOs were unreliable or fraudulent.

Beyond existing basic services, it was felt that domestic violence needed to be addressed through sustained support, with legal help and shelter, as well as through increased awareness in the community of available services. Work should also be done with perpetrators of violence, and disabled women needed spaces in which they could talk about their problems:

“Regular counselling, increasing interaction, frequent home visits...If you visit them more often and talk to them, they will share their problems with us and we can solve them better.” (National-level organisation for people with visual impairment)

The providers of services to lesbian women identified three particular areas in which support could be strengthened. Their answers mirrored the wish-lists of service providers for disabled women: efforts to increase the visibility of lesbian issues; support for individuals, couples, and families; and shelter for couples who sought to create some safe space at moments of crisis. Added to the dearth of visible queer-friendly resources are class and language barriers that impede lesbian women’s access to services:

“There is a complete lack of information. The small bit of information that does exist is mostly known to a small bunch of elite women, who know English, work, and use the Internet. The barrier is that even the social spaces that do exist can be accessed only if you have money.” (Queer feminist collective for LBT persons)

NEPAL

In Kathmandu, we undertook qualitative in-depth surveys with 14 service providers, using semi-structured survey instruments. Two offer services to lesbian women, three to disabled women, and two to FSWs, with the remainder offering general services to women. A majority of these interviewees provide direct services to women who experience violence, but a small number had no specific experience in this field. The majority of those interviewed were working at NGOs providing services to specific groups of women. In addition, medical doctors, police officers working at ‘women’s cells’, officers in charge of shelter homes, and lawyers were interviewed. Thirteen of the interviewees were women and one was a male.

Barriers in providing services

The providers noted a range of barriers faced by women accessing services. These included barriers at the level of the individual services (lack of resources, lack of security, and protection in the services), and within the system as a whole (inadequate infrastructure to provide sufficient services, lengthy legal procedures, and so on).

Almost all the providers noted that there is an inadequate number of shelter homes²⁶ to cope with the number of women who suffer violence. Moreover, some women are unable to access the shelter homes or other services at all. For example, there is no special provision for disabled women to access many of the services.

“The hospital beds are not disabled-friendly, especially for wheelchair users and others with physical disabilities. There is no provision of sign language for the deaf. These services should exist in hospitals as well, for women to get services.”

Service providers themselves are often at risk of violence:

“We are always at risk. We have to face life-threatening and kidnapping threats from opposing parties. In one case pertaining to the rape of a disabled woman, I got life-threatening calls from the perpetrator many times, but later we were able to put him in custody.” (Service Provider)

Knowledge of Laws on Violence against Women

In addition to asking providers about the exact type of services they offer, we asked about their knowledge of the legal context within which they operate. While a majority of the providers knew about laws to protect women against violence, most of them were not aware of the specifics of the laws. Moreover, many of the providers felt that there is an implementation gap between the existence of the law and their ability to put these laws into practice. A smaller number of providers knew that the law has special provision for protecting disabled women²⁷ from suffering violence. But, again, they noted that there is a lack of implementation.

“The ‘Muluki Ain 2020 (Country Code) for jabardasti karani (forced sex)’ chapter No.3 states that there is an additional five years’ punishment for rape against disabled women. But, this law has not been implemented in practice. We have not found any record of it yet.”

Attitude towards women’s rights and human rights

The service providers were asked to give their opinion on five statements concerning women’s roles and husband/wife power balances within the domestic sphere. On most of these measures of domestic gender-power balance, the majority of interviewees reported positive attitudes to gender equity. For example, none of the providers thought that a “good wife” should always obey her husband and, likewise, none agreed with the statement “it is important for a man to show his wife who is the boss”. However, five of the respondents agreed, “when a woman says no to sex, she does not always mean it”. When asked about “wife beating”, none of the providers thought that there was any justification for gender-based violence in any of the scenarios outlined.

The service providers’ perception was also sought in six statements regarding gender roles in Nepal.

²⁶ Shelter homes are government-funded resource centres recently established in 15 districts. These shelter homes provide counselling, health, and legal services to survivors of gender-based violence.

²⁷ Muluki Ain 2020, Chapter 14 on Rape, Number 3A states: One who commits a gang rape or commits rape with a pregnant woman or a disabled woman shall be liable to imprisonment for an additional term of five years.

Overall, the service providers had a positive opinion regarding gender issues. For example, almost all disagreed that education is more important for boys than for girls. They also believed that both the husband and wife should contribute to the household income (13 out of 14). All of them disagreed that men make better political leaders than women and that men should have more rights to employment than women. Most of the service providers (9 out of 14) believed that women need to have children in order to be fulfilled.

Perspectives on the state of human rights in Nepal were mixed. A majority of the respondents only partially agreed that gender rights are protected in their country. The picture was particularly bleak with respect to the statement “Everyone has the right to equal pay for equal work”, with none of the respondents agreeing that this right is protected in Nepal.

How can we prevent violence and deliver more effective interventions?

We sought service providers’ opinions on what should be done to both prevent violence against women and to deliver more effective responses for women who have suffered violence. The majority of interviewees felt that the law needs strengthening, and that there should be a more concerted advocacy effort to make women aware of their rights and their protection under the law. Education and advocacy to address issues of marginalisation and of violence were recommended by some of the interviewees. As one service provider argued, *“Awareness should be spread through media, because there is so much silence surrounding domestic violence. The issue of domestic violence should be included in school curricula.”*

In addition, service providers felt that the current levels of service provision, for women who have suffered violence, are inadequate. Many of the interviewees mentioned the need for more shelter homes in Kathmandu and elsewhere in Nepal, and recommended that women who use the homes should be allowed to stay longer than the current limit.

In summary, while the range of services is relatively broad, the majority of providers felt that resource allocation is currently inadequate to cater to women’s needs, or to prevent violence from happening in the first place. While practitioners were aware of some of the laws that exist to protect women from violence, they felt that the implementation of the law is both patchy and inadequate. We found that, in general, service providers were gender-neutral in their attitudes and did not think that violence against women was ever acceptable. These are positive findings, which indicate an informed and aware group of respondents. It should be noted, however, that we had a highly select group of service providers and thus, caution should be exercised before any general conclusions are drawn. Nonetheless, for the interviewees included in our study, it is clear that the major barriers to service provision for women who have suffered violence comes from a lack of resources and infrastructure, rather than from a lack of awareness or gender-biased attitudes from the providers themselves.

6

RECOMMENDATIONS AND CONCLUSION

BANGLADESH

This study shows that the prevalence of violence against marginalised women in Bangladesh is high. All the three groups of marginalised women who participated in the study had experienced different forms of violence in their lives. Although there is no study on violence against marginalised women with which we can compare our findings, it is evident from this study that marginalised women are experiencing more violence than women from the mainstream society.

The issue of violence against marginalised women in Bangladesh is more or less neglected by the society, the State, as well as by scholars, researchers, lawyers, and activists who, through building evidence and advocacy, can push for change at the policy level. All violence researches in the country, to date, have focused on violence in heterosexual relationships and have been conducted among women from the mainstream society. The findings of our study show the high prevalence of violence and stigmatisation of marginalised women, and highlight the need to address this issue. It is evident from the study findings that violence has both physical and mental consequences on women's health, that it is a serious public health issue, and that it needs a broader holistic approach to bring about changes in the society.

INDIA

There were two key dimensions to the study findings in India. First, women who did not report physical violence nevertheless articulated many of their experiences as violence. Although the most obvious examples were given by lesbian women in their descriptions of the structural violence inherent in social norms, the opinions were echoed by disabled women and sex-working women. This sort of violence goes beyond the categories of physical, emotional, and sexual. There is a taxonomic challenge here—if we are to understand a lesbian woman's reticence to come out because of her fear of her family's response as a form of violence, there are implications for our understanding of the 'violence' experienced by other women. Is the concern of a woman with visual impairment that she will not be able to complete a PhD—because of logistic and social challenges—a violent experience? At what point does the lived experience of inequity become violence, and is there a danger of the debate becoming a competition for what counts?

Second, we formed the impression—somewhat provocative—that for some women, the psychological

effects of non-physical violence were more pervasive. Perhaps, this reflects the general tolerance for domestic violence in Indian homes (Special Cell for Women and Children, Undated and 1999). If we want to understand violence in the lives of marginalised women, we need to understand their lives. Disabled women, who had been physically abused, nevertheless dwelt more on the cognitive and emotional effects of marginalisation and on the ambiguities in their loved-ones' attitudes. Physical assault is a non-ambiguous form of communication, and we had the sense that some women did not find it as emotionally damaging as we might have expected.

By extension, the interconnectedness of the forms of violence causes problems for framing our idea of it on the basis of the findings. The ecological model, useful as a framework within which to present our qualitative findings, had the benefit of being simple to understand. We struggled, however, to fit the women's accounts neatly within it. For example, a suicide attempt is a clear example of self-directed violence, but it arises from the negative ideation linked with low self worth, emotional violence, and marginalisation, and broader social mores. To fail to acknowledge each of these levels of violence would be to miss important contributors to a woman's experience and wellbeing. It also has implications for recommendations. Clearly, social change is necessary if we are to validate the experiences of marginalised women and prevent violence against them—change at the levels of policy, culture, community, and familial behaviour. What is more challenging is to decide where to put the emphasis.

NEPAL

Marginalised women in Nepal face a high burden of violence and suffer adverse effects as a result of the violence. While the type of violence (physical, sexual, or emotional) most commonly experienced by the three groups of women varied, the pattern of both physical and psychological problems after suffering violence was common among all three groups of women. In addition, women reported suffering stigma, discrimination, and social exclusion on account of their marginalised status.

Nepal is seen as being at a pivotal moment in its political history, as the Constitution is being redrafted on the basis of “including the excluded ones”—an approach based on addressing issues of social exclusion. This represents a unique opportunity to place the issues of marginalised women on the political agenda, and gives activists the potential to make large gains with the support of important allies from the civil society and the international donor community. Thus, this is a good time for ensuring adequate policy responses, which take into account the particular and specific needs of some of the most vulnerable women in the society.

RECOMMENDATIONS

Based on the research in the three countries, we have drawn up a number of recommendations for future action. These relate to the roles of policymakers, NGOs, and other groups working with marginalised women. In this final section of the report, we first present some general recommendations, which apply to violence against each of the three marginalised groups. Then, present specific recommendations for prevention of violence against disabled women, lesbian women, and FSWs, respectively.

General recommendations

The following suggestions apply to marginalised women in general.

- The justice system is not accessible to marginalised women, especially FSWs and lesbian women. Governments should reform justice systems in order to make sure that they are easily accessible to marginalised women.
- Service providers need to be sensitised about gender, sexuality, and human rights, which requires rigorous training.
- Interventions need to be designed and implemented from a holistic perspective. Strong collaboration is needed between legal, health, and social service sectors in this regard.
- More research is required to understand how social and demographic factors influence marginalised women's experiences of violence.
- There is a need to liaise closely with 'mainstream' women's organisations to ensure that they are advocating for the rights of *all* women.

Disabled women

We propose the following core recommendations to reduce violence against disabled women. The recommendations apply in each of the three countries.

- Governments and NGOs should endeavour to increase awareness among disabled women of the existing services and potential legal recourse for instances of violence.
- Existing infrastructure need to be improved to make public services more physically accessible.
- Service providers should be trained in the needs of disabled women.
- Adequate care and support should be ensured to disabled women who are in abusive situations. Very few shelter homes for disabled women survivors exist. Thus, these disabled-friendly formal services should be expanded or improved, in addition to the provision for health and judiciary services. Information on such services should also be disseminated to women.
- Service provisions, such as health and judiciary services for violence survivors, should be disabled-friendly, especially with regards to infrastructure and the ability of the service providers to use sign language. Service providers also need to be sensitive to the signs of violence to effectively manage its consequences and to provide referrals, as needed.
- Effort should be made to create awareness about disability in the community to reduce stigma and discrimination. This can be done through education in high schools and community areas.
- Nationwide awareness-raising campaigns should be organised to sensitise disabled women, their family members, and men about gender roles and rights, and violence against disabled women. Since such campaigns have the potential to reach large numbers of people, they could play a big role in changing opinions and dispelling myths and stereotypes about violence against disabled women.
- Strategies for disabled women need to have a long-term view of empowerment (including access to employment) as well as take short-term actions on access, training, and so on.

- Men should be involved in community mobilisation and public awareness campaigns to change the attitude and towards gender norms and violence. Media strategies should encourage men who are not violent to speak out against violence among disabled women and challenge its acceptability. This will help counter notions that all men condone violence.

Lesbian women

The following are the key recommendations for reducing violence against lesbian women.

- Laws and politics supporting same-sex relationships should be advocated. Laws that criminalise homosexuality need to be removed.
- Among lesbian women, awareness about the existing services and potential legal recourse for instances of violence needs to be increased.
- Service providers should be trained to ensure appropriate care and support to lesbian women who were victims of violence. Resources must be allocated to ensure that providers are aware of the need for non-judgemental attitudes and services.
- Provision of care and support should be provided to survivors of violence. These care and support facilities should be more accessible to lesbian women, where they can safely disclose their experience of violence.
- The agenda for service provision needs to be discussed with lesbian women's advocates, particularly whether services should be mainstreamed within the women's movement, rather than being specific to lesbian women or LGBT people.
- National awareness campaigns are required to sensitise the community regarding the issues of lesbian women and their rights.
- Provision of couple counselling services to lesbian couples to sensitise them about the negative effects of violence on their health and development of their relationship with their partners is required.

Sex-working women

The following are the key recommendations for reducing violence against sex-working women.

- HIV/AIDS programme interventions should be reoriented to address violence prevention, discrimination, and care issues for sex-working women.
- Advocacy for bringing in an effective policy is needed to empower FSWs to exercise preference and control over their income and resources, and increase their safety and protection.
- Activists working to prevent violence against FSWs should discuss the issue with groups representing State institutions, including the police and legal representatives.
- The issue of violence against FSWs should be discussed with groups such as women's movement organisations, with the idea of increasing the collective bargaining power of FSWs.
- Male clients should be the focus of intervention, and taught accountability and responsibility for the outcomes of violence and coercion, rather than only focusing on FSWs.

FEASIBILITY OF RECOMMENDATIONS

In India and Nepal, the key findings from the study were discussed with policymakers to gauge the political acceptability of the recommendations. In this section, we present the findings on the political feasibility of the recommendations, based on our interviews with policymakers.

Twenty-two policymakers were interviewed in India and nine were interviewed in Nepal, from various sectors.

- State-level department secretaries and commissioners responsible for promoting the welfare of women and persons with disability
- Municipal officials directly tasked with tackling domestic violence as a public health issue
- Providers at large public counselling and crisis services and helplines
- Opinion formers, such as interested media professionals in television and print journalism
- Staff of bilateral and multilateral donor organisations
- Select national policy advisors and lawmakers on violence against women, including Members of Parliament
- Key advocates and civil society organisations working with disabled women, lesbian women, and sex-working women
- Influential organisations working to address domestic violence

Disabled women

In India, of the three groups of women studied, disabled women are most likely to get policy attention. This is due to a number of supporting factors. First, disabled women are viewed as “deserving” of policies and programmes—all stakeholders showed far greater interest in the findings on disabled women than those on lesbian women or FSWs, who are often seen as causing their own problems, rather than as the “victims” (unlike disabled women). Second, the quantitative data we presented are considered valid evidence among policymakers, and are held in higher esteem than qualitative surveys. Third, although media portrayals of “perfect bodies” are seen as harmful to disabled women’s cause, there is media sympathy for them, and media persons said that the findings of this study on disabled women would attract media attention and coverage if pitched right. Finally, disability groups are already bringing structural violence to policy attention, which has raised the issue up the policy agenda.

Despite this potential, there are some constraining factors as well. The main problem is that nobody owns the issue; violence against disabled women falls through the cracks between disability groups, for whom gender and GBV are anyway not pressing priorities, and women’s groups, for whom disability is not a priority. Moreover, creating meaningful access to services remains a key issue. Stakeholders identified several barriers to access that need to be addressed to ensure services reach disabled women. They emphasised that access needs to be conceptualised more broadly to go beyond ‘physical access’, which is usually seen as the main limiting factor. Creating meaningful access to services would mean providing:

- Physical access to services
- Access to culturally sensitive services
- Access to means of communication
- Access to education, information, knowledge, and resources

In Nepal, while there was perceived support for interventions related to disabled women from within the “mainstream” women’s movement, and some strong political champions were mentioned, the respondents felt that there is a need for more. The interviewees opined that the women’s movement and the human rights movements in Nepal do not frequently address issues of disability. The interviewees did not believe that there would be any organised opposition to addressing the needs of disabled women, including those who have suffered violence. The main opposition was thought likely to come from “within families”, rather than the society.

Lesbian women

Of the three groups of women studied in India, lesbian women fall somewhere in the middle. They are much lower on the Indian policy radar than disabled women. However, violence faced by lesbian women is more likely to attract policy attention than that faced by sex-working women (that too if it is positioned as ‘VAW’).

Some of the supporting factors for getting policy attention for issues related to lesbian women, including violence, are strong ownership of the issue among lesbian women themselves—most of India’s lesbian women’s groups have helplines or small-scale services that are activated during crisis situations; strong linkages with women’s groups and non-profit service providers; and positive shifts in media attention and attitude towards this issue, thanks to large-scale mobilisation by LGBT groups in the past decade (these supportive factors may not apply equally in Bangladesh and Nepal, of course).

There are also some constraining factors, including the fact that same-sex relationships are considered ‘unnatural’ by some policymakers; the absence of data demonstrating the prevalence or ‘urgency’ of the problem (the qualitative study did not hold policy interest, as evinced by much shorter discussions on this, than on violence against disabled women, which was supported by quantitative data); and a lack of understanding of or services to address issues related to lesbian women. While stakeholders agreed that family violence, including intimate partner violence, and structural violence are pervasive among lesbian women, they had little clarity on the role that policies, programmes, and services could play in addressing these.

In Nepal, both the lesbian civil society movements and others agreed that the main supporters for addressing issues related to lesbian women should come from within the ‘mainstream’ women’s movement, rather than only from the LGBT movement. One respondent noted, “the gay community might oppose money coming to us.” Furthermore, there may be opposition towards openly addressing the issues of intimate partner violence from within the lesbian community.

The respondents felt that proposing specific interventions, such as training of service providers, was

‘a step ahead’ of the current situation of lesbian women in Nepal. Awareness raising among key decision-makers and policymakers on the specific needs and issues faced by lesbian women was a more important first step.

Sex workers

In India, sex-working women are almost absent from the policy radar, with one important exception—women who have been coerced, deceived, or trafficked into this industry. While preventing the traffic of women into prostitution is a policy priority in both India and other countries, other aspects of the lives of sex-working women—including the violence that they face in their everyday lives—attract near-zero policy attention and resources.

In India, there are only two supportive factors. The first factor is the increasing recognition of violence as an underlying factor in HIV prevention among sex-working women. This has led to programmes such as the Avahan programme, funded by the Bill and Melinda Gates Foundation. It is the single-largest donor to India’s HIV prevention programme, working with more than 220,000 sex-working women across six states in India. The second supportive factor is the increasing community-led crisis responses to violence against sex workers, such as the Sonagachi Project in Kolkata, India. The Project has put in place community mechanisms to address violence from the police, clients, neighbourhood thugs, and trafficking.

There are many constraining factors, including strong public and media opinion against sex work, which is seen as “dirty”; sex-working women not being seen as full citizens entitled to programmes and services; and an overriding civil society focus only on ‘trafficking’ as violence, while other forms of violence—domestic, client, and partner violence—are seen as lesser forms of violence and not deserving of resources. Added to these are problematic legal frameworks and judicial biases. Thus, even though ‘prostitution’ per se is not illegal in India, sex-working women are rarely able to access laws addressing VAW.

This is mirrored in Nepal, where even though the issue of addressing violence against FSWs was felt to be high on the agendas of several powerful and committed stakeholders, including the police and the society as a whole, the question of what the interventions should look like is more polarised. Two or three respondents noted that the current political discourse within Nepal focuses more on a debate surrounding ‘decriminalisation’ of sex work pitted against a movement to ‘eradicate’ sex work. Within this debate, there exists a danger of developing a “*paradigm of the deserving*”, in which women and girls who have been trafficked into sex work are “more deserving” of help than other FSWs. As a result, the respondents felt that insufficient attention is currently being paid to interventions for ensuring safe and healthy working lives for them.

CONCLUSION

Stakeholders were broadly in agreement with the recommendations from our research. Although their responses and the policy context within which they work apply only to India and Nepal, it is likely that those attempting to improve the policy environment in Bangladesh will face some similar supportive factors and constraints.

Given the existence of laws and policies to address VAW, the stakeholders highlighted the need to push for policy implementation and resource allocation, rather than policy formulation. In India, even when resources are allocated, they remain unspent, implying that implementation goes beyond resource allocation. And, in Nepal, although the government has established a “working cell” directly in the Prime Minister’s Office, highlighting the prominence of this issue on the political and policy-making agendas, the absence of reliable data on marginalised women and a lack of mechanisms to hold policymakers to account mean that inadequate attention is paid to the specific needs of women who may be more vulnerable and less able to equitably access care.

Of the three groups that participated in the study, disabled women are most likely to attract policy attention. Policymakers expressed both sympathy and empathy for their condition, and an active ‘political will’ to address the violence they face. However, this issue needs the backing of women’s groups, which have played a lead role in bringing VAW to State attention. Disability groups are willing to play a supportive role in bringing this issue to policy attention, as long as ‘women’ take the lead, either disabled women or women’s groups. They, too, feel that this issue belongs more in the domain of women’s rights than that of disability rights.

Lesbian women are more likely to get redress for violence if they are positioned as ‘women’, rather than as ‘lesbians’. Sex-working women are not seen as legitimate or as deserving of policies or services. Given this, it is a challenge for policymakers or civil society groups to place them within the rubric of ‘women’.

There is some risk that in addressing the needs of marginalised women, a “hierarchy of marginalisation” will develop, with some types of marginalisation (such as, disability) carrying greater political capital than others (such as, sex work or sexual orientation). Such divisions would be highly regrettable. A key recommendation arising from the overall study, and firmly rooted in the concepts of equity and equality, is that *all* women deserve the right to live a life free of violence and the right to seek redress and support when the need arises. Given the moral axis along which society is organised, the violence faced by disabled women, lesbian women, and sex-working women needs to be positioned as violence against marginalised women. This positioning is more likely to both find political empathy and ensure that all groups of marginalised women receive fair and equal treatment.

This study represents the first attempt to systematically address issues of prevalence and consequences of violence suffered by marginalised women in South Asia. Our research has shown that marginalisation and social exclusion on diverse grounds (disability, sex work, and sexual orientation) work to increase a woman’s risk of suffering interpersonal violence from a wide range of perpetrators, as well as reduce the likelihood that she will successfully access the care and support to which she is, in theory, entitled.

Addressing such all-pervasive levels of stigma, discrimination, and violence requires a fundamental shift in how societies view and address issues of social inclusion and exclusion. We hope that this study will provide the evidence base to help make the right to live a life free of violence a reality for *all* women.

7

APPENDIX: BACKGROUND LITERATURE

BANGLADESH

Disabled women

Currently, in Bangladesh, there are a number of organisations working with and for disabled populations. However, there exist only a few reviews and studies of the situations and experiences of disabled women. Ain O Salish Kendra (ASK), a human rights organisation, reported (Human Rights Report, 2008) that disabled women continue to face serious obstacles in accessing justice in cases of violence, with courts rarely taking any specific measure to enable them to give testify. Currently, there are some 70 ongoing prosecutions nationwide regarding instances of violence against disabled women (most involving accusations of rape and sexual harassment). According to another report by SARPV (Hussain, 2008), disabled women have especially limited access to education and employment. Although, in the family, they participate in the decision-making process and social gatherings, and can move outside their homes with the assistance of family members as and when needed, they have limited awareness as to policies and legal provisions on disability.

Lesbian women

There is a culture of collective denial on the existence of same-sex sexualities in Bangladesh—a fact perhaps linked to Islamic religious sentiments—therefore stifling any public debate about same-sex sexualities in the country (Universal Periodic Review, 2009). The focus is on a hetero-normative framework, which means that anyone who does not fall into this normative structure is penalised or ostracised. Bangladesh retains the infamous British anti-sodomy law, known as Section 377. The Section 377 of the Penal Code criminalises sexuality against the ‘order of nature’—a rather ambiguous phrase that can be stretched to penalise even heterosexual anal sex, cunnilingus, and fellatio. The punishments for crimes perpetrated under this Section include fines and imprisonment of up to 10 years (Universal Periodic Review, 2009). The lack of protection of the sexual rights of homosexual and transgender groups result in harassment, silence, shame, and fear around discussions regarding sexuality, thereby pushing many issues underground (Universal Periodic Review, 2009).

The existing health system is not very responsive towards recognising violence as a health issue (Afsana and Rashid, 2005). A study (Mannan *et al*, 2009) found that in Bangladesh, women often do not disclose the fact that they have suffered violence, even when it is the underlying cause of their

healthcare visit, because domestic or sexual violence is highly stigmatised in the society. One study (Wahed and Bhuiya, 2007) found that severely abused women were more likely to disclose violence, almost three times as much as moderately abused women in the urban areas and eight times more than those in the rural areas.

Sex-working women

According to a study conducted by Research Evaluation Associated for Development (READ), apart from the brothel-based sex workers, 33% of the floating women are primarily engaged in sex work as a means of earning livelihood. The estimated number of such floating FSWs ranges from 83,000 to 171,000²⁸. There are 14 registered brothels in Bangladesh (Boneschi, 2004). A number of factors result in the entry of women and girls into the trade, including poverty, cheating, abduction, coercion and rape, slavery and debt bondage, kidnapping, and trafficking (Boneschi, 2004). However, in a study (Tahmina and Morol, 2004), half of the sex workers in a brothel stated that they chose the profession “willingly”.

In an intervention programme conducted by SHAKTI (a project of CARE Bangladesh) in 1997, aimed at street-based sex workers, it was found that local thugs took advantage of sex workers’ low social and precarious legal status, and committed the highest levels of violence. In the same sample of 5150 women, 28% had been harassed by thugs (beaten 12.4%, raped 7.9%, and forced to give money 7.7%), and 61.9% reported harassment either by the police, thugs, or clients. And, 27.4% had been harassed by the police (beaten 15.5%, raped 6.3%, and forced to give money 5.6%). In a study carried out with commercial sex workers in Chittagong (Chowdhury, 2001), 50 floating sex workers were sampled, and 76% of the respondents informed that they had to have sex with policemen and street thugs without any payment. The results from the study reveal that the police represents one of the most frequent harassers of street-based sex workers. Also, 82% of the sampled sex workers revealed that they were harassed and chased by the police; 63% had had their earnings snatched by the police and street thugs; 56% were sometimes arrested by the police without any reason; 78% were mistreated by fundamentalists; and 67% were harassed by the general public.

FSWs, especially those working in brothels, face violence not only from policemen and thugs, but also internally from their *shardarnis* in their brothels (Tahmina and Morol, 2004). Nearly all sex workers reported starting prostitution at a very young age and being initially in bondage to a *shardarni* (Tahmina and Morol, 2004). The majority of the girls in bondage, known as *chhukri*, *bakri*, or *chhemri*, hoped to buy their freedom after a few years (Tahmina and Morol, 2004). Their relationship is primarily monetary (Tahmina and Morol, 2004). Torture of bonded sex workers is systematic, and the perpetrators include clients, thugs, policemen, and local elites (Care Bangladesh, 2002). The abuse include verbal harassment; beatings; rape; forced sex, including group sex, oral sex, and anal sex; and earnings being taken without consent from the worker (Care Bangladesh, 2002).

Sex workers are able to access public hospitals²⁹. But, given the level of discrimination that many

²⁸ Ibid., p.3

²⁹ Verbal communication with sex workers from Sex Workers Network of Bangladesh, July 2010

of them face, they prefer to use NGO clinics intended for them or their own informal networks of informal service providers³⁰. Sex workers find it difficult to negotiate condom use with unwilling clients, who refuse to pay. In a study on commercial sex workers in Chittagong and their health-seeking behaviour (Chowdhury, 2001), 97% of the floaters said that clients did not like to use condoms; 55% mentioned that they had to go to physicians/NGO clinics for sexually transmitted infection (STI) treatment; 25% bought medicines from a pharmacy when they had other physical problems; and 20% said that they had never visited any doctor/clinic or pharmacy. Structural and social inequalities, societal and internalised stigma, lack of options, and state discrimination and violence prevent sex workers from accessing their basic human rights.

INDIA

Disabled women

The 2001 Census estimates that there are over nine million disabled women in India, constituting 3.5% of the population (Census of India, 2001). Some researchers put this figure at over 35 million (Beijing Review Paper, 2010). India ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. Article 6 of the Convention is particularly relevant in that it recognises that women and girls with disability are subject to multiple discrimination, and instructs states to take measures to ensure full and equal enjoyment of their human rights and fundamental freedoms³¹.

The history of the Indian women's movement has been one with a focus on poverty, caste, and employment; social issues such as dowry and *sati*; population control and female foeticide; sexuality and domestic violence. Its agenda did not include disability. Critical feminist analysis of disability in India was initiated by, among others, Renu Addlakha (Renu, 2006, Addlakha, 2005, Addlakha, 2001, Addlakha, 1999, Addlakha, 1998, Addlakha and Das, 2001), Bhargavi Davar (Davar, 1999), Amita Dhanda (Dhanda, 2000), Anita Ghai, (Ghai, 2002a, Ghai, 2002b), and Asha Hans (Hans and Patri, 2003). These feminist scholars challenged both the disability movement and the women's movement on their lack of focus on disabled women.

India's only large-scale survey to assess violence against disabled women was conducted in 12 districts of Odisha (Mohapatra and Mohanty, 2005). Questionnaires were completed by 729 women aged 18 to 40 years—595 with physical impairments and 134 with learning difficulties. Of the women with physical impairments, 23% reported being beaten in the home. The figure was 48% for the women with learning difficulties. Almost half of the women said that they had been slapped, hit, kicked, or beaten by their husbands at some time; 44% had been kicked during pregnancy and 12% had been threatened with immolation by dousing them with kerosene. Abuse included denial of basic rights, such as access to food, education, and social participation. Parents, husbands, and close family members were the most common perpetrators of emotional or physical abuse in both groups, and 20% of the women with physical impairments and 22% of the women with learning difficulties reported being forced into sex or raped by family members. The particular vulnerabilities to abuse experienced by the disabled women included stereotypes of asexuality and passivity, acceptance of abuse as normal behaviour, lack of adaptive equipment, inaccessible home and

30 Verbal communication with sex workers from Sex Workers Network of Bangladesh, July 2010

31 www.un.org/disabilities/convention/conventionfull.shtml

community environments, increased exposure to medical and institutional settings, dependence on perpetrators for assistance, and lack of employment options.

Lesbian women

The lack of acceptance of their sexuality leads to violence in the lives of lesbian women in multiple ways. The queer movement is, however, gaining ground in India. While it began with protesting against the violence faced by the members of the community and about the HIV/AIDS epidemic, it is now increasingly working on asserting and celebrating multiple identities. Instead of responding to isolated instances of violence, the movement is currently examining the structural institutionalisation and legitimisation of violence in the culture of family, religion, school, workplace, and the public sphere (Bhan and Narrain, 2005). This understanding of violence being rooted in hetero-normativity has been used by the few publicly available studies that have sought to examine the violence faced by lesbian women. We found two such studies, conducted by Fernandez and Gomathy for the Tata Institute of Social Sciences (Fernandez and Gomathy, 2003, Heckathorn, 2002, Fernandez and Gomathy, 2005), and by the SAPPHO group (Ghosh *et al*, 2011). Both involved insider research and are valuable for their formulation of violence.

In their consideration of the nature of the violence faced by lesbian women in India, Fernandez and Gomathy found that the family was the site of violence for most women, since it is where control is exerted over a woman's sexuality, mobility, and access to resources. The extent of control ranged from silence to punishment, with emotional violence being the result of the family's non-acceptance of the woman's sexuality and the attempt to control her. Families often kept their members' lesbian sexual orientation secret, for fear of shame and stigma. Lesbian women reported suppressing their identities, or disclosing in non-explicit ways, because of the fears of loss of family and violent consequences. One common reaction to sexuality was for the family to become silently hostile—a development reciprocated by lesbian women. The violence that they faced led them to experience guilt, shame, fear, anxiety, depression, and suicidal ideation. Relationships with family and friends had been soured by violence. Women also faced economic constraints when they had to leave their homes and/or lose their jobs.

The study also noted that, irrespective of religion, religious prohibitions were used to justify non-acceptance. Women reported facing internal conflicts if they came from Muslim or Christian backgrounds that condemned homosexuality in their faiths, and families used institutions—the police, religion, and mental health professionals—to perpetuate violence. Women had been separated from their partners by the police and subjected to public ridicule, threats, taunts, and prosecution. They had been taken to mental health professionals, who had given them psychiatric treatment for 'abnormality'. One woman had reported undergoing shock therapy for several months in a mental health institution.

Fernandez and Gomathy identified silence as a central concept in describing the violence faced by lesbian women. It manifested in three ways. First, lesbian women might not express their love for women to themselves. Second, they might experience internal conflict in dealing with their desires and the attendant societal disapproval. Third, they might choose silence to maintain their privacy (a forced choice in view of the fear of violence after disclosing their sexual identity).

Sex-working women

Sex-working women are not enumerated in either the census or the NFHS, and their experience of Gender-based Violence (GBV) remains unexamined. A sex worker from Odisha was quoted in a *Times of India* report as saying, “Earlier [in the census], prostitution and begging were put in the same category. We are not beggars. We must get counted as prostitutes.³²” In the 2011 census, sex workers have been included in the ‘other’ category, which also includes people with mental illness, prisoners, and residents of charitable institutions.

Studies on violence against sex-working women in India have highlighted their multiple vulnerabilities in terms of independent solicitation of clients, rape and exploitation, inability to negotiate safe sex, and risk of STIs, especially in the context of alcohol use by males. In a survey by Sampada Gramin Mahila Sanstha (SANGRAM), a Maharashtrian sex workers’ collective, 70% of the sex workers reported being beaten by the police and more than 80% had been arrested without evidence (SANGRAM *et al*, 2002). A Population Council report suggested that one-fifth of the mobile FSWs from Maharashtra had experienced physical violence in the preceding year. The main perpetrators were clients (32%), rowdies (28%), and the police (24%). Harassment from police was reported by over half of the sex workers in Pune, and women reported instances in which the police threatened to jail them in order to extort money (Population Council, 2008). The Integrated Behavioral And Biological Assessment, IBBA (Round 1, 2005-07) interviewed 3280 FSWs in Andhra Pradesh, 1839 in Karnataka, 3633 in Maharashtra, and 2032 in Tamil Nadu (National Summary Report, 2009). Violence was common. Forced sexual activity was reported by 7%–9%, and instances of beating or rape in the preceding year were 11%. The rates of reported violence varied by district. The main perpetrators of violence were reported to be clients (56%), regular partners (23%), rowdies (7%), the police (7%), and pimps (3%) (Beattie *et al*, 2010). Forced sexual activity was reported by 10%–25% of the sex workers across the districts of Andhra Pradesh, 1%–16% in Maharashtra, and 6%–19% in Tamil Nadu. The perpetrators were mainly clients, but police and pimps were also responsible in some cases.

In a recent survey of 100 FSWs in Chennai, 98% said that they had faced severe forms of violence from intimate partners and 76% from clients. Sexual coercion included verbal threats (77%) and physical force (87%) by intimate partners, and forced unwanted sexual acts by clients (73%) (Panchanadeswaran *et al*, 2010). While 62% said that their intimate partners had tried to burn or strangle them in the past year, none reported such experiences from clients; 61% reported severe physical assaults from intimate partners, and 38% reported threats with a weapon. The most common form of abuse from clients was verbal aggression (99%).

A study of 4006 women subjected to CSE in 13 states and Union Territories of India suggested that almost 15% had begun sex work before they turned 15 and 25% had begun before they turned 18. About two million children are abused and forced into prostitution every year. At any one time, 20,000 girls are being transported from one part of the country to another (NHRC *et al*, 2004). Many of them are from other countries in the region. For instance, 70% of the women working in Kolkata brothels are from Bangladesh, and between 100,000 and 160,000 women working in brothels across the country are from Nepal (ADB, 2002). Estimates of the prevalence of sex work, its associated

32 ‘Sex workers beg to differ with census category’, *Times of India*, 12 February 2011

trafficking, and some of the violence inherent in it are available. Little is known, however, about the structural violence to which sex-working women are vulnerable or about violence in contexts such as intimate partner relationships.

NEPAL

Disabled women

The Population Census 2001 reported that about 1.6% of Nepal's total population is disabled. Of them, 46% are females (CBS, 2001). A study conducted among 35 disabled women found that 60% of them had experienced violence in their own family—they were denied food and clothes and were not given proper education or medical care. Similarly, about 35% of the women in the study faced physical violence, while 80% reported suffering from psychological violence from different perpetrators, such as their parents and neighbours. Sexual violence was also reported to be common (55%) among these women, with 45% facing sexual harassment and 20% having been raped (NDWA, 2009). The perpetrators of violence (including denial of access to basic services) included parents and husbands. Thirty per cent of the women in the study reported being economically exploited, which included family members taking control of the money earned by the women, or women not receiving money from their families in times of economic necessity (NDWA, 2009).

Another study focussed specifically on sexual violence among 20 blind women in Kathmandu (Aryal, 2004). The results show that blind women faced different types of violence and that the most common forms of violence were physical violence (64%), followed by rape (29%) and incest (7%). The same study found that most of the perpetrators (68%) were known to the victims. Interestingly, among the perpetrators, 32% were blind men. Similarly, a situation assessment study among disabled people in Nepal (both men and women), conducted by New Era (2001), documented different forms of violence, including social exclusion against disabled girls and women by family members. The same study also documented that 41% of disabled people reported being mocked, 25% had been physically abused, 7% isolated, and 3% excluded.

Lesbian women

There are only a few civil society organisations working for lesbian women in Nepal, and there are no systematic estimates of the numbers of lesbian women in the country. However, anecdotal evidence exists. Mitini Nepal, an organisation based in Kathmandu and working with lesbian women, has estimated that there are 1200 lesbian women in Nepal, and claimed that they have 600 members, both within and outside the Kathmandu Valley (personal communication, Mitini Nepal, 2009). However, this estimation was not based on any systematic method and has not been verified.

Sex-working women

Several studies among FSWs have been conducted in Nepal. Although most of these studies were conducted in the context of HIV/AIDS, some data on violence were also documented. Center for Research on Environment Health and Population Activities (CREHPA) own studies have shown that FSWs experience various forms of violence, including sexual violence (for example,

forced sex group sex, forced anal/oral sex), harassment from the police and local hooligans, exploitation from clients, and physical abuse from the police as well as the clients (CREHPA/FHI, 2002, CREHPA/FHI, 2003, CREHPA/FHI, 2004).

Sexual violence is the most prevalent form of violence faced by FSWs in Nepal (CREHPA, 2002). In a study conducted by CREHPA among 105 FSWs, 80% reported facing various forms of sexual violence (CREHPA, 2006). Similarly, another study conducted among 600 FSWs in 22 districts found that 23% had experienced coerced sex (New Era, 2006). Thirty per cent of FSWs in Dang and 22% in Chitwan reported experiencing rape (CREHPA, 2008).

Research indicates that FSWs are also at high risk of physical violence. A study conducted by SAATHI in 1997 reported 17% of FSWs experiencing physical assault (Saathi, 1997). The New Era study conducted among 600 FSWs found that 20% had experienced physical assault in the past one year (New Era, 2006). FSWs reported that 'being beaten' and 'torture', 'molestation', 'verbal abuse' are common types of physical abuse (CREHPA, 2002). Some women may be more vulnerable than others to particular forms of violence. CREHPA's 2002 study found that street-based FSWs were more vulnerable to physical abuse from *goondas*, street gangs, and petty criminals. Police personnel were identified as the most frequent perpetrators in committing physical violence against both street-based and establishment-based FSWs (CREHPA, 2002). FSWs were at risk of being physically abused during police raids, as well as of physical and sexual abused in custody (CREHPA, 2002).

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CREA



CREA is a feminist human rights organisation, based in New Delhi, India. It is an international women's rights organisation based in the global South, led by Southern feminists, which works at the grassroots, national, regional, and international levels. Together with partners from a diverse range of human rights movements and networks, CREA works nationally, in India, and globally to advance the rights of women and girls, and the sexual and reproductive freedoms of all people. CREA advocates for positive social change through national and international fora, and provides training and learning opportunities to global activists and leaders through its Institutes.

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UNIVERSITY COLLEGE LONDON (UCL)



UCL is London's global university—a research and teaching powerhouse in the heart of one of the most dynamic cities in the world, with 8000 staff and 22,000 students. The UCL Institute for Global Health is the hub that brings together UCL's immense multidisciplinary wealth of intellectual capital and international collaborations to provide innovative, workable solutions to global health at scale.

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CENTRE FOR RESEARCH ON ENVIRONMENT HEALTH AND POPULATION ACTIVITIES (CREHPA)



CREHPA is a national not-for-profit research organisation based in Kathmandu, Nepal. The organisation undertakes research, including operations research, and capacity-building assignments on population, and reproductive and sexual health and rights. CREHPA utilises research evidences to develop programmes and influence policy.

www.crehpa.org

SOCIETY FOR NUTRITION, EDUCATION AND HEALTH ACTION (SNEHA)



SNEHA is a secular, non-profit organisation, based in Mumbai, India. It believes that investing in women's health is essential to building viable urban communities. It works in four large public health areas—maternal and neonatal health; child health and nutrition; sexual and reproductive health; and prevention of violence against women and children. In order to improve urban health standards, SNEHA's initiatives target both the care-seekers and the existing public systems, including care providers. In addition, SNEHA works at the community level to empower women and slum communities to be catalysts of change in their own right.

www.snehamumbai.org

BRAC UNIVERSITY



Established in 2001, BRAC University is a leading private university in Dhaka, Bangladesh. The University currently has seven departments, four schools, three institutes, and one centre for languages. The James P Grant School of Public Health (popularly known as BRAC School of Public Health or BSPH) at BRAC University is an international educational and research institution, focusing on the integral areas of teaching, research, and services. The flagship programme of the School is the Master of Public Health (MPH). The Bulletin of the World Health Organization has featured the School as one of the six schools in the world promoting and practicing innovative higher public health education.

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