



Invisible Realities:

Understanding the Lived Experiences of Women with Disabilities in Rural Nepal

October 2019

Definitions

Disability: According to the UN Convention on the Rights of Persons with Disabilities (CRPD), people with disabilities include, “Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1).” According to The Act Relating to Rights of Persons with Disabilities, 2074 (2017) of Nepal, the definition is, “Person with disability means a person who has long-term physical, mental, intellectual or sensory disability or functional impairments or existing barriers that may hinder his or her full and effective participation in social life on an equal basis with others (Article 2, b).”

Intersectionality: Intersectionality as a term is open to discussion and definition. However, it is widely agreed as a useful analytical tool for studying, understanding and responding to the ways in which gender intersects with other identities, and how these intersections contribute to unique experiences of oppression and privilege.¹ For example, all women are in some way subject to gender discrimination, but there are a number of other factors such as race, caste, age, ethnicity, disability, sexual orientation, language, religion, socio-economic class and geographic location, which combine to determine one’s social position. Women may experience one or more of these intersecting identities, which in turn layers the levels of exposure to discrimination. Whilst the starting point is patriarchal control, evidence suggests that intersecting oppressions and discriminations based on women’s different identities and social positions can increase the likelihood, the severity and the outcomes of violence.

Social norms: Shared expectations of specific individuals or groups regarding how people should behave. Norms act as powerful motivators either for or against individual attitudes and behaviours, largely because individuals who deviate from group expectations are subject to shaming, sanctions or disapproval by others who are important to them.² Although terminologies differ, the understanding of social norms tends to converge on the same elements: social expectations, social influence and the groups of people that enact behaviours based on these. Hence, social norms are sometimes referred to as behavioural rules.³

Violence against Women and Girls: The United Nations definition is, “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” It includes: domestic violence (this includes violence from an intimate partner and family members), rape and other forms of sexual violence, female genital mutilation, early and forced marriage, economic control, coercion and emotional abuse, all of which can take many forms. The rise of the use of the internet and other Information and Communication Technologies (ICTs) has led to the emergence of new forms of violence and abuse against women in online spaces which is difficult to define but very much a rising and prevalent form of violence against women and girls.

Women’s rights organisations: These are women-led organisations working to advance women’s rights and gender justice.

Women’s movements: These are broad social movements led by women and their organisations that campaign for women’s rights and gender justice at national, regional and international levels. They include WROs and other actors, including activists, academics, journalists, lawyers and trade unionists.

List of acronyms

CEDAW Convention on the Elimination of Discrimination Against Women

CRPD Convention on the Rights of People with Disabilities

CSO Civil Society Organisation

GBV Gender-Based Violence

ICTs Information and Communication Technologies

NDWA Nepal Disabled Women Association

NGO Non-Governmental Organisation

VAWG Violence against Women and Girls

WHO World Health Organisation

WRO Women’s Rights Organisation

Cover image:
Women supporting one
another in Nahar Tole (slum
village), Godawari, Nepal
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About the Nepal Disabled Women Association

The Nepal Disabled Women Association (NDWA) has a long history in promoting the rights of women and girls with disabilities in Nepal through mobilisation and capacity building.⁴ It is a well-known organisation led by women with disabilities and emerged from the disabilities and women's movements. Since its inception, NDWA has been organising groups, building their leadership, economic empowerment, rehabilitation, collaboration, coordination and doing advocacy to ensure the rights of women with disabilities are met and to promote meaningful participation within each sector. NDWA implements local level activities through its district chapters and provincial offices. Women with disabilities, along with other women, have been trained to keep raising their issues as active citizens. NDWA also works with people who are not disabled and organisations in decision-making forums to raise awareness and mainstream the issues of women with disabilities within the wider community.

About Womankind Worldwide

Womankind Worldwide (Womankind) is a global women's rights organisation working with women's movements to transform the lives of women. Our vision is a world where the rights of all women are respected, valued and realised. We support women's movements to strengthen and grow by carrying out diverse joint activities, including advocacy and communications work, women's rights programming, awareness raising, knowledge sharing, research, capacity development and fundraising.

About this report

This report is the result of a documentation activity led by NDWA to understand the prevalence and types of violence against women and girls (VAWG) amongst women with disabilities in Nepal. Violence and abuse of women with disabilities in Nepal is widespread, however data is limited. It is hoped that the findings from this study will contribute towards greater understanding of the nature, scope and impact of violence against women with disabilities in Nepal, in order to further advocacy efforts to promote their rights and highlight their particular risk of VAWG. Womankind supports work to share new knowledge resulting from feminist approaches to documentation to also support and strengthen women's movements.



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Executive summary

This report is the result of a documentation activity led by NDWA to understand the prevalence and types of violence against women and girls (VAWG) amongst women with disabilities in Nepal. This activity formed part of the Womankind funded project 'Strengthening the capacity and visibility of women with disabilities' from November 2017 to December 2018.

The key findings highlighted that women with disabilities experience multiple forms of violence, including psychological, sexual, and physical violence. They also confirm that the perpetrators of violence are often known to women with disabilities, and include partners and other family members, people on whom women with disabilities are often dependent. In addition to this, women with disabilities are often confined to the home or live in institutional settings, which together with their dependency on others, makes reporting abuse and seeking just very difficult. In addition, the violence is compounded by multiple layers of discrimination which interplay and serve to impact their ability to claim their rights and live free from violence and abuse. A summary of the 'Key findings' are set out below, with more detail later in the report, and underscore the need to improve knowledge and understanding of the specific experiences and needs of women with disabilities, helping women recognise abuse, access services and access justice.

- Women with disabilities have difficulty recognising and defining violence against them, including sexual violence. No more than half of all the women who took part in this research identified sexual violence (including forced sexual intercourse and marital rape) as a form of gender-based violence.
- 31% of the women with disabilities who took part in the research said they had experienced violence. Of the women who experienced violence almost half (42%) had a physical disability.
- Women who said they have experienced violence reported being humiliated, insulted and terrorised (psychological violence), forced to have sexual intercourse (sexual violence) and being slapped, beaten and things thrown at them (physical violence).
- 72% of people with disabilities who experienced violence said they have experienced psychological violence. 38% of people with disabilities who experienced violence said they have experienced physical violence. 17%

of people with disabilities who experienced violence said they have experienced sexual violence.

- Over two thirds (73%) of women who experienced violence said that their disability was one of the main causes of the violence against them.
- 64% of women who experienced violence said the violence was perpetrated by family members (mainly from intimate partners).
- Women who reported experiencing violence reported psychological problems, including not wanting to talk to anyone, being scared, feeling like they wanted to cry, experiencing mental stress and suicidal thoughts.
- Women with disabilities face social, cultural, political and religious exclusion. Over a third (40%) of the women who were unmarried reported that the main reason for not marrying was due to their disability.
- Women with disabilities who have experienced violence face multiple barriers in accessing justice. The majority of women with disabilities (73%) in this research who said they experienced violence did not report the abuse to anyone, including the police or any other local organisations. 50% of people with disabilities who experienced violence remained silent because they feel that no one listens to a person with a disability.

Violence against women and girls (VAWG) in Nepal

Violence against women and girls is a major issue in Nepal where women often find themselves at risk of violence in both public and private spheres including domestic violence, rape, sexual violence and human trafficking. There is a persistence of harmful traditional practices deemed life-threatening such as Deuki (act of offering young girls to Hindu temples to live without proper care or education) and Chaupadi (menstruating women are kept in a hut away from the home to live under harsh conditions) as well as child marriage and dowry. According to the study, 'Gender Equality and Empowerment of Women in Nepal' by the United Nations Population Fund (UNFPA) abused women are more inclined to suffer from depression, anxiety, psychosomatic symptoms, sexual dysfunction and various reproductive health problems.

The proportion of Nepali women who have been subjected to domestic violence is estimated at 60 to 70 per cent. This is higher in rural communities where an estimated 81 per cent of women

1. Alison Symington, "Intersectionality: A Tool for Social and Economic Justice," *Women's Rights and Economic Change*, 1, no. 9 (2004): 1-7.

2. Womankind Worldwide (2014), *Prevention is Possible*. Available online at [https://www.womankind.org.uk/docs/default-source/resources/reports/prevention-is-possible-\(1\).pdf](https://www.womankind.org.uk/docs/default-source/resources/reports/prevention-is-possible-(1).pdf)

3. UNICEF and University of California San Diego (2015), *Center on Global Justice, What are Social Norms? How are they measure?* Available online at: https://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf

4. In this briefing we use the term 'women with disabilities' to be inclusive of girls with disabilities and we recognised that girls with disabilities face specific risks of violence.

experience recurring domestic violence.⁵ This includes physical abuse by husbands, polygamy, dowry-related murders, and physical and psychological harassment by household members. Some types of violence are attributed to social taboos and superstitions associated with women and deeply entrenched beliefs that propagate derogatory attitudes towards women such as Chhori ko janma hare ko karma, "A daughter is born with a doomed fate."

The women's movement against VAWG in Nepal

Nepal has a longstanding women's rights movement and action for human rights and equality, in line with various international instruments, has been evident since Nepal joined the UN in 1955. Since then, both national and international developments on women's human rights and the recognition of gender-based violence as a manifestation of patriarchy, subordination and women's low social status and value have played a key role in the development of the women's rights sector.

The Nepal Disabled Women Association is part of the women's movement and other social movements in Nepal with a unique role and perspective to inform and influence as well as show the extent of violence against women with disabilities. This contribution to feminist documentation and research will strengthen the evidence base upon which NDWA and its allies can continue to advocate for change.

Womankind Worldwide and her approach to supporting women's movements

In her strategy and Theory of Change Womankind asserts that progressive change for women happens when diverse and independent women's movements have strength, resilience and collective power.⁶ Whilst the actors in women's movements are varied, Womankind understands that women's rights organisations (WROs) form the backbone of women's movements and are the sites from which movements are built and supported. Collaboration and partnership between Womankind and WROs is central and is grounded in feminist values. To avoid replicating the power imbalances of patriarchal structures and systems, these partnerships are based on a power-with strategy with joint ownership

and shared risks, responsibilities and benefits. Womankind's Theory of Change identifies a set of programme inputs, called pillars, underpinned by feminist leadership, which summarise the areas of support that Womankind includes in her programmes and in project design with partners to strengthen women's movements.

This documentation activity was developed with and delivered by the Nepal Disabled Women Association as part of the project, 'Strengthening the capacity and visibility of women with disabilities' from November 2017 to December 2018. This activity specifically aligned with Pillar 4: Key actors in the women's movement are mapped and issues of intersectionality are raised, understood and addressed; and Pillar 5: Feminist documentation and research form the core of umbrella initiatives to bring WROs together.

The focus of this report: Introducing the documentation and research

In 2018, NDWA carried out a research and documentation activity on violence against women with disabilities in three rural districts in Nepal. The aim of the research was to identify the prevalence and types of violence against women with disabilities in these districts. The study's original objectives were:

- To identify the prevalence and types of violence against women with disabilities in three districts: Morang, Kavre and Gorkha.
- To document the findings in a report including key recommendations for local and national influencing purposes, and share with the women's movement and NDWA stakeholders and contacts.
- To summarise and provide recommendations on addressing some of the issues confirmed by the research to engage in lobbying and advocacy at local and national levels.

NDWA's research took a feminist approach and included a gendered analysis. The study also covered important aspects of the lives of women with disabilities in Nepal, such as age and consent for sex and marriage, decision-making power in relation to livelihoods and household spend, access to and participation in education, and family dynamics.

5. Anita Ghimire and Fiona Samuels, "Understanding Intimate Partner Violence in Nepal," ODI (2017): 1-78.

6. Womankind Worldwide, "Theory of Change 2016-2021," <https://www.womankind.org.uk/docs/default-source/default-document-library/womankind-theory-of-change.pdf>

Geographical and overall population reach

The research covered three districts in rural Nepal: Morang, Kavre and Gorkha and reached 13 municipalities. These districts were chosen because of NWDA's previous work there that would help facilitate mobilisation of research participants, as well as anecdotal reports showing a high need for interventions in these areas. The study involved 145 women with disabilities. 'Stratified purposeful sampling' was used to determine research participants and only households with people with disabilities were included. Disability was defined using the Washington Group Short Set of Questions.⁷ The ages of respondents varied from 15 to over 50 years old. The 31-35 age range was the highest represented and the 46-50 age range was the lowest.

A cross-section of ethnic/caste groups was included both through the surveys as well as through the interviews. However, the researchers found it difficult to access people with disabilities within the Muslim community and so they are not represented in this research. The highest number of respondents were Mountain/hill Brahmins, followed by Terai and then Madhesi Janjati.

Although male respondents were included in the primary data collection, where possible we have disaggregated the data from this study by sex and where we have done so have referred directly to women with disabilities. However, where we have been unable to disaggregate, we have included data that includes a limited number of men, given the number of men involved in the study and

reporting experiencing violence was comparatively low.⁸ In these cases we have referred to people with disabilities.

The study is indicative not representative of all women with disabilities in Nepal. It was designed to provide a localised understanding of the varying types of violence experienced by women with disabilities, including sexual violence, the perpetrators and learning about the availability and accessibility of access to justice for women with disabilities who are survivors of violence. It was not intended to provide a national picture of the experience of violence amongst Nepali women with disabilities.

Limitations of the Study

The surveys were completed in all three districts. However, due to adverse weather conditions, the research team were unable to carry out interviews in Gorkha district. The interviews in Morang and Kavre went ahead. Due to the overarching limited sex and age disaggregated data relating to violence against women with disabilities in Nepal, it was not possible to extract comparative data from official sources such as the police or national authorities. It should be noted that research to explore issues of violence against women with disabilities is difficult to unpack, as this is a highly sensitive area of discussion, one which is made further difficult to understand using predominantly quantitative methods. Finally, this study was initiated to explore the prevalence and types of violence reported by interviewees, and as such does not delve into a full socio-economic exploration of the experience of violence amongst women with disabilities in Nepal.

7. Washington Group Short Set on Disability Statistics, "The Washington Group Short Set on Functioning: Questions Specifications," (2017): 1-6.

8. Of the 36 men with disabilities involved in the research, 8 reported experiencing violence.

Introduction: Setting the scene

For decades, women's movements have been vital instruments for change to laws and policies affecting women's rights. By tackling root causes of inequality, such as patriarchy, and seeking transformational change at individual, community and systemic levels, women's movements have been the most critical factor in achieving progressive policies, such as those for violence against women and girls (VAWG).⁹

VAWG is one of the most widespread human rights violations worldwide. Globally at least 35% of women experience violence in their lifetime and 30% experience intimate partner violence (IPV).¹⁰ Violence denies women and girls the right to a life free of abuse and subjects them to inhuman and degrading treatment. It also inhibits their ability to enjoy rights and freedoms equally to men, and to live their lives with dignity and respect. Violence against women, and the fear of violence, affects all women, because they are women and because of the patriarchy and gender discrimination they are subjected to. VAWG can take many forms and stems from deeply embedded patriarchal power systems of abuse and oppression and gender inequalities. These systems are upheld by unequal power relations and discriminatory social norms.

It is well known that global and national data on the prevalence and types of violence against women with disabilities is limited and particularly so in low and middle-income countries. This is underscored by the importance given to the issue in the What Works to Prevent Violence Against Women and Girls Programme, a flagship programme from the UK Department for International Development (DFID) and its efforts to address the need for robust data and analysis.

Evidence and data on disability and VAWG

Evidence, including from the global What Works to Prevent VAWG programme, has found that women with disabilities are at increased risk of experiencing violence, and in low and middle-income countries, two to four times more likely to experience intimate partner violence than women without disabilities.¹¹ Many factors contribute to this heightened risk of violence amongst women with disabilities, including

limitations in physical mobility, communication barriers, isolation, and common myths that persons with disabilities are weak or asexual. In many countries, women with disabilities are denied their sexual and reproductive rights through the practice of forced sterilisation.¹² In particular, isolation and dependence on family members and carers place women with disabilities at extreme risk of experiencing sexual violence without recourse to justice.

Women with disabilities face greater exposure to a wider range of potential perpetrators than their peers without disabilities, such as the people on whom they may be physically, economically, or socially dependent, including intimate partners, family members, health care providers, teachers, or personal care assistants.¹³ Women with disabilities are more likely to stay in abusive situations for longer periods of time than those without disabilities, as they are often more reliant on people and may have fewer options, such as access to support networks.

In addition to the specific types of abuse and their increased exposure to violence, women with disabilities may experience difficulty recognising, defining, or describing violence and abuse, and are often less likely than their peers without disabilities to be aware of, or able to access services due to barriers in physical and social environments. When incidences of violence are reported, women with disabilities are often viewed as unreliable and their testimony tends to be disregarded as a result.^{14 15 16}

Violence against women and girls with disabilities in Nepal

Although the evidence is limited, it suggests that violence against women with disabilities in Nepal is rife and disability exacerbates the risk to violence and abuse when compared to women and girls without disabilities.¹⁷ As with other settings, when a culture of deeply embedded patriarchal power structures and unequal gender norms combine with disability, extreme poverty and other forms of discrimination, there are often multiple, intersecting and particular risks of violence for women with disabilities. Women with disabilities experience violence at a higher rate than the general population and yet NDWA's research has shown a limited level of recognition among women with disabilities of sexual violence as a form of violence.

9. Mala Htun and Laurel S. Weldon, "The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975-2005," *American Political Science Review*, 106, no. 3 (2012): 548-569.

10. World Health Organisation Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council, "Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence," (2013): 1-50.

11. Dunkle, Kristin, et al., "Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent VAWG Global Programme," (2018): 1-4.

12. Human Rights Watch, "One Billion Forgotten: Protecting the Human Rights of Persons with Disabilities," (2014): 1-22.

13. Supra note 10.

14. Supra note 10.

15. Emma Pearce, "Disability Inclusion: Translating Policy into Practice in Humanitarian Action," *Women's Refugee Commission* (2014): 1-44.

16. Brigitte Rohweder, "Women and Girls with Disabilities in Conflict and Crises," *K4D Helpdesk Report* (2017): 1-21.

17. Gupta, Jhumka et al., "Disability Status, Intimate Partner Violence and Perceived Social Support among Married Women in Three Districts of the Terai Region of Nepal," *BMJ Global Health*, (2018): 1-9.

“Women and girls with disabilities are more likely to face coercion in reproductive decision-making, particularly around sterilisation, contraceptive use, and abortion. In Nepal, women with disabilities are routinely prevented from making such decisions for themselves. Despite important advances in the area of women’s political participation and economic independence, relatives, doctors and spouses continue to exercise control over the reproductive health and rights of women with disabilities. The consequences for their health and lives are serious, sometimes literally fatal. The parents of a woman with an intellectual disability said, “If I do not force my daughter to use family planning equipment, she can get pregnant and have an unwanted child which we cannot care for because we have to work as well as take care of her.” Amongst other things, this can serve to perpetuate and make invisible sexual violence against women with disabilities.”

Nirmala Dhital, Chairperson, NDWA

In Nepal, due to lack of awareness and religious beliefs and superstitions, disabilities are often seen as being a result of past sins from a former life. Women with disabilities in Nepal are often hidden within families and excluded from all aspects of social, political, cultural and economic life. This, combined with low levels of rights-based awareness and a lack of legal and political support, often means that most incidences of violence amongst women with disabilities in Nepal go unreported. This is especially true of sexual violence and abuse, which is estimated to be heavily under-reported given the social and political isolation of women with disabilities, coupled with the stigma of discussing sexual violence, which is considered a taboo topic in Nepal. One recent study found that women with disabilities reported increased psychological, physical, and sexual violence immediately after the 2015 earthquake mostly in and around temporary shelters. Physical and psychological violence were reported to be perpetrated by partners, family members, relatives, and sometimes by people who lived in the same community. Sexual violence against girls with disabilities were reported to be perpetrated by close relatives, family members, or an opportunist stranger.¹⁸

International and regional frameworks, institutions and protocols

The government of Nepal has a commitment toward the protection and promotion of women’s and girls’ rights. It has either signed or ratified various international and global commitments including some at the regional level, for example the South Asian Association for Regional Cooperation (SAARC). The government is also submitting periodic reports including the Universal Periodic Review (UPR) on implementation and harmonisation into national legal frameworks. In addition, the judiciary is also regularly monitoring the implementation of these instruments through its regular and extraordinary jurisdiction to harmonise national laws in accordance with them.

The Convention on the Rights of Persons with Disabilities (CRPD) is a key international human rights framework protecting the rights and freedoms of people with disabilities. Article 29 provides for participation and representation of persons with disabilities in political and public life while Article 6 recognises the rights of women with disabilities. The CRPD sets out a twin-track approach to promoting gender equality and the empowerment and participation of women with disabilities in political and public life. The CRPD calls for equality between men and women and stipulates the responsibility of States Parties to take measures to ensure the full and equal enjoyment by women with disabilities of all human rights and fundamental freedoms.

“The concerned government stakeholders are not aware or sensitised on the content and implication of CRPD, though it has been already domesticated in national laws and policies. However, due to the lack of defined regulation there is gap in its effective implementation. The Committee on the CRPD is the body of independent experts which monitors implementation of the Convention by the States Parties to which Nepal reports but their recommendations have not been effectively aligned with the Nepal National Policy and Plan of Action on Disability. In addition, the newly formed federal structure has also created problem in service delivery because of the unclear roles and responsibilities of local, provincial

18. Sapana B. Bista and Shaurabh Sharma, “Violence against Women and Girls with Disabilities during and after the 2015 Nepal Earthquake: Thematic Analysis of Qualitative Data,” *The Lancet: Global Health*, 7, no. 45 (2019).

and federal level and the absence of formal government structure.”

Nirmala Dhital, Chairperson, NDWA

There are also other international standards, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) that addresses the concerns of women with disabilities. The CEDAW Committee, in its recommendations, including General Recommendations 24 (Women and Health, 1999), 27 (Older Women and the Protection of their Human Rights, 2010), and 28 (Core Obligations of States Parties under Article 2, 2010) has affirmed the need for special attention on the health rights of women with disabilities. CEDAW's General Recommendation 18 focuses specifically on women with disabilities. This includes that States Parties provide information on women with disabilities in their periodic reports, and on measures taken to deal with their particular situation, including special measures to ensure

that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.

The status of international treaties in Nepal that impact on national legislation have provided many opportunities for human rights and women's rights activists to use the CEDAW and other human rights instruments as a tool to make claims for women's human rights.¹⁹ In addition, periodic reporting obligations provide a working forum for both government and non-governmental sectors to collaborate. There is also a focus on conflict related international instruments including the United Nations Security Council Resolution (UNSCR) 1325 and 1820 and the Nepal National Action Plan (NAP) on 1325 & 1820 for 2011-2016. However, issues affecting women with disabilities largely remain overlooked. The relevant international instruments in relation to Nepal include:²⁰

	Human Rights Instrument: (Date into force)	Ratification Status
1	Convention on the Elimination of All Forms of Discrimination against Women: 1981	Signature: 1991, Ratification/Accession: 1991
2	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women: 2000	Signature: 2001, Ratification/Accession: 2007
3	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: 1987	Signature: NA, Ratification/Accession: 1991
4	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: 2006	Signature: NA, Ratification/Accession: NA
5	Convention on the Rights of the Child: 1990	Signature: 1990, Ratification/Accession: 1990
6	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography: 2002	Signature: 2000, Ratification/Accession: 2006
7	Convention on the Rights of Persons with Disabilities: 2008	Signature: 2008, Ratification/Accession: 2010
8	Optional Protocol to the Convention on the Rights of Persons with Disabilities: 2008	Signature: 2008, Ratification/Accession: 2010

19. According to Article 9 of the Nepal Treaty Act of 1991, any treaty once ratified, acceded to, accepted and approved by Nepal shall be enforceable as a national law and the provisions of treaty shall prevail over the domestic laws in case of conflict between the two.

20. "Ratification of 18 International Human Rights Treaties," *United Nations Human Rights: Office of the High Commissioner*. 2014, <http://indicators.ohchr.org/>

Methodology

NDWA's research used a limited portfolio of mixed methods, including a literature review, participatory surveys and in-depth interviews with women and men with disabilities and VAWG survivors, and key actors, including neighbours, friends, parents, police, government officials and NGOs. Data collected was qualitative and quantitative.

The community research team (researchers and supervisors) comprised members of NDWA staff. A consultant (Rita Bhadra) provided hands-on support at various stages throughout the process. The primary data collection was carried out between April and June 2018. Areas of field enquiry were in line with the objectives of the research and included:

- Understanding of violence against women with disabilities
- Experiences of violence against women and perpetration
- Sexual violence
- Access to justice

In total, 145 women with disabilities took part in the quantitative survey. Key actor interviews were also conducted with 13 individuals during the research study. 'Stratified purposeful sampling' was used to determine research participants and only households with people with disabilities were included. Disability was defined using the Washington Group Short Set of Questions. The independent researcher led the analysis of information and quantitative data was processed using computer-based software.

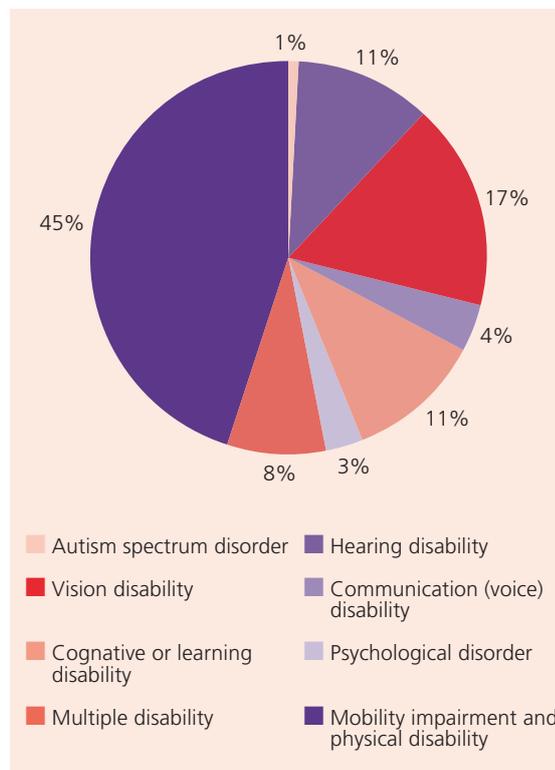
The quantitative surveys were carried out with a range of age groups. For those aged 16 years and above, each had the capacity to give consent which means that they made a voluntary and informed decision to participate in the research. In the case of children under the age of 16, interviews were conducted in the presence of their parents or caregivers who gave parental consent. Interviews with those with intellectual disabilities were conducted in the presence of a parent or guardian who gave parental consent. In addition, 13 key actor interviews collected information using guided questions from a number of different stakeholders such as neighbours, NGO workers and police officers. In each case, each had the capacity to give consent to participate in the research. The survey data was then triangulated using supplementary secondary literature as well as the key actor interviews collected during the research study.

Key findings

The gender and disability lens

As mentioned earlier in the report, although male respondents were included in the primary data collection, their number was few and we have chosen to focus on female respondents wherever possible in line with the original aim of the research. The purpose of the categorisation below is not to label respondents in a particular way but helps to understand the variety of experiences of women and girls involved. Of the 145 female respondents to the survey, almost half (45%) identified mobility and physical disabilities, followed by vision related disabilities (17%).

Graph 1: Types of disability self-identified



Women with disabilities experience multiple forms of violence: Despite the sensitivities of conducting a VAWG study in Nepal, the research found that women who said they have experienced violence were humiliated, insulted and terrorised (psychological violence), forced to have sexual intercourse (sexual violence) and slapped, beaten and had things thrown at them (physical violence). The data appeared to show that there were disparities based on age as there were higher proportions of women with disabilities who reported

experiencing violence below the age of 40. The data also confirmed that the perpetrators are often family members and even partners, people on whom women with disabilities are often reliant. Due to the dependent and confined circumstances of women with disabilities, reporting abuse or seeking justice is extremely difficult.

Violence is compounded by multiple layers of discrimination: The research also suggests that the intersection of gender, disability and other social identifying factors heighten the risk of discrimination and violence. This discrimination and violence are part of the daily lived realities for women and girls but the case remains that there is a continued lack of insight into how these interplay and can serve to limit their ability to claim their rights and life free from violence and abuse.

Sita (not her real name) told NDWA,

“A women with multiple disabilities (intellectual and physical) living alone at home was raped and became pregnant. She couldn’t identify the perpetrators and so we couldn’t gather evidence and report the case and seek justice for her. She could only tell us that she was raped during night time but could not tell us anything else. Also, the local community knew about the rape as they saw that she was pregnant and unmarried.”

Barriers to realising social, political and economic rights:

The research provided useful background information on areas such as education level of respondents, age and type of marriage and the type and level of autonomy they have at home relating to citizenship, and earning and control over income. The study found that overall, women with disabilities are systematically ostracised from access to and participation in education and decisions over income spend.

An overwhelming number of the women with disabilities live at home with their family (125), only 14 reported living alone, and only 6 live with other relatives, which demonstrates the level of dependency and lack of independence amongst the sample group. The respondents reported a range of different income streams with the majority reporting income from agricultural and animal husbandry, followed by government support and wages from domestic work. The majority of respondents reported that they did have a disability identification card and citizenship. In order to receive benefits from government social protection for the disabled, you must first undergo an assessment of disability and will need to provide a number of documents including a citizenship certificate to receive a disability card.²¹

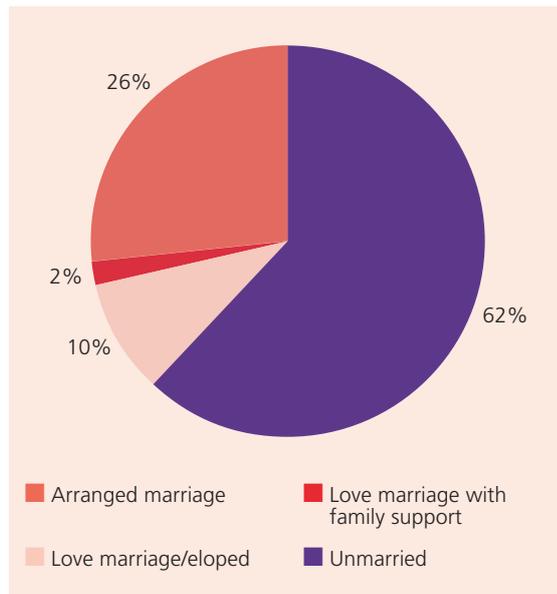
21. “Disability ID Card Distribution,” National Rehabilitation Centre of the Disabled Nepal, <http://www.nrcdnepal.org/act3.php>

Experience of education: In terms of education amongst the female respondents, the largest portion, at just under half, were illiterate (62) followed by those with secondary education (24).

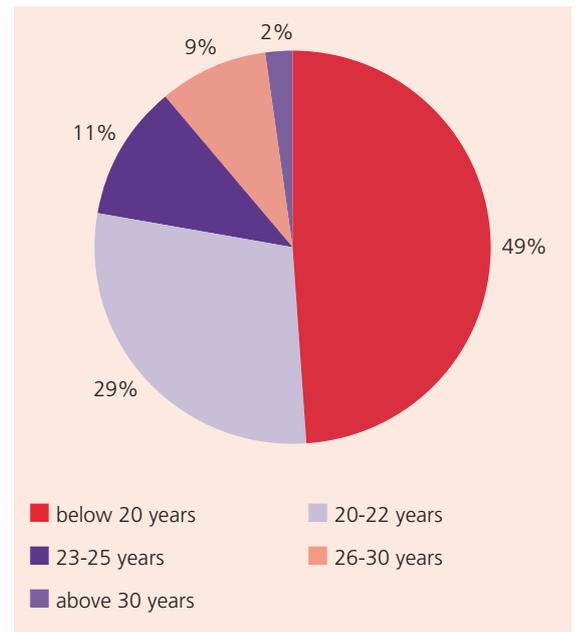
Experience of marriage: The majority of the 145 female respondents in the study were unmarried (62%). (see graph 2). Over a third (40%) of the women who were unmarried reported that the main reason for not marrying was due to their disability, followed by those who reported not being interested in the prospect of marriage (24%).

Age at marriage: Of those who were married, 49% were married when they were under the age of 20 years old, followed by those who were between 20-22 years old at the time of marriage (29%) (see graph 3). Only 22% reported older ages of marriage (from 23 years old and above). For those who were married, the overwhelming type of marriage reported was an arranged marriage (69%) with 38 respondents reporting they had experienced this, and only 5% of respondents reported a marriage based on “love with family support.”

Graph 2: Types of marriage



Graph 3: Age at marriage



Varied degrees of understanding of violence and abuse: The research team explored examples of violence and abuse with women who participated in the research and first captured their understanding of what constitutes violence against women with disabilities. This brought up varying responses and demonstrated differences in their understanding of violence and abuse. Most of the women who participated in this research thought that physical violence was the main form of violence experienced by women and girls.

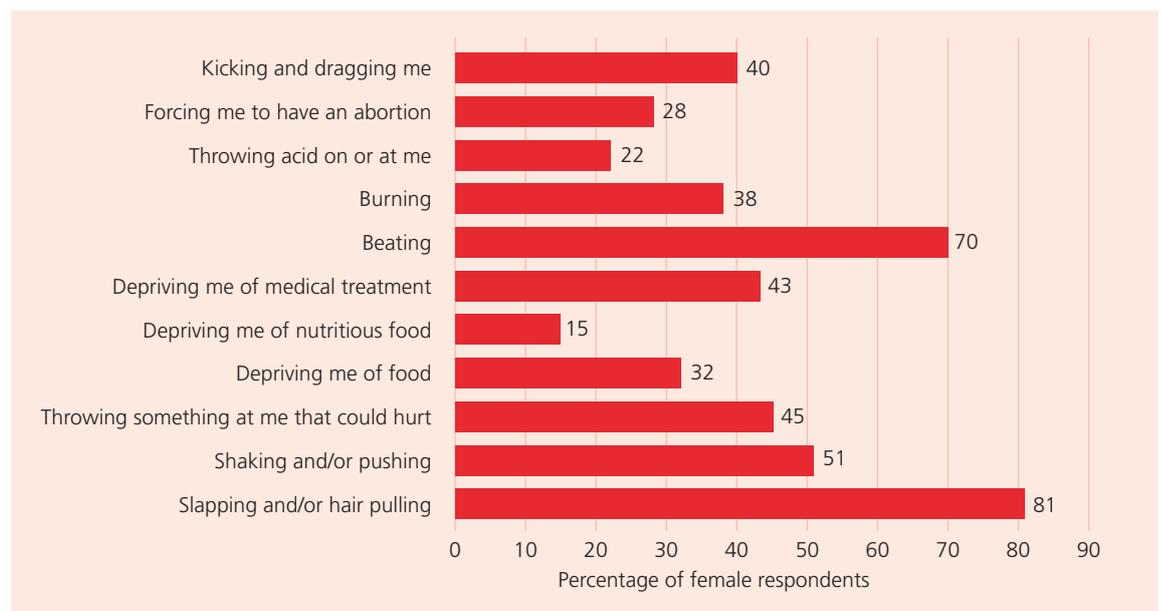
Among the 145 female respondents, 118 reported that they understood slapping or hair pulling to be physical violence, followed by 101 women and girls who associated it with "beating." A large proportion of respondents reported psychological violence such as humiliation or being threatened as being violence and abuse, with the highest number, 80 women and girls, associating this with being insulted or scolded. The researchers found

that respondents were reluctant to discuss sexual violence, and therefore fewer women mentioned this as a form of violence, with only 73 women and girls reporting being forced to take part in sexual activities as constituting violence and abuse. Due to cultural and gendered social norms, discussions of sexual violence are considered taboo in most contexts of Nepalese society, which is likely to be why the participants did not wish to discuss it.

Physical violence:

In this study the most common forms of physical violence that women with disabilities reported understanding to be violence and abuse were slapping and/or hair pulling (81%), beating (70%) and shaking and/or pushing (51%). Other forms of physical violence identified include having something thrown at them that could hurt them, being deprived of medical treatment, being kicked or dragged and burnt.

Graph 4: Understanding of physical violence



Psychological violence:

As with physical violence, the women with disabilities who took part in this research reported understanding multiple forms of psychological violence to be violence and abuse. The most common forms of violence reported as such were being insulted and scolded (55%), being humiliated

(52%) and being threatened (48%). Other forms of psychological violence identified include being locked inside a room or confined in another place, being ill-treated, feeling terrorised and not being allowed to study. Over a third (36%) identified being blamed for negative things that happen and being called a witch or a thief to be violence and abuse.

Graph 5: Understanding of psychological violence

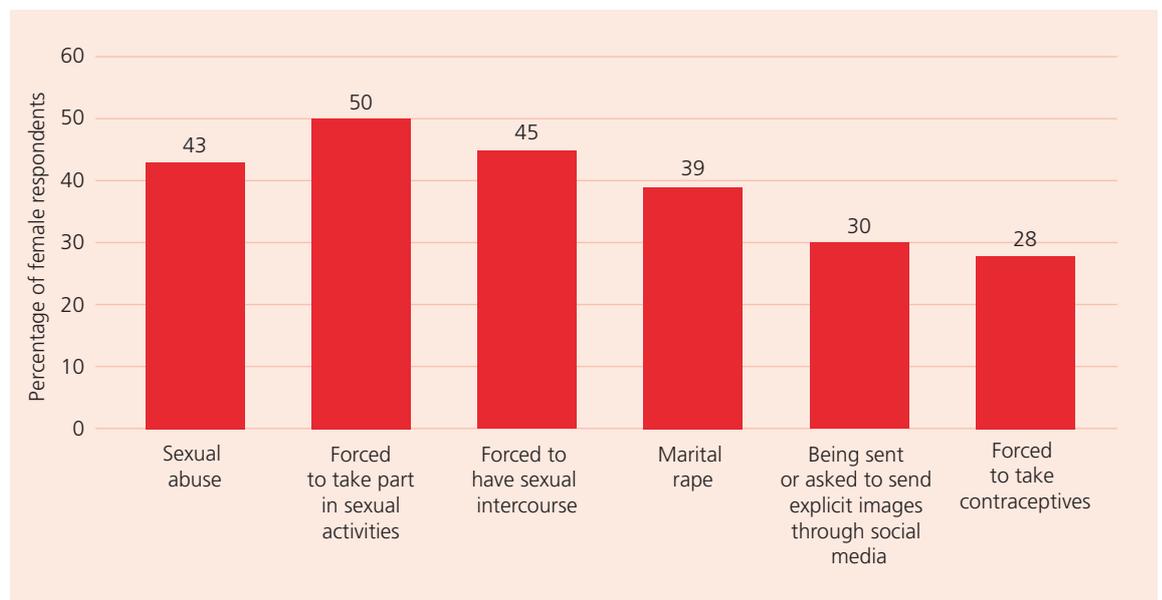


Sexual violence:

The women with disabilities who took part in this research had a more limited understanding of different types of sexual violence and abuse, both offline and online. 50% of the women understood

being ‘forced to take part in sexual activities’ to be sexual violence, 45% said they understood being ‘forced to have sexual intercourse’ to be sexual violence and only 39% understood marital rape to be sexual violence.

Graph 6: Understanding of sexual violence

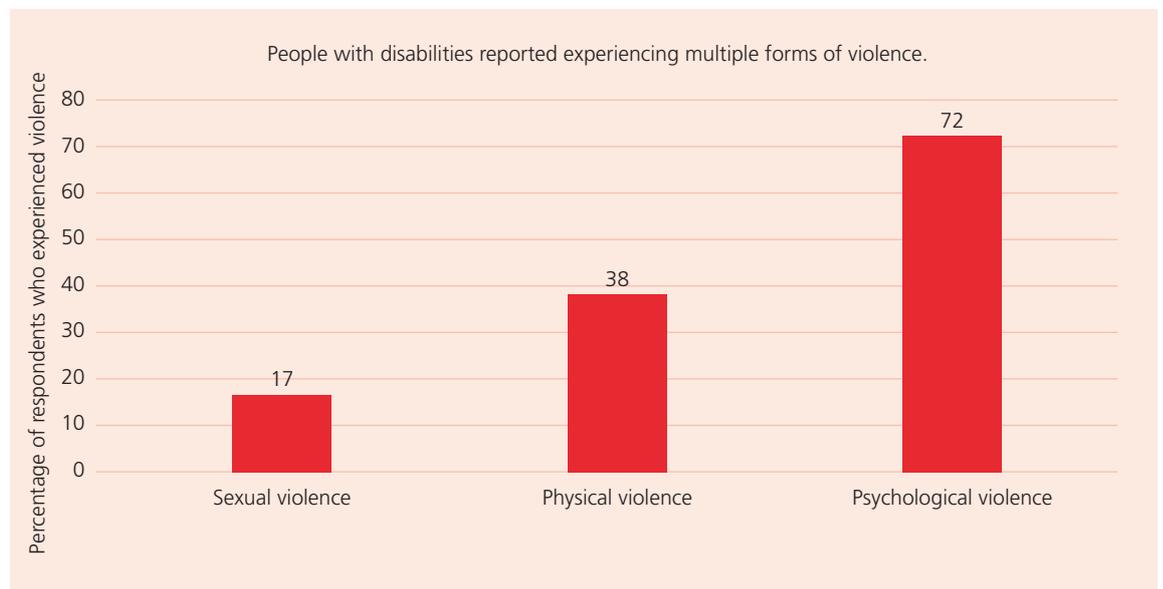


Experiences of violence

Of the 145 women with disabilities who took part in the research, 45 women (31%) reported experiencing violence. Although most of the respondents who experienced violence highlighted that their disability is the main cause of violence (33 women and girls) there is also a significant number (8) who report being subject to violence without any reason, as well as those who reported violence perpetrated because they are considered a family burden (11).

Of the people with disabilities who reported experiencing violence based on the categories earlier identified, 38% said they had experienced physical violence, 72% had experienced psychological violence and 17% had experienced sexual violence. Experiences of physical violence included slapping or pulling hair, being beaten and having something thrown at them that could hurt. For those who experienced psychological violence, being insulted or scolded was the most common, followed by being humiliated and threatened. Those who reported experiencing sexual violence had most commonly experienced rape and sexual abuse. The highest number of reports of experiencing violence were from those aged 31-35.

Graph 7: Experiences of violence by people with disabilities

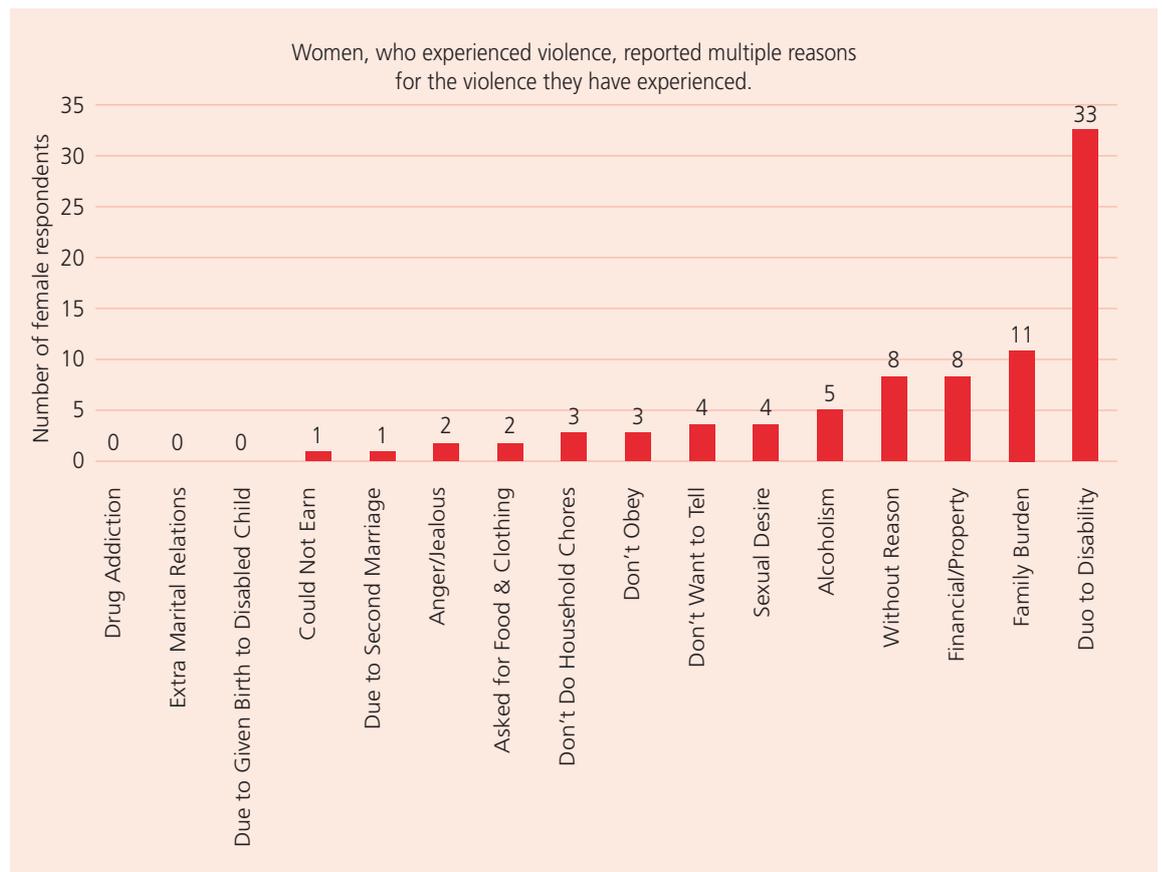


“We were told there is a 14 year old girl with an intellectual disability who has been raped several times by a neighbour. Her parents shared this information with a social mobiliser of NDWA so we went there to talk to them but they did not want to share anything with us. It is very challenging to get information regarding violence against women with disabilities as it is associated with social norms and values.”

Research Team Member, 2019

Blame and shame: The perpetrator of violence often blames the survivor who might, in turn, be ashamed or make excuses to themselves and others to cover up the abuse. In the table below respondents provide the reasons they have been given or have understood to be the cause of the violence they have experienced. Their selection of these reasons does not necessarily mean that they agree with the cause or rationale provided but rather they are reporting on what they have been told or understand. 73% of the women with disabilities who reported experiencing violence cited their disability as the one of the reasons why they experienced violence.

Graph 8: Reasons given for violence



Family and community violence: As highlighted earlier in the report, the women and girls that took part in this study, as with women with disabilities in other contexts, are heavily dependent on their families which can often mean that they are isolated and confined in the home or institutions, with opportunities for perpetrators to commit acts of violence, sexual violence and other forms of exploitation and abuse. It was therefore considered important by the research team to explore negative behaviours of family members. The highest number of female respondents who experienced violence reported that their husbands were the perpetrators of the violence and abuse they experienced (29%), reinforcing the growing evidence that intimate partner violence is the most common form of violence against women and girls with disabilities worldwide.²² Women with disabilities also cited other family members a perpetrators of violence, including parents, in-laws and siblings.

The research team and Womankind are aware of the limitations of the study and in future work we plan to further explore and understand the dynamics of the data collection and interview process and the potential presence of family members or guardians. This can affect responses and how respondents express their experience and understanding of the multiple forms of violence and abuse that exist within a family context.

Those who took part in the study also highlighted perpetrators outside the family in the community, including neighbours, people not known to them, friends and teachers. Where violence was perpetrated by those outside the family the highest number of perpetrators were neighbours, meaning they are most likely known to the women and girls, and therefore part of their social and cultural network, which may make it difficult to address or seek retribution.

22. "Built Environment," Centre for Excellence in Universal Design, <http://universaldesign.ie/Built-Environment>, Centre for Excellence in Universal Design, <http://universaldesign.ie/Built-Environment>

Atyana (named changed) is a 5 year old girl with an intellectual disability. Both her parents work away from the home, so she is usually locked inside their house whilst her mother checks in on her throughout the day. On one occasion, Atyana's mother found her outside their home with a neighbour who was playing with her. Her mother ignored the situation as the neighbour said that he came to see them, and Atyana was crying inside. A few days later, Atyana's mother caught that neighbour forcing Atyana to play with his penis. Atyana's parents then registered a complaint with the district police. The neighbour's family are rich and are threatening Atyana's parents to withdraw their case. Other neighbours are also suggesting that there is no evidence against the perpetrator given his character record which has placed Atyana's parents in a difficult situation.

"We are poor and we can't fight for justice for our daughter. We've been told that our case is very weak as there is no other witness

to justify. We think we have to withdraw our case."

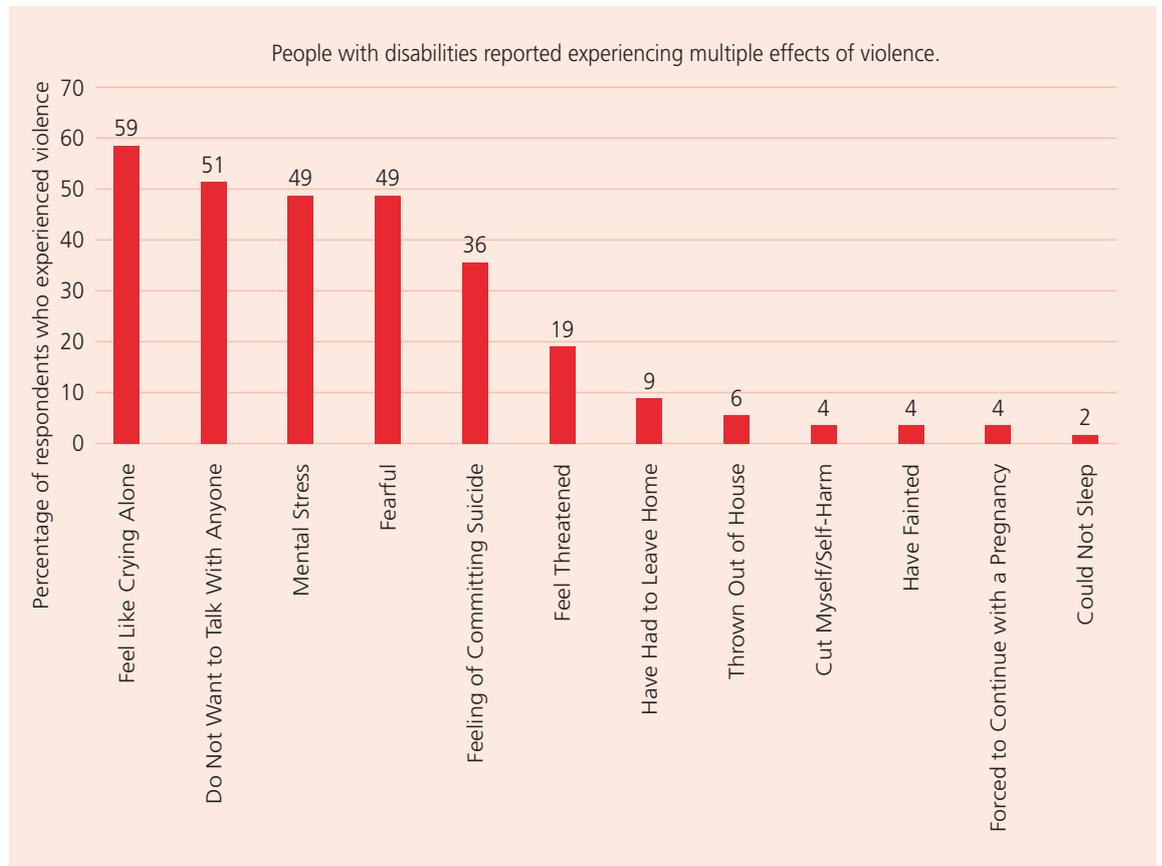
Atyana's mother (Key actor interview, Morang)

Psychological impacts: A vast number of people with disabilities reported that they had experienced psychological problems as a result of the violence and abuse they had experienced, such as mental health issues, feeling fear, and suicidal feelings. Some also reported being forced to continue with a pregnancy including when resulting from rape, and having to leave their own homes.

"I am just 20 and lost both arms last year due to an electric shock. I got married when I was only 16 and my husband, along with my in-laws, were so caring and loving until I had this accident. My mother-in-law is forcing my husband to remarry. Every day I feel so humiliated and feel like committing suicide. I could not stay with my husband anymore so I came to my parents' house. I don't know what to do."

20 year old woman, Biratnagar

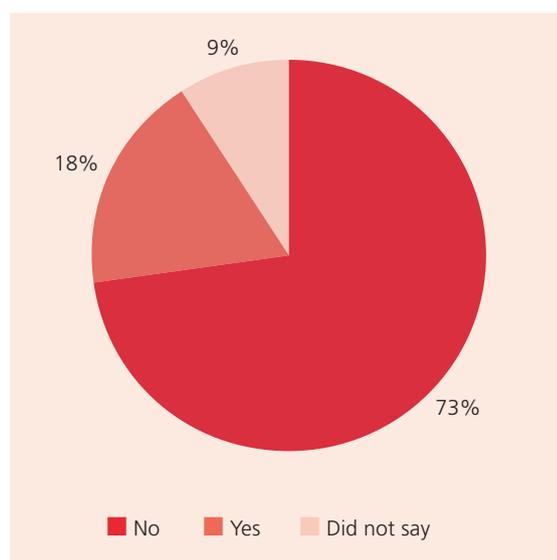
Graph 9: The psychological and physical impact of violence



Barriers to accessing justice: There are many barriers which prevent women with disabilities who have experienced violence from seeking help and accessing justice. This includes dependence on partner and other family members, not being aware of rights and protection laws, limited access to information on prevention or protection, and the fear of losing family members as a result of speaking out.

The findings from the research uncovered that the majority of women who experienced violence did not report the abuse at all (73%), only a small number of women did report their abuse (18%), and a small number did not say (9%). In Nepal, it is generally very difficult for survivors of VAWG to access and be fully supported to seek justice. For women with disabilities in Nepal engaging with justice mechanisms is even more challenging. The intense stigma associated with their disability, coupled with other intersecting factors such as a patriarchal power structure, extreme poverty and lack of education, often result in a lack of rights-based knowledge, and little bodily autonomy meaning heightening risk of VAWG and subsequent barriers to justice.

Graph 10: Seeking justice: Women with disabilities who experienced violence



In addition, difficulties in physical access to justice systems and courts, communication barriers and a frequent perception as unreliable witnesses, coupled with very low knowledge of rights and personal agency, often render women with disabilities in Nepal rarely able to seek justice or legal redress. The research evidenced that the majority of people with disabilities who reported not seeking justice for the violence and abuse they had experienced said this was because no one listens to people with disabilities (50%), followed by their not knowing where to report it (30%).

Many women with disabilities have limited or no access to education and do not use formal sign language, and so communicate only through signs that mainly their close family members understand. This puts them very much at the hands of their carers to communicate their needs, which makes it difficult to get full and accurate accounts of the violence experienced by them. Added to this, police often perceive a woman with an intellectual disability as not being a reliable witness, and in such instances, they may not proceed with an investigation of the crime.

“When looking over the cases that have been filed by them most of the cases have to be withdrawn due to the paucity of evidence available. Additionally, women with disabilities are not aware of services to support their access to socio-legal justice in the event that they experience VAWG, all of which has an impact on reporting and seeking justice. Women with disabilities are also affected by the weak implementation of laws and policies related to state justice mechanisms and the social security system, democratic deficit, inadequate family support, negative attitudes and a lack of commitment on the part of government. There is also a huge gap in the understanding of disability issues and more importantly the issues of women with disabilities. The gaps not only exist in societal context but also at the policy level. Multiple government stakeholders are not aware of the different needs and issues of women with disabilities, as a result of which plans and policies are not sufficiently focused to address their issues. Indeed, a lawyer has told us that it is not necessary to provide justice for disabled women and girls, as they have no worth in the family and society. This makes us even more determined to effect change and support more women to seek legal redress including in future projects and programmes.”

Nirmala Dhital, Chairperson, NDWA

Conclusion and recommendations

The evidence presented in this report only begins to scratch the surface of the devastating physical and psychological effects that violence has on the women and girls who participated in this research. There were reports of psychological abuse, suicidal feelings, beatings and forced pregnancies. Data on the experiences of violence amongst women with disabilities is inadequate and needs greater focus and attention. Although the data collected in this study does not present a national representation, it does demonstrate that violence is widely experienced by women with disabilities within this cross-section of society and across the regional differences surveyed.

As well as increased risk and exposure to violence, women with disabilities in Nepal face greater difficulties in accessing and being supported to seek justice. The evidence in the report highlights that women with disabilities are often rendered powerless due to their reliance on others who may prevent them from seeking help and accessing justice. In addition, they may be unaware of their rights and unaware of what constitutes violence, and they may also be viewed as unreliable witnesses given their disability status. Overwhelmingly, women with disabilities are uneducated (or have limited formal education) and they are heavily reliant on family members to provide them with basic survival such as housing, food and nourishment as well as communicating with the outside world.

As highlighted in this report, an alarming number of the female respondents in the survey reported experiencing violence and abuse as a result of their disability and often perpetrated by husbands or close family members. Given their reliance on family members this often allows little in the way of options for the women with disabilities to seek justice. In addition, due to a lack of knowledge of rights-based frameworks women with disabilities in Nepal are often not supported to access and use the various legal redress mechanisms available to them.

Only 17% of the women and girls taking part in the research disclosed they had been subjected to sexual violence and abuse. It is possible this number is actually higher, and women and girls felt unable to disclose their experiences either because they are unaware of what exactly constitutes sexual violence, or because they felt unable to disclose information due to stigma and shame.

Recommendations

NDWA and Womankind are committed to supporting and realising the rights of women with disabilities in Nepal. They, just like all women and girls, should be supported to live free from violence and abuse of all kinds and to be able to seek support and justice. It is hoped the findings from this research will provide evidence to challenge existing power structures which do not consider the rights of women with disabilities and to generate learning on the experiences of violence against women with disabilities in Nepal, which can be used to advocate for an end to all forms of discrimination and violence against women with disabilities. To this end, we share the following joint recommendations as a foundation for future action:

- **Improve knowledge and understanding of VAWG as experienced by women with disabilities:** Increase understanding of experiences of violence amongst women with disabilities in Nepal, particularly of sexual violence by using qualitative and peer-based techniques to encourage discussion, given the sensitivities of disclosing information on the topic.
- **Nothing about us without us:** Ensure the meaningful participation and inclusion of women with disabilities in all VAWG policy and programming.
- **Challenge social norms that perpetuate violence amongst women with disabilities:** Advocate for rights-based awareness amongst women with disabilities in Nepal, as well as promoting the rights of women with disabilities amongst their families, communities, schools and institutionally including duty bearers.
- **Strengthen and implement legislation:** Provide accessible monitoring and reporting mechanisms to detect, prevent and combat all forms of violence, including sexual violence, against women with disabilities.
- **Improve access to justice for women with disabilities:** Advocate for structural judicial changes that support women with disabilities to access justice.
- **Improve physical access to courts and other buildings to meet the needs of disabled people based on the Universal Design for the Built Environment:**²³ This can be completed through an accessibility audit with a subsequent implementation plan for addressing each issue that the audit report identifies.

23. "Built Environment," Centre for Excellence in Universal Design, <http://universaldesign.ie/Built-Environment>



About Womankind Worldwide

Womankind Worldwide is a global women's rights organisation working in solidarity and equal partnership with women's rights organisations and movements to transform the lives of women.

Our vision is of a just world where the rights of all women are respected, valued and realised.

Womankind supports women's movements to strengthen and grow by providing a range of tools, including technical support, communications, connectivity and shared learning, joint advocacy and fundraising.

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All footnotes correct at time of publication.

