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# Count me IN!: Research report on violence against disabled, lesbian, and sex-working women in Bangladesh, India, and Nepal

Creating Resources for Empowerment in Action (CREA), New Delhi, India, 2012

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## Count me IN!: Research report on violence against disabled, lesbian, and sex-working women in Bangladesh, India, and Nepal

*Creating Resources for Empowerment in Action (CREA), New Delhi, India, 2012*

Despite many achievements of the women's movements and significant strides towards gender equality and women's empowerment in Bangladesh, India, and Nepal, violence has systemically been used by State and non-State actors to exclude marginalised women from participating as rights-bearing citizens in the public and private spheres. Research on violence against women remains inadequate if it does not take into account the causes and consequences of violence when gender identities intersect with other identities based on sexuality, disability, or occupation among women pushed to the margins of society, including in our collective imagination. This study investigated the hypothesis that women who are outside the mainstream of South Asian society, including lesbians, sex-working women and women with a physical or mental disability, suffer higher rates of violence and are often unable to seek and receive protection from State agencies. The study had three main objectives: to quantify levels of violence suffered by marginalised women in Bangladesh, India, and Nepal and catalogue their experiences of violence; to review levels of service provision available for them; and to analyse the extent of political support (or opposition) for addressing violence against marginalised women.

A global literature review of peer-reviewed research focusing on violence against disabled women, lesbian women, and sex-working women revealed that the overwhelming majority of research had been conducted in North America. Only one of the studies identified was undertaken among sex-working women in Dhaka, Bangladesh, highlighting the gaps in the evidence from South Asia. This report is a first step towards filling in some of these gaps by looking at the intersection of marginalisation, gender, and violence against women in South Asia.

### *The study*

'Marginalisation' in this research is defined to include women who sell sex, women who have a disability, and women who are lesbian. On the

spectrum of marginalisation, there are many more categories of women than these three groups, who were selected on the basis of CREA's capacity and interest around sexuality, disability, and violence, and because only a limited number of groups could be included.

This two-year, intensive study included both qualitative and quantitative research in Bangladesh, India, and Nepal. Over 1,600 disabled women, lesbian women, and female sex workers participated in the quantitative surveys and 157 participated in the qualitative study. Women who had a known history of experiencing violence were recruited purposively for the qualitative studies. These were supplemented with interviews with 34 service providers, including counsellors, police officials, health workers, and care-givers. In addition, policy analysis and a detailed review of the existing literature were also conducted. Based on these, policy recommendations specific to the situation and relevant to the context in the three countries were formulated.

In the final phase, we examined the perceived acceptability and feasibility of our recommendations through face-to-face interviews with 31 key decision-makers and policymakers from India and Nepal with a stake in addressing violence against marginalised women, to gauge the extent of political support (or possible opposition) for tackling the problem. Stakeholders ranged from media personnel to Members of Parliament, and included legal experts, heads of NGOs, staff members of multi- and bi-lateral institutions, municipal officials, funders, advocates, civil society representatives and key decision-makers within policy processes. We interviewed 9 stakeholders in the Kathmandu Valley in Nepal, and 22 in India, largely in Mumbai.

Ethical approval was obtained in each country from the local ethical boards and institutional ethics trusts, as well as from the ethics board at University College London. Key ethical concerns for each country involved possible participant distress and issues around confidentiality. In order to address these issues, interviewers were fully

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trained in each country and expedited referral mechanisms were put in place, so that any woman who requested or required referral to ongoing support services received immediate care.

### ***Violence against women***

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

VAW is both prevalent and carries serious threats to health and well-being. While not confined to being a health issue alone, women who are subjected to violence are likely to suffer adverse health problems (both physical and psychological). A global review of the scope and magnitude of VAW identified a number of types and perpetrators of violence. These included episodes of violence in both domestic and societal realms, violence by individuals, and institutional and organisational violence perpetrated by State actors and others.<sup>1</sup>

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

In South Asia, in particular, there is a reasonable level of evidence on the causes, extent, and consequences of VAW in the “general population”. For example, the 2005/06 National Family Health Survey–3 (NFHS–3) in India measured physical and sexual violence among a sample of 124,000 ever-married women. About 40% of the respondents reported suffering from spousal violence (physical,

sexual, or emotional) at some point in their lives.<sup>3</sup> The associated burden of ill-health runs into thousands of disability adjusted life years lost per year, and violence exacts a huge emotional, physical, and financial cost on individual women as well as on the society as a whole.<sup>4</sup>

However, while the question of VAW in South Asia has been actively researched, to date very little attention has been paid to marginalised women. It is possible that women who do not readily conform to societal norms and values of womanhood and gender, or who are outside the mainstream on account, for example, of their sexuality (women who have sex with other women), their means of employment (women who sell sex), their age (young and never married), or their physical or mental ability to assert themselves (women with physical or mental disability) may be at an increased risk of violence.

The concept of marginalisation encounters a great deal of fluidity in its definition. At its broadest, some argue that all women are marginalised and are, therefore, in need of protective strategies to promote their full participation in society.<sup>5</sup> Others look at the intersection of gender with other variables such as class, caste, profession, education, or sexuality to identify women who are ‘more’ marginalised than others. Still others have used the framework of social exclusion analysis to explain why some groups of women are systematically restricted in their access to resources and power, and are unable to fully participate in society.<sup>6</sup>

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

### ***Key findings***

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

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women reported cases of neglect, punishment, and abuse from their spouses.

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

Lesbian women reported violence at a number of specific periods in their lives, particularly when they “came out” (openly acknowledged their sexual orientation). In addition to these event-associated periods of violence and stigma, the women reported instances of ongoing trauma. These include the trauma associated with continuously having to hide their sexual orientation or having to live “two lives” – one as a lesbian woman and another as an outwardly conformist heterosexual woman. They also reported high levels of social exclusion and outright discrimination from employers, landlords, and others. Despite these levels of violence and discrimination, the women had low levels of care-seeking, mainly due to the fear of more stigma. A majority of them reported that they had been forced to change their place of residence or had been unable to rent accommodation within the past one year.

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

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

children of most of these women had been expelled from school.

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

Service providers across the three countries pointed out that:

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

Stakeholders in India and Nepal pointed out that:

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

### *Experiences of violence from the qualitative interviews*

*“He slapped me on my face. My jaw was hit badly... my head also swelled. I was near the kitchen. He lifted me and threw me from there to the verandah. He again threw me from the verandah to the courtyard. From there, he threw me to the room... I lost consciousness. There was bleeding from my jaw.”* (Disabled woman, age 35, Bangladesh)

*“He [brother] was scolding me while she [sister-in-law] was leaving the house. She called me*

*lame, magi (whore), and so on... my mother asked [my brother] to bring his wife back, but he said, "She has gone away because of the lame girl. How shall I bring her?" He slapped me twice. When he called me a lame girl, I told him, "Have I become a lame girl on my own? What would have happened if you were like this today?" Then, he beat me and asked me to be quiet. My mother, then, asked me to be quiet.*" (Disabled woman, age 25, Bangladesh)

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

*"Harassment happens in public. People have behaved badly while travelling in public transport. Or, under the excuse of helping me, people have done weird things. Even in private transport, there is harassment. Recently, I took an auto to reach college and just at the gate of the college he [the rickshaw driver] touched me here [points to her breasts]."* (Disabled woman, age 20, India)

*"I had to be very careful in maintaining this kind of relationship—out of my concern for 'shomaj' (society), 'paribarik shomman' (family honour), and to protect myself from 'lok lojja' (public shame). I always find this insulting. Besides, in most cases, whenever the families of my lovers became aware of our relationships, they always tortured my lovers physically and mentally. In most cases, even if I wanted it with all my heart, I could never develop a long-term relationship. Each time, I wanted to be steady. But, social barriers destroyed each of my relationships."* (Lesbian woman, age 45, Bangladesh)

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

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

*"I had physical problems having sex with so many of them. I felt pain in that part; it did not feel good. I could not work for two months; that part got swollen. I took medicine."* (Street-based sex worker, age 29, who was kidnapped and gang raped, Bangladesh)

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

## **Recommendations and conclusion**

### **Bangladesh**

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

### **India**

In India, women who did not report physical violence nevertheless articulated many of their experiences as violence. Although the most obvious examples were given by lesbian women in their descriptions of the structural violence inherent in social norms, the opinions were echoed by disabled women and sex-working women. This sort of violence goes beyond the categories of physical, emotional, and sexual. There is a taxonomic challenge here – if we are to understand a lesbian woman's reticence to come out because of her

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fear of her family's response as a form of violence, there are implications for our understanding of the 'violence' experienced by other women. Is the concern of a woman with visual impairment that she will not be able to complete a PhD because of logistic and social challenges a violent experience? At what point does the lived experience of inequity become violence, and is there a danger of the debate becoming a competition for what counts?

Second, we formed the impression – somewhat provocative – that for some women, the psychological effects of non-physical violence were more pervasive. Perhaps, this reflects the general tolerance for domestic violence in Indian homes. If we want to understand violence in the lives of marginalised women, we need to understand their lives. Disabled women, who had been physically abused, nevertheless dwelt more on the cognitive and emotional effects of marginalisation and on the ambiguities in their loved-ones' attitudes. Physical assault is a non-ambiguous form of communication, and we had the sense that some women did not find it as emotionally damaging as we might have expected.

By extension, the interconnectedness of the forms of violence causes problems for framing our idea of it on the basis of the findings. The ecological model, useful as a framework within which to present our qualitative findings, had the benefit of being simple to understand. We struggled, however, to fit the women's accounts neatly within it. For example, a suicide attempt is a clear example of self-directed violence, but it arises from the negative ideation linked with low self-worth, emotional violence and marginalisation, and broader social mores.

To fail to acknowledge each of these levels of violence would be to miss important contributors to a woman's experience and well-being. It also has implications for recommendations. Clearly, social change is necessary if we are to validate the experiences of marginalised women and prevent violence against them – change at the levels of policy, culture, community, and familial behaviour. What is more challenging is to decide where to put the emphasis.

## Nepal

Marginalised women in Nepal face a high burden of violence and suffer adverse effects as a result of the violence. While the type of violence (physical, sexual, or emotional) most commonly experienced by the three groups of women varied, the pattern

of both physical and psychological problems after suffering violence was common among all three groups of women. In addition, women reported suffering stigma, discrimination, and social exclusion on account of their marginalised status.

Nepal is seen as being at a pivotal moment in its political history, as the Constitution is being redrafted on the basis of "including the excluded ones", an approach based on addressing issues of social exclusion. This represents a unique opportunity to place the issues of marginalised women on the political agenda, and gives activists the potential to make large gains with the support of important allies from the civil society and the international donor community. Thus, this is a good time for ensuring adequate policy responses, which take into account the particular and specific needs of some of the most vulnerable women in the society.

## Recommendations

Based on the research in the three countries, we have drawn up a number of recommendations for future action. These relate to the roles of policymakers, NGOs, and other groups working with marginalised women. In this final section of the report, we first present some general recommendations, which apply to violence against each of the three marginalised groups. Then, we present specific recommendations for prevention of violence against disabled women, lesbian women, and sex-working women, respectively.

### General recommendations regarding marginalised women

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

### *Feasibility of recommendations*

In India and Nepal, the key findings from the study were discussed with policymakers to gauge the political acceptability of the recommendations and the feasibility of implementing them.

#### **Disabled women**

In India, of the three groups of women studied, disabled women are most likely to get policy attention. This is due to a number of supporting factors. First, disabled women are viewed as “deserving” of policies and programmes – all stakeholders showed far greater interest in the findings on disabled women than those on lesbian women or sex workers, who are often seen as causing their own problems, rather than as “victims”. Second, the quantitative data we presented are considered valid evidence among policymakers, and are held in higher esteem than qualitative surveys. Third, although media portrayals of “perfect bodies” are seen as harmful to disabled women’s cause, there is media sympathy for them, and media persons said that the findings of this study on disabled women would

attract media attention and coverage if pitched right. Finally, disability groups are already bringing structural violence to policy attention, which has raised the issue up the policy agenda.

Despite this potential, there are some constraining factors as well. The main problem is that nobody owns the issue; violence against disabled women falls through the cracks between disability groups, for whom gender and gender-based violence are anyway not pressing priorities, and women’s groups, for whom disability is not a priority. Moreover, creating meaningful access to services remains a key issue. Stakeholders identified several barriers to access that need to be addressed to ensure services reach disabled women. They emphasised that access needs to be conceptualised more broadly to go beyond physical access, which is usually seen as the main limiting factor. Creating meaningful access to services would mean providing physical access to services, access to culturally sensitive services, access to means of communication, and access to education, information, knowledge, and resources.

In Nepal, while there was perceived support for interventions related to disabled women from



JENNY MATTHEWS / PANOS PICTURES

Young mother, blind from childhood, Sunderban Islands, India, 2006

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within the “mainstream” women’s movement, and some strong political champions were mentioned, the respondents felt that there is a need for more. The interviewees opined that the women’s movement and the human rights movements in Nepal do not frequently address issues of disability. The interviewees did not believe that there would be any organised opposition to addressing the needs of disabled women, including those who have suffered violence. The main opposition was thought likely to come from “within families”, rather than the society.

### **Lesbian women**

Of the three groups of women studied in India, lesbian women fall somewhere in the middle. They are much lower on the Indian policy radar than disabled women. However, violence faced by lesbian women is more likely to attract policy attention than that faced by sex-working women (that too if it is positioned as ‘VAW’).

Some of the supporting factors for getting policy attention for issues related to lesbian women, including violence, are strong ownership of the issue among lesbian women themselves. Most of India’s lesbian women’s groups have helplines or small-scale services that are activated during crisis situations; strong linkages with women’s groups and non-profit service providers; and positive shifts in media attention and attitude towards this issue, thanks to large-scale mobilisation by LGBT groups in the past decade (these supportive factors may not apply equally in Bangladesh and Nepal).

There are also some constraining factors, including the fact that same-sex relationships are considered ‘unnatural’ by some policymakers; the absence of data demonstrating the prevalence or urgency of the problem (the qualitative study did not hold policy interest, as evinced by much shorter discussions on this than on violence against disabled women, which was supported by quantitative data); and a lack of understanding of or services to address issues related to lesbian women. While stakeholders agreed that family violence, including intimate partner violence and structural violence are pervasive among lesbian women, they had little clarity on the role that policies, programmes, and services could play in addressing these.

In Nepal, both the lesbian civil society movements and others agreed that the main supporters for addressing issues related to lesbian women should come from within the ‘mainstream’ women’s

movement, rather than only from the LGBT movement. One respondent noted, “the gay community might oppose money coming to us”. Furthermore, there may be opposition towards openly addressing the issues of intimate partner violence from within the lesbian community.

The respondents felt that proposing specific interventions, such as training of service providers, was ‘a step ahead’ of the current situation of lesbian women in Nepal. Awareness-raising among key decision-makers and policymakers on the specific needs and issues faced by lesbian women was a more important first step.

### **Sex workers**

In India, sex-working women are almost absent from the policy radar, with one important exception—women who have been coerced, deceived, or trafficked into this industry. While preventing the traffic of women into prostitution is a policy priority in both India and other countries, other aspects of the lives of sex-working women—including the violence that they face in their everyday lives—attract near-zero policy attention and resources.

In India, there are only two supportive factors. The first factor is the increasing recognition of violence as an underlying factor in HIV prevention among sex-working women. This has led to programmes such as the Avahan programme, funded by the Bill and Melinda Gates Foundation. It is the single-largest donor to India’s HIV prevention programme, working with more than 220,000 sex-working women across six states in India. The second supportive factor is the increasing community-led crisis responses to violence against sex workers, such as the Sonagachi Project in Kolkata, India. This Project has put in place community mechanisms to address violence from the police, clients, neighbourhood thugs, and trafficking.

There are many constraining factors, including strong public and media opinion against sex work, which is seen as “dirty”; sex-working women not being seen as full citizens entitled to programmes and services; and an overriding civil society focus only on trafficking as violence, while other forms of violence – domestic, client, and partner violence – are seen as lesser forms of violence and not deserving of resources. Added to these are problematic legal frameworks and judicial biases. Thus, even though ‘prostitution’ per se is not illegal in India, sex-working women are rarely able to access laws addressing VAW.



This is mirrored in Nepal, where even though the issue of addressing violence against FSWS was felt to be high on the agendas of several powerful and committed stakeholders, including the police and the society as a whole, the question of what the interventions should look like is more polarised. Two or three respondents noted that the current political discourse within Nepal focuses more on a debate surrounding decriminalisation of sex work pitted against a movement to eradicate sex work. Within this debate, there exists a danger of developing a “*paradigm of the deserving*”, in which women and girls who have been trafficked into sex work are more deserving of help than other sex workers. As a result, the respondents felt that insufficient attention is currently being paid to interventions for ensuring safe and healthy working lives for them.

### Conclusion

Stakeholders were broadly in agreement with the recommendations from our research. Although their responses and the policy context within which they work apply only to India and Nepal, it is likely that those attempting to improve the policy environment in Bangladesh will face some similar supportive factors and constraints.

Given the existence of laws and policies to address VAW, the stakeholders highlighted the need to push for policy implementation and resource allocation, rather than policy formulation. In India, even when resources are allocated, they remain unspent, implying that implementation goes beyond resource allocation. And, in Nepal, although the government has established a “working cell” directly in the Prime Minister’s Office, highlighting the prominence of this issue on the political and policy-making agendas, the absence of reliable data on marginalised women and a lack of mechanisms to hold policymakers to account mean that inadequate attention is paid to the specific needs of women who may be more vulnerable and less able to equitably access care.

Of the three groups that participated in the study, disabled women are most likely to attract policy attention. Policymakers expressed both sympathy and empathy for their condition, and an active ‘political will’ to address the violence they face. However, this issue needs the backing of women’s groups, which have played a lead role in bringing VAW to State attention. Disability groups are willing to play a supportive role in

bringing this issue to policy attention, as long as ‘women’ take the lead, either disabled women or women’s groups. They, too, feel that this issue belongs more in the domain of women’s rights than that of disability rights.

Lesbian women are more likely to get redress for violence if they are positioned as ‘women’, rather than as ‘lesbians’. Sex-working women are not seen as legitimate or as deserving of policies or services. Given this, it is a challenge for policy-makers or civil society groups to place them within the rubric of ‘women’.

A key recommendation arising from the overall study, and firmly rooted in the concepts of equity and equality, is that *all* women deserve the right to live a life free of violence and the right to seek redress and support when the need arises. Given the moral axis along which society is organised, the violence faced by disabled women, lesbian women, and sex-working women needs to be positioned as violence against marginalised women. This positioning is more likely to both find political empathy and ensure that all groups of marginalised women receive fair and equal treatment.

Addressing such all-pervasive levels of stigma, discrimination, and violence requires a fundamental shift in how societies view and address issues of social inclusion and exclusion. We hope that this study will provide the evidence base to help make the right to live a life free of violence a reality for *all* women.

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## Résumé

Malgré de nombreux succès des mouvements féminins et des progrès substantiels vers l'égalité des sexes et l'autonomisation des femmes au Bangladesh, en Inde et au Népal, des acteurs étatiques ou non utilisent la violence de manière systémique pour exclure les femmes marginalisées de la participation comme citoyennes titulaires de droits dans les sphères publiques et privées. La recherche sur la violence faite aux femmes demeure inadéquate si elle ne tient pas compte des causes et des conséquences de la violence quand l'identité sexuelle se croise avec d'autres identités basées sur la sexualité, le handicap ou l'occupation des femmes poussées en marge de la société, y compris dans notre imagination collective. Cette étude a enquêté sur l'hypothèse selon laquelle les femmes marginalisées dans la société d'Asie du Sud, notamment les lesbiennes, les professionnelles du sexe et les femmes avec un handicap physique ou mental, supportent des taux plus élevés de violence et sont souvent incapables de demander et d'obtenir une protection des organismes étatiques. L'étude avait trois objectifs principaux : quantifier les niveaux de violence subie par les femmes marginalisées au Bangladesh, en Inde et au Népal et cataloguer leurs expériences ; examiner les niveaux de services à leur disposition ; et mesurer le soutien (ou l'opposition) politique pour s'attaquer à la violence à l'égard des femmes marginalisées.

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## Resumen

Pese a los numerosos logros de los movimientos de mujeres y a los significativos avances hacia la igualdad de género y el empoderamiento de las mujeres en Bangladesh, India y Nepal, actores tanto gubernamentales como no gubernamentales han utilizado la violencia sistémicamente para excluir a las mujeres marginadas de participar como ciudadanas con derechos en los ámbitos público y privado. Las investigaciones sobre la violencia contra las mujeres continúan siendo inadecuadas si no toman en cuenta las causas y consecuencias de la violencia cuando las identidades de género intersectan con otras identidades a raíz de la sexualidad, discapacidad u ocupación entre mujeres desplazadas hacia los márgenes de la sociedad, incluso en nuestra imaginación colectiva. Este estudio investigó la hipótesis de que las mujeres que están fuera de la corriente dominante de la sociedad de Asia meridional, incluidas lesbianas, trabajadoras sexuales y mujeres con discapacidad física o mental, sufren tasas más altas de violencia y a menudo no pueden buscar y recibir protección de instituciones gubernamentales. El estudio tuvo tres objetivos principales: cuantificar los niveles de violencia sufrida por mujeres marginadas en Bangladesh, India y Nepal y catalogar sus experiencias; revisar los niveles de prestación de servicios a su disposición; y analizar el alcance del apoyo político (u oposición) para eliminar la violencia contra las mujeres marginadas.