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## **Violence Against Women and Girls in Humanitarian Crisis: Learning from the 2015 Nepal Earthquake**

Sapana Basnet Bista, Dr. Kay Standing, Dr. Sara Parker, Shaurabh Sharma

### **Abstract**

Violence against women and girls (VAWG) often increases after disasters and humanitarian crises. This article presents evidence from Nepal, a country where notable progress has been made on gender equality, but where VAWG continues to be an endemic. The 2015 April earthquake in Nepal led to an increase in reporting of VAWG, and women and girls in camps and temporary shelters reported fear and insecurity instilled by risk of violence and lack of privacy. Grassroots responses to the earthquake showed how humanitarian aid, emergency health care, and local disaster responses can challenge VAWG while offering safe spaces for women and girls. Research since the earthquakes with activists and non-government organisations (NGOs) indicates how disaster response efforts face continuous challenges posed by VAWG. This article draws on interviews with grassroots activists and NGO staff in Nepal, and shares experiences and lessons learnt that can help in addressing, challenging, and minimising VAWG in emergency situations and humanitarian crisis.

This article is informed by thematic analysis of qualitative data from three separate studies, collected by employing semi-structured interviews, focus group discussions, and social media interaction with women and girls affected by the earthquake, women activists, and NGO staff.

Our research highlights a number of barriers to addressing VAWG, such as pre-existing vulnerabilities in low-income contexts, the breakdown of social/family networks, and lack of pre-crisis protection mechanisms. Further, our findings indicate that the cultural and socio-economic context influences women and girls' experiences of violence during humanitarian crises. Our findings emphasise the importance of taking

an intersectional and inclusive approach to ensure that all women, including the most vulnerable women and girls (those with disabilities, Dalits, older women, and single women) are included in prevention mechanisms, with a special focus on gender-based violence (GBV) risk assessment and protection interventions.

Based on our research in Nepal, we make recommendations to practitioners and policy makers for interventions which address VAWG in humanitarian crises.

**Key Words:** Violence against Women and Girls, Humanitarian Crisis, Nepal Earthquake, Gender-based Violence

### Introduction

It is well documented that violence against women and girls (VAWG) increases in conflict and post-disaster situations (Bradshaw & Fordham, 2013; Chew & Ramdas, 2005; Global Fund for Women, 2015, Pittaway et al., 2007). The global prevalence of sexual violence against refugees or displaced women is estimated to be over 21.4%, suggesting that approximately one in five refugees or displaced women in complex humanitarian settings experience sexual violence (Vu et al., 2014). Hazards, disasters, and humanitarian crises such as tsunamis, landslides, earthquakes, and flooding—events that are highly prevalent in low-income countries—are indiscriminate in nature and have no regard for socio-economic hierarchy, religion, age, gender, disability, or caste (WHO, 2013; Bista et al., 2018). However, preparedness for disaster, its impact, and recovery from it can largely depend on the individual's pre-existing vulnerabilities and the efficiency in humanitarian relief distribution. Disasters and humanitarian crises impact some groups more than others; research has shown that in Nepal, as elsewhere, women and girls with disabilities, Dalit women, single women, and female heads of households, older women, and children separated from families or without families face certain risks (Fothergill & Squier, 2018; Standing, Parker & Bista, 2016). Ensuring the protection and well-being of women and children, according to the basic principles agreed upon by the international community through the Convention on the Elimination of Discrimination against Women (CEDAW) (1981) and the Convention on the Rights of the Child (CRC (1990), is a critical human right and fundamental humanitarian concern. However, VAWG in humanitarian crisis continues to be a major issue with a range of long-lasting physical and mental health consequences (Campbell et al., 2002; Ellsberg et al., 2008; Vu et al., 2014).

Nepal suffered a catastrophic earthquake on 25 April 2015, followed by over 300 subsequent aftershocks, including one of magnitude 7.3 on 12 May (referred to as ‘the earthquake’ hereafter), which severely impacted 14 out of 75 districts of Nepal (Figure 1). The Government of Nepal (GoN) conducted a Post-Disaster Need Assessment (PDNA) and reported 8,790 deaths and more than 22,300 injuries; the lives of over eight million people, almost one-third of the population of Nepal, were affected by the earthquake (GoN, 2015). The impact was more devastating for women than men, as around 55% of casualties were reported to be female (GoN, 2015). The PDNA attributes the higher deaths of women and girls to the gendered roles that disproportionately assign indoor chores to females. The United Nations (UN) estimated that around 40,000 women were at immediate risk of gender-based violence in post-earthquake Nepal (Inter Cluster Gender Task Force, 2015), with reports of increased VAWG and an increased risk of trafficking across the border (CDPS, 2016). People living with disabilities were one of the disproportionately affected groups during and post-earthquake (Handicap International, 2016; WHO, 2015; CBM, 2016).



Figure 1. Category of earthquake affected districts. Source Nepal Red Cross Society 2015: <https://reliefweb.int/map/nepal/nepal-gorkha-earthquake-2015-initial-report-9-may-2015>

Recently, there has been increased focus on questioning the stereotypical ways in which women and girls are viewed as 'victims' of disaster. This realisation has highlighted the need for socially constructed vulnerabilities to be more visible (Parida, 2019; Bergstrand et al., 2015). Through research and activism, humanitarian workers are now more sensitive to the need to take a more intersectional and broader perspective to ensure that issues such as sexual health and VAWG are included along with other priorities such as providing water, food, and shelter.

Despite the international attention on the impact of 2015 earthquake in Nepal, the intersectional impact of gender-based violence on marginalised groups has not been explored in detail. In particular, the risk of violence against women and girls with disabilities and their lived experiences of devastating disaster and experiences of recovery from it remain under-researched (Bista & Sharma, 2019).

Understanding VAWG during disasters and/or humanitarian crisis needs to be informed by the context of gender-based violence in any particular society in 'ordinary' times. Fisher (2010) argues that post-disaster VAWG is a manifestation of women's pre-existing vulnerability to violence, which is aggravated at times of disaster, intensifying existing social and gender-based inequalities. This article highlights the importance of taking an intersectional and inclusive approach to ensure that all women, including the most vulnerable women and girls with disabilities, Dalits, and single women are included in VAWG prevention mechanisms, with a special focus on GBV risk assessment and protection interventions.

## **Background**

Violence against women and girls is a severe human rights violation and a substantial global health and wellbeing issue. Existing evidence from Bradshaw & Fordham (2013), Chew & Ramdas (2005), Global Fund for Women (2015), Pittaway et al. (2007), and many others strongly suggests that sexual violence increases in emergency situations. Violence against women and girls, especially rape and sexual violence against women and girls, has been associated with war and conflict throughout human history. Violence against women and girls impacts not only the individuals but families and wider communities. However, the reality of VAWG in emergencies is only recently getting the attention of the community of humanitarian actors (Marsh et al., 2006).

Grown and Gupta (2005) report that violence committed against women and girls kills more women globally than the deaths caused by road-traffic accidents and malaria combined. Vu et al. (2014) argue that preventing and responding to VAWG in emergencies remains one of the major challenges for the humanitarian sector. However, many experts such as Stark & Ager (2011) argue that the overall understanding of the issue remains inadequate.

For decades, Nepal has been characterised by relentless poverty, sluggish economic growth, and chronic gender inequality (Standing, Parker & Bista, 2016). The country is ranked 149<sup>th</sup> on the Human Development Index (UNDP, 2019) and has a population of over 27.9 million of diverse socio-cultural, religious, and ethnic groups (Ministry of Foreign Affairs, 2019). The ten-year-long civil war between 1996–2006 challenged Nepal's traditional social structure of caste and gender hierarchy. This created a new landscape for women and marginalised castes and ethnic groups and intensified their lobby for identity and equality (Parker et al. 2014; Standing, Parker & Bista, 2016). However, persisting poverty and exclusion on the base of gender, caste, and ethnicity remain unchallenged, especially in rural parts of Nepal.

The United Nations Development Programme (UNDP) (2019) estimates that 25% of the female population aged 15 and older experiences physical and sexual violence from an intimate partner. This figure does not account for other forms of VAWG and/or lifetime non-partner sexual violence and therefore is highly under-representative of the actual figure. The National Demographic Health Survey of Nepal (Ministry of Health, Nepal; New ERA; & ICF, 2017) reports that around 66% of women who experience physical or sexual violence do not report it. United Nations experts report that, despite progress made in GBV laws after the earthquake in Nepal, available data indicates that VAWG was one of the leading causes for deaths of women in Nepal in 2017 (UNOHCHR, 2018).

The Post Disaster Needs Assessment (GoN, 2015) also predicted a much slower recovery from the impact of the earthquake for women and girls because of existing inequality, lack of economic resources and alternative livelihood opportunities, no or very little access to assets, and the burden of domestic duties. This may expose further risk of VAWG in the recovery phase and elevate the existing inequalities in the context of Nepal.

Additionally, it is equally important to consider the existing inequalities and services that exist in situ as these also impact the response to any disaster. For example, existing intersecting inequalities due to geographical location, income, caste, ethnicity, religion, and sexuality all impact gendered experiences. It is well documented that Nepali women's identities are intersectional with caste and ethnicity having a significant impact (Tamang, 2000) and therefore services need to address the diverse needs of all. There are a number of NGOs and government agencies working to address gender inequalities in Nepal and these came into play in post-earthquake in Nepal (Standing et al., 2017). In terms of support for VAWG, one-stop crisis management centres and community health workers serve as vital entry points for survivors of sexual violence (Marsh et al., 2006). This is also true in emergencies and humanitarian crises and it is important that these supports are included in the first response and that gender is addressed from the onset and not seen as an addition. It is also important for multiple agencies and sectors to work together due to the need for an interconnected response. This paper adds to the discourse surrounding GBV in humanitarian crises with insight from the Nepal earthquake and makes recommendations for ways in which GBV can be addressed in these situations.

### **Methods**

This article is informed by thematic analysis of qualitative data from three separate studies, collected through semi-structured interviews, focus group discussions, and social media interaction with women and girls who lived in temporary shelters, women activists, and NGO staff. All three studies included in this paper received institutional ethical approval from Liverpool John Moores University as well as ethical approval from the Nepal Health Research Council. We started following the impact and response documented in social media, particularly Facebook, in the wake of the earthquake. We subsequently conducted email/online, telephone, and face-to-face interviews (n=20) with NGO staff and key respondents between October 2015 and January 2016, using our established research connections with NGO officials working in the field of gender and development in Nepal. Email and social media interviews in particular have been documented to allow greater access to participants across time zones and geographical distances, giving participants flexibility to reflect and reply (Meho, 2006). Opdenakker (2006) reports the method as useful in contexts such as natural disasters, where it may not be feasible or safe for researchers to enter the field.

Key informants from Kathmandu Valley, one of the hardest hit regions, were selected using convenience sampling.

Two of the authors also undertook semi-structured interviews (n=40) and five focus group discussions, each with eight participants, with women and girls with disabilities from Kathmandu valley (n=16), Dhading (n=8), Sindhupalchok (n=8), and Gorkha (n=8). We recruited study participants using a snowball sampling technique. None of the participants in any of the study were paid or incentivised for taking part in the study.

We also reflect on the outcomes and insights gained in a one-day workshop held in Kathmandu in 2019. A total of 60 stakeholders (Figure 2) from various sectors attended the workshop which focused on developing a contextual, gender-sensitive, and disability-inclusive guideline for emergencies. During the workshop, several group discussions were conducted about the situation of violence against women and girls with disabilities in Nepal and how it can be prevented and addressed.

Representing Category	Total Participants	Female	Male
Government Agencies & Local Government Representatives	10	4	6
Organizations of People with Disabilities	19	7	12
Other Civil Society Organizations (Incl. NGOs, INGOs & Academia)	13	10	3
Humanitarian Cluster leads/ Members	6	2	4
Professionals: Disaster Risk Reduction, Media and Medical	6	3	3
Emergency responders: Nepal Army, Armed Police and Nepal Police	6	0	6

Figure 2. Numbers and category of stakeholders engaged in the workshop.

All studies were conducted in the Nepali language, transcribed and translated into English. Translated data from all three studies were gathered and analysed using an inductive approach (Patton, 1990; Frith & Gleeson, 2004; Savin-Baden & Major, 2013) within thematic analysis (Braun & Clarke, 2006, 2012, 2013; Patton, 2002). In particular, Braun and Clarke's (2006) six-step guidance for undertaking thematic analysis guided the data analysis. We identified five key themes: the rise in VAWG and trafficking of vulnerable girls; relief distribution and VAWG; the role of water, sanitation, and hygiene (WASH) in VAWG; menstruation as a neglected issue; and the double impact of violence and stigma on women and girls with disabilities.

## Findings

### Rise in VAWG and Trafficking of Vulnerable Girls

This study identifies that women and girls who were living in camps and temporary shelters, away from their own families and communities, were at heightened risk of VAWG. They reported feeling isolated, homeless, helpless, and exposed to violence and abuse. Many leading humanitarian agencies also have reported increases in incidents of domestic and sexual violence against women earthquake survivors (UN Women, 2016; The New Humanitarian, 2017; UNOHCHR, 2018). Our previous study reported on the increase in trafficking of women and girls immediately after the earthquakes, and the risk of violence and lack of privacy were major concerns for woman and girls in camps and temporary shelters (Standing, Parker & Bista, 2017).

A female key informant from a women's rights organisation in Kathmandu noted that:

Girls who live in Kathmandu away from their families in villages are often harassed while seeking shelter with other families. Inappropriate touching and unacceptable comments were key issues outside the tents. But the girls reported feeling afraid to speak out about it or reporting it in fear of repercussion.

In an online interview, a female case worker from the Gorkha district gave this example:

14-year-old girl who was looking after her two younger siblings was raped by her close relative while her widow mother had gone to collect relief materials 3 hours walk away from their village. The case worker suggested reporting it to the police,

but mother refused it as she was afraid of further abuse if they report it (Standing, Parker and Bista, 2016).

Marsh et al. (2006) suggest there is strong evidence of opportunistic sexual violence being perpetrated within a climate where there is a breakdown of both social and legal systems for policing and punishing unacceptable behavior. A year after the earthquake, incidents of being threatened and abused, as well as increased domestic violence in camps, were still being reported (UN Women, 2016). One response to this violence was for relief and support agencies to set up private, safe spaces for women to receive much needed psychosocial and legal support as well as providing essential health and wellbeing services.

There was also a rise in trafficking as children were separated from their families as the result of destruction and displacement. Additionally, the loss of livelihoods that resulted in economic vulnerability enabled traffickers to persuade parents to handover their children with false promises of education, food, and a better life being offered.

Focus group discussions with NGO representatives and government officials mentioned elevated trafficking activities in Dolakha and Sindhupalchok districts; for example, a male NGO worker stated, "Young girls from poor families were constantly targeted by the traffickers and we all had to stay alert 24/7 to prevent it."

The National Human Rights Commission (2016) in Nepal reported a 15% increase in the numbers of people "vulnerable" to human traffickers during the first three months following the earthquake. Maiti Nepal, a leading NGO working in the field of human trafficking in Nepal, reported having intercepted 5,700 vulnerable girls from the border between Nepal and India. This figure was 2,900 in 2014, the year before the earthquake (The New Humanitarian, 2017).

### **Relief Distribution and VAWG**

Another key issue that emerged from our research was the violence faced by women when accessing relief supplies. Relief collection was found to be particularly challenging for women who resided in rural areas and far from ward and district offices. Women-headed households and widows reported difficulty in accessing the relief and were often verbally abused by stronger men from the villages near the headquarters while waiting for relief collection.

A female household head with two young children reported that:

People from my community were very abusive and physically hurt me during relief collection. I had to line up with strong men from village but often got pushed out, fell and got hurt. They asked me to send man of the family to collect relief, but I am a widow.

Women from ethnic minorities and poorer families reported very little access to livelihood rebuilding opportunities and financial support. Women from these backgrounds often reported not getting reconstruction cash grants due to the lack of national identity cards or property documents in their names. A widowed mother of four from an ethnic background in Dhading district recounts:

My house got demolished by the quake. It was my dead husband's inheritance, so I do not have my name on property paper. Because of that I am still struggling to receive the money. People in the ward office know it was my house but still don't make paper for me or give me the money to rebuild.

Focus group discussions with women from the Sindhupalchok district highlighted the discriminatory behaviour of male members of the community while trying to access help for rubbish removal. A single woman from the Dalit community pointed out the inequalities based on gender and caste:

All strong men with big houses from the community decided whose rubble was to be cleared first. When we asked for assistance, they shouted saying 'nothing valuable was buried under our old hut' so we will have to wait until their rubble was cleared.

The struggle to get assistance for rubble removal led to not being able to access personal belongings for a long time, and restoration and/or rebuilding work was also massively hampered, in particular for women and members of the Dalit community, highlighting existing intersectional inequalities. The PDNA reports a significant presence of women-headed households in the earthquake-affected districts (GoN, 2015). Women heading the family are doubly burdened by their routine household activities and having to access aid and rebuild without much help. Some of the affected districts such as Gorkha, Dhading, and Sindhupalchok have a much higher female population due to male outmigration. This issue was also raised in connection to access to water

supplies and sanitation issues which we now turn to discuss. It is widely acknowledged that there is an existing vulnerability of women and girls accessing wash facilities (Sommer et al., 2014) and that this problem is heightened in emergency and humanitarian contexts.

### **The Role of WASH and VAWG**

The PDNA (GoN, 2015) reports massive damage and disruption to the water, sanitation, and hygiene (WASH) sector, presenting several increased risks and vulnerabilities. The assessment acknowledges additional risks of violence and sexual abuse to girls and women posed by the lack of access to gender-specific, safe toilets in schools, by the long distances required to travel to water sources, or by seeking privacy to defecate in the absence of toilets.

Our findings highlight that there were immediate and longer-term incidents of VAWG as the result of damaged and disrupted WASH facilities. Lack of WASH facilities in emergency camps and around temporary shelter was reported by women and girls as an immediate major stressor that impacted the functioning of their day-to-day life. A female community leader shared that "...having to use open space for bathing or toilet only covered by a sheet of plastic was a terrible experience. Men would hang around WASH facilities and often stare and make rude comments at women and girls."

Focus group discussions in some parts of Kathmandu valley highlighted that a severe water scarcity resulted from damaged and destroyed water supply systems. A male member of Armed Police Force recalled, "Many fights broke out around water distribution tanker, many women and girls were pushed or beaten by men who were also collecting water. We often had to get involved to break the fights or to manage queues."

Sexual abuse and the psychological impact of the stress from lack of water at accessible and safe locations were reported as a longer-term impact, especially to adolescent girls and mothers with young children. In areas where the water supply system was seriously damaged, women and girls faced a double impact, as a mother of two young children from Dhading district mentions during a group discussion: "We had to face violent behaviours by male and even female from different communities while collecting water from other areas. In addition, we also got told off by husbands or mothers-in-law for taking so much time to fetch water." A 15-year-old girl added,

“Many boys on the way while fetching water try to tease you with vulgar comments and sometimes try to touch you in wrong places.” Another girl from Dolakha district recalled, “Once, one boy took my ‘Gagro’ (a traditional water vessel) and did not give it back to me until I let him kiss me in front of other boys. I felt humiliated and never went back to that area to get water.” A focus group discussion in Sindhupalchok district also highlighted that the lack of water and having to use open spaces for defecation led to compromises in overall personal hygiene, including menstrual hygiene, which impacted women’s sense of dignity.

Some of the longer-term impact of disruption to the water supply is reported to lead to restrictions in growing and cultivating cash crops and loss of livestock and poultry. Most women in the Sindhupalchok and Gorkha districts from female-headed households reported physical abuses while trying to access irrigation water for their crops. A woman from Mircot in Gorkha district comments that “Every household was desperate for irrigation water as people wanted to grow better crops for livelihood, so the weaker women had to suffer most for the access.” Access to water was also a key issue for the emergency responses to providing resources to menstruating women and girls, which in some cases increased vulnerability to GBV in the camps.

### **Menstruation: A Neglected Issue**

Within the responses it was noted early on in the crisis that lack of access to products and the means of managing menstruation in a dignified manner for women and girls placed them in a vulnerable position. Our findings highlight that immediate relief activities lacked menstrual health management activities. Most respondents reported not receiving any menstrual health and hygiene supplies during the first 3 to 4 weeks and respondents from Kathmandu valley reported receiving a limited supply from small NGOs after the second week following the earthquake. Lack of menstrual products in relief supplies lead to further restriction and stigma towards menstruating girls and women. Some of the women interviewed in a focus group reported that they were told that two re-washable sanitary pads were enough for the whole menstrual cycle, but others disputed this and said they needed more. One girl interviewed did not feel comfortable being provided with menstrual products in a public space saying, “It was a most embarrassing moment to ask for sanitary pads in front of so many men.”

Many girls and women from Gorkha and Dhading district reported having to sleep outside their temporary, one-room shelter during menstruation. There are many stigmas and taboos associated with menstruation in Nepal that exclude people who menstruate from public spaces, and in some cases force them to sleep in separate rooms or huts during their period (Parker and Standing, 2019). These practices are referred to as 'chaupadi' and are often associated with being confined to a goat or cow shed.

However, the practices are varied and complex and led to many areas of exclusion. A female NGO representative reports, "Menstruating women and girls were often rejected from spaces in shared tents leading to further risk and stigma at the time of such humanitarian crisis."

Losing access to shelter exposed females to the further risk of sexual abuse by opportunistic perpetrators in the community. A teenage girl from Gorkha district recalls:

Because we are not allowed to touch anything in the house during menstruation and our family shelter was just one room, my sister and I had to sleep outside of the shelter. We used to be very scared of drunk men and wild animals at night.

A mother of three children from Dhading districts shares her experiences:

We don't practice 'chaupadi' in our family traditionally. But after the earthquake, I was not allowed to sleep inside our tin house because all male members of the family slept there. I had to sleep near the goat shed. This experience was scarier and more humiliating than the earthquake itself.

The intersectionality of stigma around caste, gender, and menstruation meant many women faced more stigma and violence in temporary accommodations. A female community health worker from Gorkha district stated, "Most women in our village survived the earthquake only to face suffering, social stigma, and violence." Women and girls with disabilities reported having been especially affected by violence and stigma while menstruating in emergency shelters. A female amputee and a wheelchair user recounted her experience, "I had to drag my body over urine-saturated mud to use the facility while on my period; I cried so many times. No one had understanding of the needs of women and girls with disabilities." The increased violence against women with disabilities was an issue raised and widely discussed by all stakeholders in the Kathmandu workshop.

### **The Double Impact of Violence and Stigma on Women and Girls with Disabilities**

The vulnerability of women and girls with disabilities intensified after the earthquake, leading to psychosocial trauma and medication longer-term. Women and girls with disabilities reported increased psychological, physical, and sexual violence by comparison with their pre-earthquake experiences, particularly around shelters and camps (Bista & Sharma, 2019). Findings from focus group discussions in Gorkha, Dhading, Sindhupalchok, and Kathmandu highlighted exacerbated physical and psychological violence against women and girls with disabilities in comparison to these incidents prior to the earthquake. This physical and psychological violence was often committed by husbands, other family members, relatives, and community members; whereas sexual violence against these females was reported to be committed by close relatives, family members, or an opportunist stranger from surrounding areas.

Some women with disabilities reported increased intimate partner violence and violence by a close family member after the earthquake. This violence was often excused by other family members as being due to the stress caused by the earthquake, highlighting how violence can become normalised and accepted following disasters. Violence can often be excused due to misplaced frustrations. For example, a female who uses crutches for mobility reported:

I often get beaten by my husband and mother-in-law for not being able to do heavy work in clearing rubble or in the field. Before earthquake, I was asked to do housework only so there was no problem for me. Now I am constantly scared about the next beating.

Physical and psychological violence against single women with disabilities was also reported in and around relief distribution sites and local government offices. The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries (IFRC, 1996). The prime motivation of a disaster response should be saving lives and alleviating suffering, especially to those least able to withstand the stress caused by disaster and to protect human dignity. However, this was not the case for women and girls with disabilities after the Nepal earthquake. As one woman who is blind in one eye recounts:

My husband was in Dubai; it was me and my two young daughters when the earthquake demolished our house. I went to the ward office numerous times only

to be verbally abused and humiliated. But I know people with connections to the ward office had received more relief supplies than they needed.

The earthquake experiences were worse for women and girls who were deaf or blind or deaf and blind. A deaf and blind girl reports:

I got taunted for not being able to hear or see if there is another earthquake.

Teachers said I should stay at home during aftershocks as they did not want to evacuate me all the time. I have stopped going to school after the earthquake.

A male member of staff from a disabled people's organisation mentions the sexual assault of a deaf girl while she was collecting firewood. "This deaf girl who was collecting firewood in the jungle was groped and ejaculated on. She tried making noise by hitting a tree with a stick, but her family members were too far to hear."

These experiences highlight the added vulnerability faced by women and girls with disabilities that further silences their voices and violates their human rights. It is important therefore to recognise the intersectionality of issues women and girls in disaster situations face, and for emergency responses to be both gender and disability sensitive. As a female representative from women's organisation said in the interview:

Nepal's community of grassroots women are capable and ready to offer their leadership, and to help guarantee that reconstruction policies meet the needs of the most marginalised. Their demands centre on a crucial point that women must not be seen only as recipients of aid but also as meaningful participants and leaders in reconstituting their country.

Our findings highlight that being a woman or girl with a disability, with very limited rights and independence, and reduced access to financial resources resulted in increased longer-term violence.

### **Conclusion**

The humanitarian response to the Nepal earthquake highlighted some areas where local good practice existed, but also areas where responses can be improved to prevent and address VAWG effectively. Several practical lessons can be drawn from the research on combating this issue in Nepal and more widely in addressing GBV in humanitarian crisis. On the basis of the research findings, we highlight the need for

contextualised, community-oriented solutions led by grassroots leadership in tackling VAWG.

To combat VAWG in Nepal, in the current challenging situation with a history of political instability, a new constitution, new federal structure government, and the recent earthquake, the only way forward can be through engaging grassroots women's leaders in policymaking and implementation at all levels. Despite the provision of a 33% quota system for female candidates to reduce disparities and address women's absence in the local and national government, women's organisations argue that the political representation is merely tokenistic. The overrepresenting male leadership is heavily criticized for not fostering a capacity-building environment to address the knowledge and skill gap for women. Nepali women, who represent more than 50 percent of the total population, are still left behind in terms of meaningful participation and representation in all aspects of life and are still suffering discrimination induced by patriarchal society. Community-based approaches where all intersections of gender are equally enabled to participate, influence, and make decisions to address VAWG can reinforce communities' ownership of policies and plans. In particular, in crisis situations where timely and effective response is crucial to save lives and livelihoods, local response is often evidenced to be the first response.

Therefore, it is important that national and international responses utilise the lived experiences and contextual knowledge that grassroots organisations have, in order to deliver effective and appropriate responses to the needs of women and girls. Additionally, to address the issue of the invisibility of the needs of women and girls with disabilities amongst humanitarian actors, it is equally important to engage with the local Organisations for Persons with Disabilities. Having access to desegregated data from the ward office and consultation with local self-help groups of disabled people can help the humanitarian assistance to be inclusive of the diverse needs of women and girls with all types of disabilities. Integration of GBV risk assessment and indicators for inclusive aid in the rapid need assessment conducted immediately after the disaster strikes can help national and international agencies in procuring and distributing need specific relief. This can also help in identifying the risk of violence and addressing safety and security concerns for women and girls who are particularly at heightened risk of VAWG. The need for gender-sensitive humanitarian aid was highlighted by women who worked on GBV issues during the Nepal earthquake crisis. As a result, gender,

GBV, and trafficking indicators were integrated into the Displacement Tracking Matrix developed by the International Organisation for Migration in their role as the Lead Agency in the Camp Coordination and Camp Management Cluster (CCCM, 2016). However, the indicators of a disability-inclusive response were missed by this intervention.

Shelter design and management teams need to pay particular attention to the WASH and menstrual health management services. Adequate and accessible WASH facilities can save many women and girls from the double trauma of disaster and violence post-disaster. Use of traditional knowledge and local resources can help in providing adequate facilities instead of waiting for limited international supplies to arrive. Safe spaces are also central to supporting women and girls in emergencies. Local providers and grassroots organisations have knowledge and understanding of both the geography and socio-cultural background of women and girls in that area.

While discussing the safety and security of women and girls in disaster and post-crisis settings, it is imperative to understand that their vulnerability is not 'naturally inherited by birth', but social in origin. It is evident from these women and girls' experiences that disasters can have a disproportionate impact along with the added burdens of gendered roles and the tasks associated with reconstruction. To prevent and address VAWG, the population who are already burdened by multiple gendered duties, constrained by patriarchal social values, and with very little opportunities to leadership, we need to include men and boys in the process.

Challenging violence needs to start with changing the attitudes and beliefs of men and women equally. If women and girls need to learn to say 'no' and to report and seek help when VAWG occurs, men and boys need to understand, value, and respect women and girls' roles in family and society, their opinions, and wishes. Violence against women and girls is everyone's issue and so is VAWG with disabilities. Therefore, all parties, including the perpetrators, need to be included in the discussions and educated simultaneously. Many of the immediate responses to tackle and mitigate VAWG, such as self-defence training and safe spaces, while important initiatives, can themselves be problematic, as already burdened women have to stress about learning to protect themselves, rather than men learning about respecting women and not committing heinous acts of rape and abuse.

Additionally, the psychosocial impact of disasters on men as well as women must be addressed through individualised approaches as well as in mixed group sessions where both parties can hear the experiences and struggles of the opposite gender. Violence against women and girls is often used to maintain power and control over women in both disaster and 'usual' times. Mixed group activities can help teach that understanding and respect for one another in the team can yield to better outcomes than power and control. While addressing the issue of VAWG collectively, it is equally important to address the issue of men's mental health, drinking habits, and access to safe spaces to discuss psychosocial health in post-disaster settings.

Finally, VAWG can be best addressed in inter-agency collaborative intervention that supports community-focused and community-led approach with meaningful participation of women and girls at the heart of it. Making further policies and laws will not address the issue unless there is effective implementation and accountability for failure to do so. National and international humanitarian response frameworks and tools need to be adopted and contextualised so every stakeholder involved has a clear understanding of how to prevent and address VAWG, the meaning of 'do not harm', and the right to safety and dignity, and uses this clear understanding to become responsible for providing gender-sensitive and disability-inclusive humanitarian response.

### **Recommendations**

Some specific recommendations for developing gender-sensitive and disability-inclusive guideline for the emergency responders came from the workshop in Kathmandu. These were:

- ▶ Disaggregated data should be collected for need specific aid delivery.
- ▶ Capacity mapping and need assessment of Organisations for Persons with Disabilities and Civil Society Organisations.
- ▶ Rapid need assessment must be gender-sensitive and disability-inclusive.
- ▶ Formation of gender balance response team.
- ▶ Need-based relief material stockpile at local level.
- ▶ Capacity development for household level preparedness.

- ▶ Participation of OPDs in the planning of inclusive policies, guidelines, and implementation from local, regional, and national level.
- ▶ All the OPDs should have gender-responsive emergency response action plans.
- ▶ Mapping, identifying, and sharing of information/data on open safe space.

We acknowledge that men and boys are also subjected to sexual violence, especially in war and conflict settings, and very little efforts can be seen to address the issue.

However, women and girls are subjected to all forms of violence at disproportionate scale. Violence against women and girls continues to create power imbalances, violate human rights, infringe opportunities to recover from crisis, and compromise the dignity of affected women and girls throughout the world, while climate change-induced and human-made disasters are increasingly challenging our lives and livelihoods. Therefore, we recommend that risk assessment for VAWG be a key part of rapid need assessment in any disaster setting and all national and international humanitarian responders undertake inclusive gender sensitisation trainings. We further recommend local and national collaborative efforts to strengthen gender and disability-inclusive violence prevention, reporting, and justice mechanisms. These efforts should include women and girls from all intersections of society, including third gender, as well as men and boys, so that no one is left behind.

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them to seek help for abuse (Finfgeld-Connett & Johnson 2013). Similarly, when it came to social support, while most women talked about how supportive family and friends were, some others also talked about the ridicule, lack of support, and further victimization from their social support systems (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Stigmatization of divorce and the belief that broken families bring dishonor to the entire family had a role to play in such responses from the community. Research with abused South Asian women in the United States has already stated that both children and support from the community can work both ways (Jordan & Bhandari, 2016; Rai & Choi, 2018), reinforcing that what is essential is to try and convert each barrier into a facilitator. For example, the community in general and South Asians in particular need to come together to help the woman in crisis with immediate material and emotional support as well as to enable her to sustain the long legal battle, especially when she decides to take action.

All the participants in the current study were recruited from SAWOs and about 66% of the participants had either permanent residency or naturalized U.S citizenship while only 33% were on non-immigrant visas. One reason for these statistics could be that women felt safe to seek help when their immigration status was more robust and permanent in this country. Another reason could also be that some women participated in the study after being out of the abusive situation for a very long time and had attained their permanent residency or United States citizenship by then. Women also did not view going back to the home country as a viable option due to the stigmatization of divorce (Jordan & Bhandari, 2016; Finfgeld-Connett & Johnson, 2013). Most women in the current study described their natal family as not being supportive in the beginning but later, as the abusive situation got worse, as providing some form of support. The natal family being supportive towards the abused woman needs to be viewed in the context of how South Asian marriages occur as well South Asian values. Most marriages in the South Asian culture occur between two families and within a cultural belief in interdependence; that is, collectivism rather than individualism (Jordan & Bhandari, 2016).

There is ample research to support the excellent work that SAWOs are doing all over the United States (Kapur, Zajicek, & Gaber, 2017). All but one participant in the current study shared positive experiences with SAWOs and all but one were grateful for

the culturally sensitive emotional and material support provided by them. At times the SAWO was the only anchor that women could rely on locally. Therefore, the need of the hour is to fortify the SAWOs both in terms of material support as well as having trauma-informed care staff on board. Abundant institutional support with funding can make a big difference in the kinds of help offered by SAWOs. Most major cities of the United States with high South Asian population have SAWOs. However, mid-sized cities, metropolitan, and rural areas with lesser South Asian population either lack adequate SAWOs or do not have any at all. It is therefore important that in these areas mainstream organizations are able to collaborate with the nearest SAWO to address the needs of South Asian survivors. SAWOs are likely to have more expertise in understanding the South Asian cultural belief systems and practices, while mainstream organizations may be adept in practices and social categories that derive their meaning from the United States context, so it is crucial that the two work together rather than separately. Therefore, both types of organizations can complement each other by working together to address the needs of South Asian survivors of DV.

### **Clinical Implications**

The focus on various barriers and facilitators will enable service providers to work on interventions for South Asian survivors of DV. As stated above, there is an urgent need to augment SAWOs with resources and to provide culturally sensitive and affordable legal help to South Asian women who decide to leave abusive situations. Almost all women in the current study struggled to obtain culturally sensitive and affordable legal help. Pro-bono lawyers with requisite immigration knowledge are needed to help, especially with regard to custody of children, fighting to maintain legal status of women in the US, and advocating for a fair amount of alimony. There is also a need for mainstream organizations to collaborate with the nearest SAWO so that women can receive the required culturally sensitive services. It may also be helpful to provide women with information about SAWOs and other mainstream organizations on small cards and place them in women's restrooms, places of worship, grocery stores, doctor's offices, etc. Public health announcements in Hindi and other Indian languages around what to do when abused may be very important for South Asian women. The South Asian community in general needs to be aware about the complex nuances of DV and to be supportive towards women who decide to take action about the abuse in their lives. Since women expressed the desire to continue to stay in the United States, rather

than returning to their home country, it is all the more important to bolster up the services and legislation in this country to support abused women (Mahapatra & Rai, 2019).

### **Conclusion**

When abused South Asian women decide to speak out and seek help for abuse, they put their entire life at stake, as they are vulnerable to losing custody of their children and their middle class lifestyle and to further bring a bad name to themselves and their family in the South Asian community both in the home country and in the United States. Yet, these brave women decide to seek help and hence the least the South Asian community can do is to come together and support these women rather than distance themselves or ridicule the survivors.

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