

### Violence against Marginalized Women in Nepal

#### Background

Gender-based violence (GBV) is a significant global problem that has consequences for human rights, public health and economic development. Various forms of GBV exist in Nepal, particularly against women including, domestic violence, family abuse (polygamy, child marriage, dowry related violence, mental abuse), sexual violence (trafficking, forced sex, sexual harassment) and witchcraft (Boxi). The context of GBV is interlinked with underlying social, cultural, religious and gender norms and with political conflict in Nepal. Studies on violence against married women are increasingly being conducted in Nepal. However, no systematic studies on violence against marginalized groups of women have been carried out. Women who are outside the mainstream on account, for example, of their sexuality (for instance, women who have sex with other women), their means of employment (sex workers) and women who do not have a full physical ability to assert themselves may also be at increased risk of violence. Such women may be less likely to seek or even receive support from their families, community and from state agencies. Therefore, violence may become largely invisible among these groups.

We report on the first study conducted in Nepal to address issues of violence against marginalized women.

#### Objectives

- To quantify the levels and consequences of violence suffered by marginalized women, and to catalogue their experiences when seeking help to address violence.
- To assess the extent of political support (or possible opposition) for addressing the problem of violence against marginalized women.

#### Methodology

The household survey on women with disability (physical and sensory) was conducted in Bhaktapur, Kaski, and Jhapa districts and recruited 475 women in a quantitative survey and 12 women in a qualitative (in-depth) study. Respondent driven sampling was carried out to recruit lesbians (defined as a woman who considers or identifies herself as lesbian, or is emotionally and sexually attracted to women and has had at least one sexual experience with a woman in her life time) in Kathmandu and Makwanpur districts. Ninety-nine lesbian women were included in the quantitative study, and further 10 in-depth interviews were conducted. A qualitative study was conducted among 14 female sex workers and semi-structured interviews among 14 service providers were carried out in Kathmandu valley.

Once the data were analyzed and a set of preliminary recommendations were agreed upon, we identified key stakeholders from the policy-making and policy-influencing communities. Face to face interviews were undertaken with 11 of these stakeholders. The purpose of the interviews was to address issues around the likely 'palatability' (acceptability) of the research recommendations and, conversely, to highlight potential barriers and challenges to the implementation of the recommendations.

An advisory committee comprising of 7 members under the leadership of the secretary of National Women's Commission was formed before the initiation of the study. The core protocol and research instruments were approved by the Nepal Health Research Council (the Nepal government's ethical approval agency) and University College London Research Ethics Committees. Participants involved in the study were fully informed about the nature of the study, research objectives, and confidentiality of the data. Participant's verbal consent was obtained regarding their participation in the study.

## Violence against disabled women

### Wife-beating is not (usually) justified

While the vast majority of women with disability disapproved of wife-beating on the grounds of dissatisfaction with household work (98%), refusal to have sex (96%), enquiring if her husband has other girlfriends (96%) or disobeying her husband (92%), a smaller number (42%) thought that wife-beating was justified if she had been unfaithful.

### Violence is common

Over half (58%) of respondents had ever experienced violence while 42% had experienced violence in the past year. Of the three forms of violence, emotional violence was most commonly faced by disabled women (55%) compared to physical (34%) and sexual (22%) violence. Of the 208 women who had an intimate partner, 51% had faced violence from them during their lifetime while 29% had faced violence in the past one year preceding the survey.

On multivariate analysis a number of factors were significantly associated with risk of violence in the past year: young age, unmarried, working for cash income, and not able to visit any health centre or any community organization without permission of husband or family members.

### Consequences of violence are common

Women reported a large number of problems associated with the violence they suffer: tension (78%), fear (59%), suicidal ideation (26%), and attempted suicide (2%). Physical problems included severe abdominal pain (76%), heavy bleeding (52%) and cuts and bruises (33%).

### Help is not often sought

A majority of women who experienced violence (both intimate partner violence, and other types of violence) did not seek help. When women did seek help, it was mainly from relatives and family members – 32% sought such help if the perpetrator was from outside the household, but only 9% sought help when the violence came from intimate partners. A very small minority of women sought help from care services.

### Barriers to care seeking

Just under half (45%) of respondents felt that seeking help for violence may aggravate the risk of violence from the perpetrators. A fifth of women (22%) perceived a lack of opportunities to seek such help.

*Over half (58%) of women with disability have experienced violence, including 42% within the past year.*

*A small minority of disabled women who experience violence seek outside help – often because they believe that seeking help or support may aggravate the risk of violence.*

## Violence against lesbians

### Exclusion

In the past year, almost one quarter (23%) of lesbian respondents reported they had been forced to change their place of residence or had been unable to rent accommodation, while 20% had been excluded from social gatherings or activities and 17% had been excluded from religious activities. Employment opportunities were affected with 18% who had not been able to get a job in the past 12 months and 13% had lost their employment – on account of their sexuality.

### Violence

Almost three quarters (72%) of the lesbian had faced violence from intimate partners and others during their lifetime, and 54% of all respondents had faced such violence during the past year. The most common form of violence was emotional (48%) followed by sexual (38%) and physical violence (23%). Of those who faced physical or sexual violence, in 82% of cases this was from their current female partner.

### Outcomes of violence

Almost half (49%) the women who reported violence had faced psychological problems as a result of the violence: tension, fear, suicidal ideation and one case of attempted suicide as a result of the violence were reported.

### Help-seeking

Only a quarter (27%) of women had sought help for the violence they suffered – and this was mainly from informal sources (friends) or non-governmental organizations. Only one woman reported seeking help from the police. Reasons for not seeking help included: shame, fear of disclosure of sexual orientation, fear of further violence, and lack of knowledge about where to seek help.

## Violence against Female Sex Workers

### Violence is common

All FSWs have experienced some forms of violence within the past 12 months. The nature of sexual violence ranged from group sex without consent, being forced to consume alcohol

*Stigma and discrimination against lesbians was common - one fifth of lesbian women reported they had been forced to change their place of residence or had been unable to rent accommodation.*

*A majority (over 70%) of lesbian women had experienced violence – both from their intimate partners and others.*

or drugs before having sex, and being forced to have sex without using condom. Physical violence ranged from torture to being beaten up, locked up in jail and being burnt with cigarettes. Verbal abuse, blackmail and humiliation were experienced, and some women reported suffering economic violence (being paid less than the agreed rate, or being robbed by clients). Perpetrators included clients, restaurant owners, police, and husband.

*Female sex workers experienced sexual, emotional and physical violence, and sought help from a range of individuals and institutions.*

### Violence causes health problems

Women reported a variety of health-related problems following violence – physical problems, unintended pregnancy, and a range of psychological problems (stress, suicidal ideation, and suicidal attempt).

*Violence carries consequences: women who experienced violence reported several negative health and socio-psychological consequences subsequent to the violence.*

### Help seeking was common

The majority of respondents had sought help when they faced problems, mainly from organizations working for FSWs, health facilities and close friends (Didi). Some women reported facing stigma and discrimination when seeking help from health services in particular.

## Findings from the Service Providers

### Range of services provided

A range of services such as rehabilitation services, legal services, counseling, shelter homes, paralegal and out of court settlement services were provided to women facing violence.

### Barriers faced by service providers

The main barriers faced by providers include: financial barriers, lack of access, infrastructural barriers, security problems and lengthy legal procedure. Lack of shelter homes for violence survivors, threats from the perpetrators, lack of private room for counseling were also barriers in providing services to women facing violence. Few providers also mentioned lack of disabled friendly services.

### Need for further interventions

Need for victim oriented laws and stronger policies were also considered important by service providers to address violence against marginalized women. Many mentioned the need of shelter homes in Kathmandu as well as outside

districts and the provision of extended stay at the existing shelter homes. Provision of disabled friendly services as well as income generating activities for women survivors were also mentioned.

## Conclusion

Women who are considered marginalized 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 marginalized status. Furthermore, the current services provided for victims of violence was limited and was not specifically targeted to the three groups of marginalized women. These findings provide an important evidence base for better understanding the complex issue of violence faced by marginalized women in Nepal.

## Initial Recommendations

### For women with disability

- Scaling up of existing policy to establish “rehabilitation centres”
- Improvements to existing infrastructure to make public services more physically accessible and to train service providers in the needs of women with disability

### For lesbian women

- Training of service providers to ensure appropriate care and support to lesbian victims of violence
- Legal environment to be addressed to ensure equality

### For Female Sex Workers

- Ambiguity in law around sex work to be clarified.
- Re-orient HIV programme interventions to address violence prevention and care issues for sex working women.

## The political palatability of the evidence-informed recommendations – findings from interviews with key stakeholders

### Gender based violence is high on the political agenda

Interviewees recognized that the prevalence and burden of violence against marginalized women is high – thus the research findings carried a high level of resonance and credibility with the interviewees. Many of the interviewees also

mentioned that the Government of Nepal has established a “working cell” directly in the Prime Minister’s office – thus highlighting the prominence of this issue on the political and policy-making agendas.

### What the current policies do not address

Gender-based violence is at risk of being “homogenised” – within the current policies there is little recognition of the variation of risk among different groups of women. Respondents felt that this arises for several reasons - for example, “people with disability are invisible in our society” and “there is a reluctance [among policy makers] to accept the existence of lesbians”.

As a result, the experiences and needs of marginalized women have not been well documented nor well understood up till now, and the government policies risk taking a “one size fits all” approach.

### Perceptions of the recommendations arising from the research

#### Women with disability

“Safe homes” are a short term measure. Longer term issue of empowerment needs to be addressed alongside this.

“Safe homes” are a good start but the current policy is inadequate. It is not sufficient to scale up the number of “safe homes”, also need to re-orient safe homes to provide more in terms of empowerment interventions.

#### Lesbian women

“Issue is not just the training of providers, but need to raise awareness of their very existence first”

#### Sex working women

Political discourse focuses more on “eradication” of sex work than on interventions to ensure safe and healthy working lives for sex workers. Danger exists of “paradigm of the deserving” in which women/girls who have been trafficked are “more deserving” of help than other sex workers. This needs challenging.

### Now is the time to act

All respondents mentioned that Nepal is at a pivotal moment in its political history as the Constitution is being redrafted on the basis of “including the excluded ones” and approach based on addressing issues of social exclusion. This represents a unique opportunity to place the issues of marginalized women on the political agenda. Respondents felt that the potential for direct opposition to addressing the needs of marginalized women is likely to be low, and there are strong potential allies (civil society groups, multilaterals and bilaterals). Nonetheless, caution was raised about the risk of a ‘hierarchy of political capital’ developing, where

women with disability have higher capital than those who are lesbians or sex workers. Several respondents mentioned the role of the ‘mainstream’ women’s movement as being pivotal in raising awareness and action on the issue of gender-based violence against ALL women.

### Revised recommendations (based on political palatability)

- Strategies for women with disability need to take long term view of empowerment (including access to employment) as well as short-term actions on access, training, etc
- Scaling up of “safe homes” to incorporate longer-term measures to reduce women’s risks of violence as well as addressing their immediate needs for safety, health care, counselling, etc.
- Advocacy campaigns targeted at policy makers to raise awareness of lesbian issues – as first step prior to any other specific recommendations or interventions.
- Raise awareness of sex worker rights and high prevalence of violence against sex workers through targeted media campaigns in order to increase political salience of issue.
- Liaise closely with ‘mainstream’ women’s organizations to ensure they are advocating for the rights of ALL women.

### Acknowledgements

This policy brief is based on the research funded by Dutch Ministry’s MDG3 Fund for supporting CREA’s Count Me In! research<sup>1</sup>. We are very grateful for their support in the study. We are also thankful to Geetanjali Misra, and S.Vinita, CREA, Dr Sarah Hawkes, UCL and Kaveri Gurav, Independent consultant for their guidance throughout the study. We would like to acknowledge the Nepal Research Health Council and ethical committee of UCL for providing ethical approval to this study. We are particularly thankful to the members of the National Advisory Committee and other organizations who supported us throughout the study. Most importantly we are immensely grateful to the participants of this study who have given their time and responded to the questions on personal matters.

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