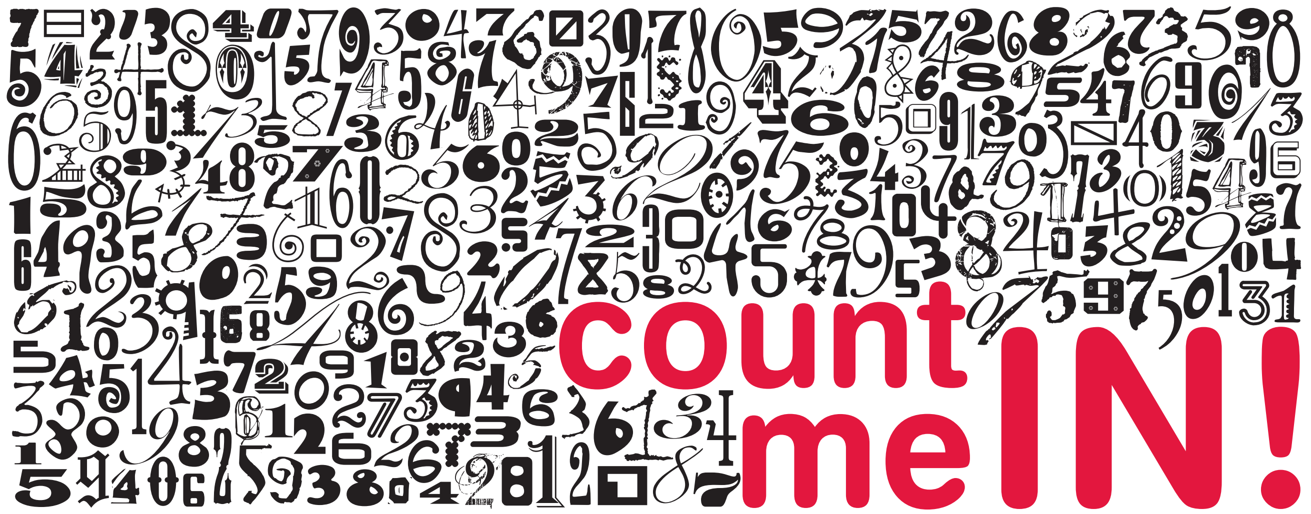

Research Study on Violence Against Marginalised Women in South Asia: Executive Summary

CREA, a global feminist, human rights organisation based in India, conducted the first ever multi-country research study on violence against lesbian women, female sex workers, and disabled women 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. The **count me IN! initiative** focuses on the many ways in which gender inequality manifests—violence against women; large gender gaps in education, health, and employment; the practice of son preference; and the marginalisation and exclusion of women.

Although significant strides have been made towards gender equality and women's empowerment in many parts of the world, violence against women continues to be a pressing issue on 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 stigma and discrimination.

The **count me IN!** study investigated the hypothesis that women who are outside the mainstream of the South Asian society suffer high 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 disabilities) are at an increased risk of violence. They are systematically restricted in their access to resources and are unable to fully participate in the society.

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

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

Research Partners

The study was conducted in collaboration with the University College London (UCL); James P Grant School of Public Health, BRAC University, Bangladesh; Centre for Research on Environment, Health, and Population (CREHPA), Nepal; Society for Nutrition, Education, and Health Action (SNEHA), India.

Overview

This study included both qualitative and quantitative researches in Bangladesh, India, and Nepal. Over 1600 **lesbian women**, **female sex workers**, and **disabled women** participated in the quantitative surveys and 157 participated in the qualitative study. Women were purposively recruited to the qualitative studies if they had a known history of suffering violence in their lives. Undertaking these surveys was extremely challenging from a number of perspectives. For instance, access to groups of women who may prefer to remain 'hidden' within a society (lesbian women in Bangladesh, for example) or women who have strong community 'gatekeepers', who control access to the women themselves (sex-working women in India, for example).

The findings from the research were supplemented with interviews with **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 the context in the three countries were formulated.

In India and Nepal, these policy recommendations were shared with 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, staff members of multi- and bi-lateral institutions, municipal officials, funders, advocates, civil society representatives, and key decision-makers within policy processes.

Key Findings

Some of the key findings across the three countries are as follows.

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 female 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 feelings.

Women with disabilities 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 result of violence.

Service providers across the three countries pointed out the following aspects.

- 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"; 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 women with disabilities, 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 and, likewise, gender-equality groups in the main do not address issues related to disability.
- To begin with, there is a need for awareness raising among the service providers about the very existence of lesbians.
- Given the existence of laws and policies to address violence against women, 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, thus proving that implementation goes beyond resource allocation.
- Besides inadequate systems for monitoring and evaluation of policy responses, there is no systematic mechanism for ensuring that all women access and receive the support and care that they are entitled to.

In Conclusion

This research study has shown that marginalisation and social exclusion on diverse grounds (disability, sex work, and/or sexual orientation) 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, women with disability may find themselves shunned by their own 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 own families and the society at large for fear of losing their accommodation, livelihoods, 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 that 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.

CREA

CREA empowers women and girls to articulate, demand and access their human rights by strengthening feminist leadership, organisations and movements; influencing global and national advocacy; create information, knowledge and scholarship; and change public attitudes and discourses. A global feminist organization based in India, CREA works to make human rights an effective tool for social change, and to integrate human rights mechanisms, awareness, and principles into the fabric of the society.

Center for Research on Environment Health and Population Activities

CREHPA is a national not-for-profit research organization based in Kathmandu. The organization undertakes research including operations research and capacity building assignments on population, reproductive and sexual health and rights and utilises research evidences to develop programme and influence policy.
www.crehpa.org

Society for Nutrition, Education and Health Action

A secular, Mumbai-based, non-profit organisation, SNEHA believes that investing in women's health is essential to building viable urban communities. SNEHA targets 4 large public health areas - Maternal and Neonatal Health, Child Health and Nutrition, Sexual and Reproductive Health, and Prevention of Violence against Women and Children. Our approach is two-pronged: we recognise that in order to improve urban health standards, our initiatives target both care seekers and existing public systems, including care providers. Consequently, we work at the community level to empower women and slum communities to be catalysts of change in their own right.
www.snehamumbai.org

The James P. Grant School of Public Health, BRAC University

BRAC University is a leading private University established in 2001 located in Dhaka, Bangladesh. The University currently has 7 departments, 4 schools, 3 institutes and 1 centre for languages. The James P Grant school of Public Health (popularly known as BRAC School of Public Health or BSPH) at BRAC University was established in 2004. It 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) course that it's been offering since February 2005. 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.
www.bracuniversity.net

University College London

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 8,000 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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