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Invisible People, Invisible Violence

Lives of Women with Intellectual and Psycho-social Disabilities

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'Disability' and 'disabled' remain terms which are contested and often misunderstood in the Indian context. The recent controversy with the introduction of a term 'Divyang' reasserts that the way in which disabled persons view themselves remain different from the way the government and others view them. This new term also displays a paternalistic approach to the disability question and an attempt to view disabilities largely through a religious lens. The position is complicated as disabled do not constitute one group; this group needs to be disaggregated further.

The difficulties that the disabled face become invisible in their other identities; this becomes more acute in the case of women with disabilities. They are invisible through their gender and further through their disability. This invisibility has been apparent in the various social movements as well where issues of disability have not been addressed. This results in increased vulnerability. According to the report of International Workshop on 'Going beyond the Taboo Areas in CBR (2013)' it has been found that children, women, and elderly persons with disabilities are more vulnerable to violence and abuse than the non disabled peers. The vulnerability of the women with disability is more significant.

In addition the nature and kind of disability further determines their position. People who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments (cf. World Report on Disability, 2011).Women with psycho-social and intellectual disabilities are a group which can be considered one of the most vulnerable amongst the disabled as well. Concepts of mental illness and distress are not just determined by the social structure but are related to interaction between structure and individual. These concepts are largely defined through a biomedical lens whereas the intersections of gender, caste, class, region, and religion with disability further complicate the picture.

Misconceptions about psychosocial and intellectual disabilities and related stigma add to the difficulties faced by this group. It also makes the women more vulnerable to violence. This chapter seeks to highlight how the 'invisibility' of the disability creates vulnerabilities and renders invisible the violence faced by women with psychosocial and intellectual disabilities. At the outset we attempt to define the three main concepts utilized in this chapter namely what we mean by psychosocial and intellectual disabilities as well as violence.

Intellectual disability is a condition characterized by significant limitations both in intellectual functioning (reasoning, learning, and problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills. Intellectual disability forms a subset within the larger universe of developmental disability, but the boundaries are often blurred as many individuals fall into both categories to differing degrees and for different reasons. Examples of intellectual disability include Autism, Down's syndrome, and some forms of cerebral palsy (Human Rights Watch, 2011).

Psychosocial disability is the preferred term to describe persons with mental health conditions such as depression, bipolar disorder, schizophrenia, and catatonia. This term expresses the interaction between psychological differences and social or cultural limits for behaviour,

as well as the stigma that the society attaches to persons with mental impairments (World Network of Users and Survivors of Psychiatry, 2013).

The expression 'violence against women' refers to any violent act based on the kind that results in possible or real physical, sexual, or psychological harm, including threats, coercion, arbitrary deprivation of liberty, whether occurring in public or private life' (Fourth World Conference on Women, 1995).

People with these disabilities are rendered invisible because of a lack of 'voice'. Their voice can get lost because of communication difficulties which often arise out of a lack of trained people who can work with this group. Another aspect which emerges is the manner in which they are viewed—since they are seen as 'discredited individuals' (Goffman, 1963). Through this chapter, we aim to bring out how living as a discredited individual makes a person vulnerable to violence and increases the chances of their rights being violated. In the year 1999, the National Human Rights Commission (NHRC) observed that the mental hospitals were more like prisons than hospital, where mentally ill people were admitted more for punishment rather caring. Till the present they are considered as 'non-persons', lacking recognition before the law, on any life dimension (Davar, 2012). Many of the issues faced by them remain more medical than social. Pre-natal tests used for detection of disabilities bring out this point clearly. Ghai and Johri (2008) argue that prenatal testing has disadvantaged both girls and disabled people. Parents are often pushed for testing and a positive test is likely to result in parents aborting the foetus as in this particular social space disability has a negative connotation (Ghai and Johri, 2008: 308). This is especially true for pre-natal tests for screening for intellectual disabilities like down syndrome. Therefore, it can be seen that discrimination and marginalization begins early for people with intellectual and psychosocial disabilities.

Invisibility is a state which women face very frequently, which gets exacerbated for women with intellectual and psychosocial disabilities (they will be henceforth referred to as disabled women in this chapterr. Women with disabilities refers to women with all kinds of disabilities—physical, sensory, intellectual and psychosocial). There is a need to understand the kind of violence (active and passive) this group of women was experiencing. This chapter attempts to do so in three sections—the first section deals with the brief situational analysis of all women with disabilities. The second section presents data related to violence against disabled women across settings and the systemic responses to the same. The third section presents the role of disability rights movement and civil society in bringing out the issues of disabled women and further steps to reduce the social isolation of this group of women.

The data presented in the chapter is primarily based on secondary sources—through a review of reports, journal articles, and position papers. In addition to that brief field work was carried out by a research assistant in Delhi. There were no statistics available specifically for violence against disabled as will be seen from the data. Narratives drawn from different sources have been presented here.

The systemic (police, crime against women cells, and NCW) responses to violence against women with psychosocial and intellectual disabilities were collected through interviews with functionaries of the different government and non-government organizations (NGOs) working on issues related to violence and crime, against women. One of the major challenges in this work was paucity of information on this issue owing to lack of awareness. When the research assistant went to ask about information related to violence against women with intellectual and psychosocial disabilities; at first she had to explain the meaning of disability. People were unable to understand the word disability and used words like *Apang, viklang and handicapped* underlining the ignorance and apathy on this question. Although within the disability movement terminologies have been discussed, debated, and modified, the use of these terms show that not much change can be seen at the grassroots level. The usage of these terms also give an indication how the institutions/systems (in this case 'the police') still perceive disability and the disabled.

For understanding systemic responses, it was felt that contacting a police station needed to be the first step in order to examine the extent of crime. Chittaranjan Park police station was chosen first because of its convenience to the researcher. The primary aim was to find out what kind of information was available to police regarding violence against women with disabilities. From then on a snowball sampling technique was used. The researcher was directed to one place from the other (see Figure 10.1).

After visiting the various government departments the researcher was given the reference of Human Resource Law Network (HRLN) which has been at the forefront in working with disability rights movement. It is also working to realize the rights of disabled people through

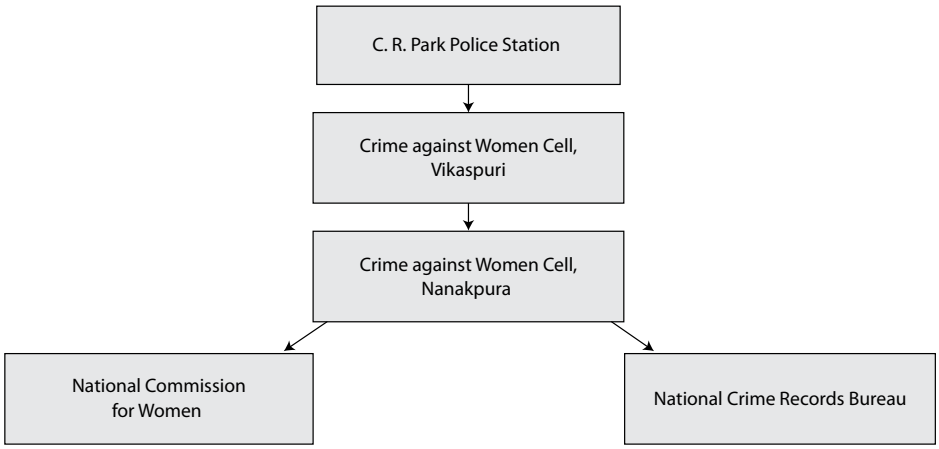

Figure 10.1 Government Organizations Contacted by the Researcher
Source: Field Survey.

education and awareness campaigns, legislation for the disabled, legal aid, and publication of material required by the disabled. The disability rights initiative of the organization is also a part of Women with Disabilities India Network which works on critical issues related to women.

Situational Analysis of Women with Disabilities

According to the 2011 *World Report on Disability* of the World Health Organization and World Bank, it is estimated that approximately 15 per cent of the world's population lives with some form of disability. The disability level threshold indicates that the male disability prevalence rate is 12 and the female 19.2. Available data suggests that at least 70 million Indians live with psycho-social disabilities and over 1.5 million have intellectual disabilities. Yet just 0.06 per cent of India's federal health budget is devoted to mental health and available data suggests that state spending is similarly negligible (Human Rights Watch, 2014).

The 2011 Census estimates that only 2.21 per cent of the Indian population have disabilities—including 1.5 million people (0.1 per cent of the population) with intellectual disabilities and a mere 7,22,826 people (0.05 per cent of the population) with psycho-social disabilities (such as schizophrenia or bipolar condition). The Indian Ministry of Health and Family Welfare claims a much higher percentage of the Indian population is affected by psycho-social disabilities with 6–7 per cent (74.2–86.5 million) affected by mental disorders'and 1–2 per cent (12.4–24.7 million) by 'serious mental disorders'. The disaggregation of data on persons with disabilities is limited to types of disabilities and gender but does not extend to other categories.

Out of the total population of disabled people 44 per cent are women with disabilities. Intellectually disabled women constitute around 42 per cent of the total population of people with intellectual disabilities. For psycho-social disabilities also the figure is similar, 42 per cent women as per census 2011.

Women with disabilities go through different kinds of violence at home as well as outside. They become more vulnerable to violence as often they are often dependent physically, socially, and emotionally on others; this dependency can enhance their vulnerability. Majority of them remain silent because either they fail to realize that they are victims or they fail to communicate the act of violence.

The kinds of violence which women with disabilities face range from physical abuse due to rough handling during transportation, sexual abuse whenever they are forced into sexual activities in return for help or being left naked or exposed, emotional abuse which may include threats of abandonment, and financial abuse when it includes burden of demand of the personal assistance providers. Refusal of assistance often becomes life-threatening to them (Curry and Navarro, 2002). Nosek et al. (2001) found that educated women with disabilities have a higher likelihood of experiencing violence It is also found that younger women with disabilities are more physically abused than older women (Nosek et al., 2001). Moreover, it is evident from the research that in comparison with women who are not abused, women abused by an intimate partner are more likely to be disabled or have an illness (Collins et al., 1999 cf. Smith, 2008).

Another form of discrimination that women with disabilities face is that of being considered asexual. Such an assumption related to the sexuality of women with disabilities is often the root of their abuse from their extended family or neighbourhood. Though girls are allowed to interact with their male cousins in North Indian Punjabi culture, they are not allowed to sleep in the same room. Whereas, such prohibitions may not be found in case of the disabled girls as they are assumed sexually safe or asexual as Ghai (2002) asserts in her personal narrative. In most of the cases women with disabilities are victimized by known persons. This occurs because of their dependency on the caregivers. Irrespective of gender, persons with disabilities are mostly socialized into dependence, requiring constant monitoring or supervision. They are usually too overprotected to take care of themselves or to think independently and for the women it becomes more. Such dependence makes the women with disabilities more vulnerable (Copel, 2006, cf. Powers et al., 2009).

In India, protection, support, and gender-sensitive services for women and girls with psycho-social or intellectual disabilities are largely absent (Human Rights Watch, 2014). Families are found to shield and protect persons with disabilities. It is found that widows and women with disabilities with mental retardation are more vulnerable (UNDP, 2007). The categories are created by the state and society in order to manage that difference between the iniquitous powers that resist the voices of the disabled person (Tomlinson, 1982 cited in Mehrotra and Vaidya, 2008). It is evident that research related with sexual abuse either ignores disability or hardly recognize the sexual abuse of women with disability. Since women with disabilities are heterogeneous population hence generalizations about their risk for sexual abuse can be questionable.

Intellectually disabled women face a double discrimination—the stigma of the intellectual impairment combines with rigid stereotypes of femininity to exacerbate their life situation (Mehrotra and Vaidya, 2008). Although in recent years there has been a paradigm shift in giving importance to the rights of the disabled persons, for the persons with psycho-social disabilities it is difficult to be considered at par with others due to excessive stigmatization (Addlakha and Saptarshi, 2009). In spite of the difficulties arising out of stigma and labeling, a range of academic perspectives, medical and technological advances, and social movements have influenced notions of intellectual disabilities (Mehrotra and Vaidya, 2008). Parent-run organizations and mental health groups have highlighted these issues within disability rights movement, leading to voices being raised against their violence.

Violence against Women with Disabilities

This section presents information about violence against women gathered from various sources. An attempt is being made to present an overview of the kind of data available from various sources. This is important as there is very little research related to the issues of violence against disabled women. They are silenced partly because of the stigma and partly because of difficulties in communication. One of the biggest barriers is the lack of trained personnel who can communicate effectively with disabled women. This is true of professionals who directly work with this group as well. Juvva (2015) argues that degree programmes in social work have not paid adequate attention to equipping social work students with relevant and specialized knowledge, critical perspectives, and attitudes and skills in working with people with disability using the social model and the rights-based frameworks.

Studies show that persons with disabilities are victims of abuse on a far greater scale than persons without disabilities (European Disability Forum, 1999). In one study, 40 per cent of the 245 women with disabilities interviewed had experienced abuse. Twelve per cent of them had been raped. However, less than half of these incidents were reported. Another study found that 25 of 31 interviewed women with disabilities reported abuse of some kind (emotional, sexual, or physical) (Young et al., 1997). Women with disabilities experience a wider range of violence: by personal attendants (emotional, physical, and sexual abuse) and by health care providers (emotional and sexual abuse), as well as higher rates of emotional abuse both by strangers and other family members (Young et al., 1997 cited in Nixon, 2009). A study among children and adults with disabilities living at home revealed that at least 50 per cent were traumatized by sexual, physical, verbal, and other severe and often repeated abuse (Helander, 2004).

Women with disabilities in particular tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence, and exploitation in the workplace (*Human Development Report*, Geneva, 1995). Women with disabilities also tend to be relatively easy targets of sexual exploitation, particularly if they are intellectually disabled. In general, women with disabilities tend to be in a state of physical, social, and economic dependency. This can lead to increased vulnerability to exploitation and violence (Thomas and Thomas, 2010). Although prevalence of violence against women has been

well documented, the same cannot be said for figures related to violence against women with disabilities. Most studies report that there are few studies that report on violence against women with disabilities (Mohapatra and Mohanty, 2004). Mehrotra (2006) reports on neglect and deliberate malnutrition of young girls and increased incidence of domestic abuse of rural women in case of acquisition of impairments at a later age. Violence against women and girls with disabilities is not just a subset of gender-based violence: it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities (INWWD, 2010).

For women with intellectual and psycho-social disabilities, the scope of violence increases. The different kinds of abuse they face include forced abortion and sterilization, forced psychiatric interventions, involuntary commitment to institutions, and forced or 'unmodified' electroshock (electro-convulsive therapy or ECT) (Minkowitz, 2007). Deprivation of the legal capacity to make one's own decisions facilitates coerced treatments and violence of all kinds, and may constitute torture and ill-treatment in itself, as it can amount to a denial of full personhood (OHCHR). Though the Mental Health Act (MHA), 1987, and the Mental Health Care bill have talked about 'rights' of people with mental illness and about the protection and promotion of the rights of the mentally ill patients in the community for their dignified life but in practical it is hardly practised. Though notion of mental illness always understood from medical aspect especially associated to psychiatric labelling determined by law (Dhanda, 2000 cited in Davar, 2013) and imbued with negative social consequences (Davar, 2013). It is argued by Dhanda (2000) that primary concern of legislations is to devise mechanisms to manage what are believed to be the disruptive consequences of mental disorder. The Rights of Persons with Disability Bill 2012 brings about reforms both in private and public sphere. It enabled women with mental disabilities to exercise legal capacity either through themselves or with other support. But in the private sphere personal laws continue to hold sway (Thomas, 2013).

Women labelled with psycho-social disabilities are likely to be silenced and ignored when speaking out or attempting to defend themselves, particularly when the violence is authorized by law or committed in a context where the woman is deprived of her legal capacity and/or freedom. These women and the forms of violence practised against them are also likely to be ignored in studies of violence against women with disabilities (INWWD, 2010). Denial of legal capacity can and often does lead to extreme discrimination can cause severe suffering. Valliappan (2015: 7) states, 'It is not possible for someone like me to receive education, employment, marriage, hold an office or sign any documents according to the Contract Law. The Hindu Marriage Act considers someone like me of *unsound mind* irrespective whether I am someone who can function in daily life.' This denial of personhood and identity is evident in the examples given in the next two sections which give an idea about violence faced within homes as well as in institutions.

(a) Institution-based Violence

Within institutional settings, disabled women are subjected to numerous forms of violence, including the forced intake of psychotropic drugs, or other forced psychiatric treatment. Furthermore, forced institutionalization itself constitutes a form of violence. People with mental health conditions and intellectual disabilities are sometimes subject to arbitrary detention in long-stay institutions with no right of appeal, thereby robbing them of their legal capacity (Adams, 2008; Agnetti, 2008). Conditions within institutions are also very poor. The report by Human Rights Watch 2014 found that in 12 of the 24 institutions visited, residents or staff exploited women and girls with psycho-social or intellectual disabilities, forcing them to cook, clean toilets, or bathe other women with more severe disabilities. In the course of its visits to institutions, Human Rights Watch found 12 cases of verbal, 38 of physical, and four of sexual violence against women and girls with psycho-social or intellectual disabilities.

Some examples of violence within institutions are given in Boxes 10.1, 10.2, and 10.3.

The Special Rapporteur in 2005 focused on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, focused on the right to health of persons with mental disabilities and found that women with intellectual disabilities were especially vulnerable to forced sterilization and sexual violence.

Not only are the women vulnerable to abuse they also do not have many avenues to seek help. Women with psycho-social or intellectual disabilities told Human Rights Watch that they seldom report abuse against caretakers and fellow residents for fear of the repercussions. In the 24 institutions and hospitals Human Rights Watch visited in 2013, there were no adequate mechanisms to report abuse. The only existing mechanism in some

Box 10.1 Forced Institutionalization

Human Rights Watch interviewed 52 women and girls with psycho-social or intellectual disabilities who were admitted in institutions without their consent. Once the police identify the women in the road or public place is dangerous for others or the women are incapable to take care of themselves, they get the women admitted to these institutions through court orders where they usually have no real possibility of appeal.

In mental hospital of Ranchi, Jharkhand the female to male ratio at the time of admission is 29 per cent to 71 per cent; the long stay patients are predominantly women: 67 per cent women as compared to 33 per cent men.

Source: WWDIN, 2013

Box 10.2 Invasive Medical Procedures

In 1994, forced hysterectomies were conducted on several women with intellectual disabilities between the ages of 18 to 35 at the Sassoon General Hospital in Pune. The hospital authority explained that those women were incapable of maintaining menstrual hygiene. Moreover for the hospital staff it was straining on their resources and time (Badjena, 2014).

Box 10.3 Sexual Abuse

A 19 year old girl was raped at a Nari Niketan in Chandigarh. Her pregnancy was detected after shifting to another shelter home. On the basis of an opinion from a medical board that diagnosed her to be mildly mentally retarded the Chandigarh administration then filed a P.I.L. to terminate her pregnancy. As a girl with intellectual disabilities she had lost her right to motherhood because it was assumed that she would not be able to take care of a child.

Thirty-five of the 68 women and girls Human Rights Watch interviewed had either experienced sexual violence or had multiple partners. However, unless they were previously involved in sex work, staff in 15 institutions told Human Rights Watch that women and girls with psycho-social or intellectual disabilities living in institutions do not have information about or access to testing and treatment for HIV/AIDS and other sexually transmitted diseases (Human Rights Watch, 2014).

institutions was to report abuse to the institution's staff, which does not constitute an independent mechanism, as staff themselves were often the perpetrators of the abuse. Most of these women come from poor background and often have little social support.

(b) Violence within the domestic context

Incest is very common in India. Sexual abuse being very common girls and women with disabilities is the easy prey for the exploitation within the family. These issues are not discussed in public. Intellectually disabled women often face social exclusion (Rao, 2004). A mother of a 32-year-old woman with an intellectual disability reported how she has not told her extended family about her daughter's disability, 'In our family, no one knows about her' (Human Rights Watch, 2014). One of the recent cases which appeared in the papers of a man from Thane who murdered his entire family one night; the surviving sister reported how he had been sexually abusing their sister who had mental health issues (*Mumbai Mirror*, 2016).

One way of exclusion is the denial of opportunities. In Arpan School for Mentally Retarded in Rohtak, Haryana, out of the 150 students, 120 are boys. It was found that girls with disabilities are rarely sent to acquire any education and training on account of the double jeopardy faced by them, that is, depreciated for being female in a highly patriarchal society and further devalued on account of being disabled. Many girls with disabilities are subject to absolute neglect by their families in the hope that they will die (Mehrotra and Vaidya, 2008: 328).

In the study in Odisha by Mohapatra and Mohanty (2004) it was found that intellectually disabled girls and women were often isolated in their own homes only 40 per cent of them were given the opportunity of family dining. Only 42 per cent of respondents take bath on a daily basis, 38 per cent comb their hair and 43 per cent

change clothes daily is a grim reflector of the apathy with which they are treated. A serious concern is lack of use of toilet both for bathing and other activities (19 per cent use toilets). This provides a threatened environment which can provide easy access for both physical and sexual abuse.

It was also found that 48.5 per cent women with intellectual disabilities reported being beaten at home. Sixty-two per cent of them said that they did not resist being beaten at home. Researchers found when they changed the format of the question that actually all the women were being beaten at home often for no or minor mistakes. Twenty-five per cent reported rape and 19 per cent being pinched, 21.6 per cent reported forced sex by a family member, many of them had not reported it. Around 61 per cent said that family members pretended that it had never happened. Eight per cent of the women also reported being forcibly sterilized (16). High incidence of sexual abuse within families which is known and often hidden is also evident. The large demand of parents of intellectually disabled daughters for compulsory sterilization brings out this issue (Rao, 2004).

A report by WWDIN (2013) gives several examples of intellectually disabled girls being abused at home. The report presents the case of one girl who was abandoned by her family. She was pregnant because of being raped; her family forcibly took her child and abandoned her. In another incident a 21-year-old was found to be five months pregnant, and it was also found that she had been raped by her father.

There is a loss of personhood for disabled women who are isolated; often not given opportunities to learn to be independent and protect themselves. In addition they have no control over their bodies and no scope for making decisions about themselves. Forced sterilizations bring out the manner in which both within the institution and within the home women have no control over their sexual and reproductive choices. Families often do not allow women to make decisions. There are very few ethnographic works available on these issues therefore generalizations are difficult to make. Social location often determines the life chances and protection against violence for women with intellectual and psycho-social disabilities.

From the above mentioned examples it can be seen that violence against disabled women is sustained at a structural level. The violence which is often very apparent and visible is rendered invisible by the status accorded to disabled women. In Goffman's terms (1963) they are 'discredited' as individuals and hence invisible. This happens even when women's 'symptoms' are exacerbated by the structural violence they face. In the doctoral work done by Nayar (2012), based in Jahangirpuri, there were several narratives in which the psycho-social disability in women was exacerbated by structural violence. This was evident through the narrative of Suraiya, a 45-year-old Muslim woman's description of her symptoms.

> We feel scared because a few days back, police came and took all the young men. We said that they were innocent—police said that they would release them after questioning—but this puts a fear in our mind. I get headaches when so many women are talking, heart starts beating, and feel dizzy. Everyone has problems but when I go out I get tense. When I go to my daughter's place I take auto although it costs Rs100 for one side but I can't take bus or metro; I feel very tense—I feel something will happen to me. So I don't go anywhere, I have been taking medicines for a long time—have gone to several doctors. I have been married for 30 years and my oldest son in 24. My husband used to drink from the beginning–never did regular work-I used to segregate garbage or make papads. I had to bring up children on my own-now older son helps—gives me Rs150 when he can—I don't ask for more I can't.
>
> I went through full X-ray but nothing came out—doctor told me that my problem is *chinta* (worrying)—it affects my body but what to do? Have to give money to my married daughters, their husbands ask for money—1000, 1500, than there is my 13 year old daughter too; have to save for her too. I keep thinking about that–heart beats faster, sweat–sometimes I sit quietly when I am worried. As long as husband is not drinking—I am happy—my body feels light. Even if he drinks and then sits quietly I don't mind but he talks too much, laughs—I don't like it. Then I fight—he never hits me just becomes loud.

Suriaya had been on medication for a long time with no improvement. Her status in society as a low income Muslim woman made her vulnerable to violence. Women who have received a diagnosis such as schizophrenia face different kinds of violence. One of which includes social isolation of the woman and her family. Satwanti whose daughter had been diagnosed with schizophrenia, explained how everything that went wrong in the neighbourhood was blamed on her daughter forcing her to change houses frequently. This violence which often leads to and sustains disability in women in society is reflected in other studies as well. Addlakha (2001) describes the narrative of Pushpa who had received the diagnosis of undifferentiated chronic schizophrenia. Pushpa's symptoms are considered to be severe because

she does not 'perform' the normative role of a housewife in a middle class urban family. This includes her inability to have a child, arguments with the mother-in-law, speaking out in public, spending on useless items without taking into account her husband's needs and her duty towards the conjugal home. She is wilful and obstinate. According to Addlakha (2001: 323), Pushpa's refusal to perform her designated role as an average housewife is re-labelled as 'abnormal'and 'ill or mad'. For Pushpa her difficulties have arisen because of a difficult marriage. Pushpa remains in the ward for three months. Through this narrative Addlakha brings out how in the present form psychiatric treatment in a medical setting goes against the interests of female patients. Gender and class related biases in which the mental health personnel have been socialized prevent them from recognizing the ways in which they can discriminate against female patients (Addlakha, 2001: 332).

Social class intersecting with gender and disability makes women more vulnerable to violence. Violence against disabled women often gets normalized because of stigma they face. This is evident in the narratives above where the actual experience of the women is considered unimportant and emphasis is on the manner in which they are perceived. In rural areas mental illness is not seen as disability as Mehrotra reports (2006) from Haryana. She cites cases of women with mild and moderate mental disability being married off as other women. They set up families and also have children. They face relatively less exclusion in relatively well-knit communities.

In the literature reviewed, case studies of violence were found but there was very little evidence on the response of the state and other organizations in dealing with this violence. Most of the violence went unreported. There was a need to understand what factors prevented reporting of these crimes. And the response of different institutions to deal with violence against disabled women.

SYSTEMIC RESPONSES

While reviewing secondary data to learn about statistics related to violence against disabled women it was found that there was no such data available with the National Crime Records Bureau. In NFHS 3 violence amongst women has been studied in the categories of age, residence, education, employment, residence, religion, wealth index, marital status, household structure, caste/tribe but not disability. In a report by CREA on marginalized women—disability has been defined as physical or sensory and hence violence against women with intellectual and psycho-social disabilities was not measured. Disabled women have been left out of most research because of difficulties in understanding the nature of disabilities and communication issues.

C.R. Park Police Station

Initially RA had some difficulty in explaining what she meant by disability. She was told that the record of violence against women was quite less because people belong to higher income groups in this area and therefore the complaints about violence against women are rare. In the police station, RA was told that the police had registered two cases of rape, six cases of domestic violence and 21 cases of molestations in the year of 2015. All these were registered either by the outsiders or by those women who are working in C.R. Park mainly as domestic workers. The inspector explained that there was no system of keeping any record of the victims on the basis of their identity; disability is never mentioned in their record. It was also found that officers in the department of record room were not acquainted with the term disability. For their better understanding some common terms used in Hindi (such as viklang) had to be used.

The staff at the C.R. Park police station suggested that the researcher should contact the Crime against Women Cell in Vikaspuri as many complaints of domestic violence got registered there. She was told that in Vikaspuri people from different socio-economic backgrounds were living, many of them were from middle to low income groups and hence more cases were registered there. The suggestions and comments of the staff revealed the existing stereotypes about violence—that it occurs more amongst people from low to middle income categories only. Disability did not figure in the understanding of the system.

Crime against Women Cell, Vikaspuri

It was found that most of the cases registered there were related with dowry and out-of-marriage relationships. Both the ACP and Inspector said that since the beginning of their service they had not registered any complaints from disabled women.

They also said that if ever any initiatives were taken to record disabilities, the record would be based on visible disabilities only and the unseen disabilities could not be registered. This was because they felt that asking questions about the disability would be 'embarrassing.' In addition they have also mentioned that there is no system to record the identity of the victim according to their ability/disability.

From Vikaspuri, the researcher was asked to go to the Nanakpura women cell which was the head quarters of Crime against Women Cell.

Crime against Women Cell, Nanakpura

The senior inspector explained that she had registered only one case of domestic violence from a woman with speech and hearing impairment during her service period (which has been more than 20 years).

The senior officer shared that although while talking to some women she felt that there was a 'mental disorder', she never considered referring the women for several reasons. First, she herself was not trained to know exactly what she was dealing with, secondly she felt that families would not like it if she said that they needed a referral, also recording this might weaken the case of women.

After receiving almost no information (no records) about violence against women with intellectual and psycho-social disabilities from police station and crime against women cells in the city, the researcher was then directed to the National Commission for Women. The experience here was not very different.

National Commission for Women

On asking for the records related to violence against women with disabilities from the Deputy Secretary the R.A was told

All complaints are recorded on basis of violence, people complain against certain organizations or institutes who are troubling them. Complaints are also taken from the women who are non residential Indians. Complaints are only taken from women against men. Since it is the National Commission for Women, the complaint against woman from any woman is taken but man has no right to make a complaint to us. It is important to keep a record of violence against disabled women but so far we have no records. Most of the complaints are on the phone where only the name, address and type of violence is recorded. There is no way of knowing whether the caller was disabled or not. Disaggregated data is not collected.

Although initially the deputy director said that they may be able to give the R.A. access to some records; later they said that none were available.

The National Crime Record Bureau was the next place that the researcher visited. There were no records about violence against women with disabilities on their website so the researcher wanted to find out if they had any system of collecting data for disabled women.

National Crime Record Bureau

Junior Staff Officer at the NCRB explained

There is no system of maintaining detailed record of crime on the basis of disability. There are different records related to crime committed against women on different types of rape, kidnapping and abduction; assault on women that outrage their modesty as well as records on the status of the disposal of crime against women and various other records. But nor records have been kept on the basis of disability or of any disability resulting from violence. There is only the provision of keeping records according to the age of the girls and women who are raped and the relationship of the offender with the victim. From 2017 certain records will be easily available from our department.

Most of the interactions that she had in the police station and crime against women cell were after promising anonymity, no one wanted to be quoted on this subject. Initially they were reluctant to talk to the RA but once they were promised confidentiality they were ready to share information.

In every place the RA visited, the response from the service providers indicated lack of preparedness to work with disabled women especially those with intellectual and psychosocial disabilities. It appeared that questions about violence against disabled women had never occurred to them or had not been given much attention in the system to which they belonged.

Human Rights Law Network

The experience was somewhat different in the Human Rights Law Network (HRLN). The RA spoke to one of the law officers there. She was informed that although rate of crime against disabled women is high due to the lack of awareness and lack of confidence of the victim and her family members the complaints are not usually registered. There is a provision for assistance when they lodge a complaint, during the hearing and to provide them help to register the crime, such initiatives are not in practice. The law officer also pointed out that the within the police system investigating officers were reluctant to proceed in cases related to disabled women. She explained that since police officers were not trained to work with disabled women; they found the process of recording the complaint very time consuming. It has also come to their notice that in case of the women with psycho-social disabilities, complaints cannot be recorded in a proper manner as the woman is not able to give the details of the crime in the same way repeatedly. All this leads to refusal to register a case by the police citing different reasons like jurisdiction issues.

Though Justice Verma Committee recommended the assistance of interpreters or special educators at the time of recording the complaint by the police and also during the trial but in practice this is not very promising. It is important to address the difficulties of the disabled women in accessing the legal system and navigating through the trial process.

On the other hand the legal officer has also mentioned about the harassment that disabled women face in their families. According to her, parents usually try to hide such cases to maintain their family honour as well as to avoid the harassment in the society. She also explained that women with psycho-social and intellectual disabilities were not given any sex education or taught any ways of self protection. Mostly intellectually disabled women are unaware of their own body. She also emphasized the importance of raising awareness in the community about intellectual and psycho-social disabilities.

The Criminal Law (Amendments) Act, 2013, states that when a sexual offence takes place against a disabled girl, the complaint would be recorded at home or wherever she is most comfortable. Help of sign language interpreters, social workers can be taken. Entire process shall be videographed (Section 154). But as pointed out by the law officer of HRLN this is not functional in practice.

From the interviews it was evident that knowledge and sensitivity to the issues faced by women with intellectual and psycho-social disabilities was minimal in all the government systems (police, crime against women cells, NCW, and NCRB). The word 'handicapped' was the term being used in all these places. The understanding about the nature of these disabilities was in itself problematic as they were seen as incompetent and unreliable. They were also not considered important enough to warrant a lot of time and attention. Hence, the difficulty the researcher had in being able to interview anyone. In contrast to this the NGO was fully aware about the issues and the law officer brought out many nuances of the situation of girls within the household as well.

In the court proceedings as well disabled are not given the same status. Mandal (2013) argues that the legal process often undermines and devalues the testimony of the disabled prosecutrix. This is done by in various ways—not recording the testimony of the prosecutrix at all; recording her testimony without following the correct legal procedure, which renders such testimony ineffectual for the purpose of law; recording her testimony in the legally valid manner, but dismissing it eventually for its lack of 'intelligibility'; recording her testimony in the legally valid manner, but dismissing it eventually for not being consistent with the evidence borne by her body. He argues that often the rape accused was acquitted because of non-recording of testimony of the prosecutrix in the legally valid manner and the lack of any supportive evidence from medical examination (Mandal, 2013: 11). According to him, in order to ensure justice for disabled women it is important that their testimonies be regarded as relevant and recorded as per the Indian Evidence Act. He further states that the legal process marginalizes the non-verbal thus undermining the testimony of the disabled witness (Mandal, 2013: 23). Since, it is through non-verbal (gestures, movements, and interpreters) that disabled women communicate marginalizing the non–verbal reduces the likelihood of justice being served.

The systemic responses emphasize the necessity of disabled and women's movement to intervene and advocate for the rights of disabled women. The next section focuses on the response of the disability rights movement and civil society in order to ensure rights for disabled women.

Violence Against Women with Disabilities and Civil Society Responses.

There are hierarchies among women who face violence, and there are hierarchies among the disabled population as well. In both of these hierarchies, women with psycho-social and intellectual disabilities appear to be at the lowest priority. Disability legislation adopts a gendered approach, with the result that out of twenty-eight chapters outlining various issues, not a single one addresses the problems of disabled women (Ghai, 2002: 53). Being ignored by the feminist movement meant the reinforcement of the construction of disabled women as being outside the hegemony of 'normalcy'. This reduced their chances of becoming a part of the political movements (Ghai, 2002: 58). For women with disabilities, their issues needed to be voiced within the ambit of the women's movement or disability rights movement. However, their voices were lost within both these groups.

Women with psycho-social disabilities faced a more difficult problem of not being adequately represented by any group. This was alleviated to a certain extent through the changed use of language. As Davar (2008) has argued moving from the language of mental illness to the language of disability helped the women to normalize their experience. This also allowed them to be a part of the disabled women's groups which were attempting to carve out a niche for themselves. However, it has been seen that issues of disabled women are inadequately represented.

The history of the Indian women's movement has been one with a focus on poverty, caste, and employment; social issues such as dowry and sati; population control and female foeticide; and sexuality and domestic violence. Its agenda did not include disability. Critical feminist analysis of disability in India was initiated by, among others, Addlakha (2006, 2005, 2001, 1999, 1998), Addlakha and Das (2001), Bhargavi Davar (1999), Dhanda (2000), Ghai, (2002, 2002), and Hans (Hans and Patri, 2003), Mehrotra (2006, 2008, 2011, 2015), Nayar (2015).

These feminist scholars challenged both the disability movement and the women's movement for their lack of focus on disabled women (CREA, 2012: 56–7).

Till the 1990s, only persons and groups with physical disabilities tended to constitute the disability rights groups and those with mental and developmental disabilities were largely left out as these impairments were considered to have their own special issues, which were largely medical in nature (Mehrotra, 2011: 67). In addition, within disabled women's organizations the focus seems to be on organizing and advocating for women with physical or visual disabilities. There is very little attention paid to women with other disabilities such as women with mental retardation, cerebral palsy, and mental illness even to the point of lack of access to these organizations (Rao, 2004). This ensures that their position remains extremely vulnerable as they become more dependent on their family. As seen in the earlier section if the family itself is oppressive, women are left with very few choices and end up living in abusive situations.

Another reason for their vulnerability is that in India a person with a psycho-social or intellectual disability may be deprived of the right to exercise legal capacity in India in three main ways: (1) if he or she is declared to be of 'unsound mind' by a competent court; (2) if parents assume de facto guardianship following a medical diagnosis; or (3) upon a request made for guardianship to a committee set up by the Board of the National Trust, a body set up under the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. Laws depriving legal capacity violate India's obligations under the Convention on the Rights of Persons with Disabilities (CRPD), which grants legal capacity to all persons with disabilities on equal basis with others.

It is not that disabled women are missing only from the vocabulary of the government. Even in reports and services of civil society organizations there is a difference. In case of sexual abuse against women with disabilities there are few facilities available. For example in a report by Human Rights Watch, 2013 regarding child sexual abuse in India there is no mention of the vulnerability of children with disabilities. In addition while going through websites of organizations working on the issue of child sexual abuse it was found that many of them do not cater to the needs of disabled children. Many of the homes for sexually abused girls do not take in girls with disabilities because of lack of infrastructure and human resources to meet their needs (example Advait foundation). These examples depict how even the nongovernment organizations are not able to provide adequate services to women with disabilities.

From aforesaid discussion it can be inferred that women with psycho-social and intellectual disabilities face structural marginalization. Their rights are often violated with poor scope for any kind of justice as they are simply 'not counted'. Valliappan (2015) describes the need for reasonable accommodation for people with psycho-social disabilities. Valliappan gives an example of reasonable accommodation through her experience of attending a conference. She describes that she is someone who hears voices, this can often lead to restlessness. In one of the conferences she was given the flexibility to stand outside the room while listening to the speakers, she could sketch if she wanted to. She was given a space to sit so that she could move around without disturbing other people around her. If she did not want to have verbal communication—she was given the option of writing and communicating (2015: 8). Similarly, there is a need for reasonable accommodation for other disabled women who would have different kinds of needs depending on the nature of disability or impairment and also in relation to their social location. To a certain extent, this kind of reasonable accommodation can be seen in the work done by Banyan in Chennai. They make different kinds of rehabilitation plans for disabled women. They provide residential care for women with psychosocial disabilities (socio-medical model) and help them to return home by locating their families. Some of the women are given vocational training; others who are not able to return home are rehabilitated through a community living project; the residents work and support each other over there. Disabled women have different kinds of needs and therefore different facilities/accommodation has to be provided depending on their needs.

To ensure visibility for disabled women the following steps are required:

Increasing understanding of gender and disability interface and raising awareness among families and

communities comes first. This would mean working with families and societies to reduce the stigma faced by this group. Stigma often results from the complicated process of 'othering' wherein disabled women are viewed as a group which is widely different and therefore to include them in the everyday lives of non-disabled seems extremely difficult. It also results from negative and misinformed portrayals in the media (T.V, films, print media). This process of 'othering' results in further isolation of disabled women. Physical, emotional, and social isolation leads to violation of their basic rights. These violations can be evident in instances like police men avoiding registering cases of disabled women because they find the process time-consuming and are not sure of their testimonies. Thus, it becomes important to sensitize and raise awareness amongst different groups including families, medical personnel, legal systems (police, lawyers, and judges), administrators, and policy-makers.

Introducing disability studies perspectives in curriculum and pedagogy is important to highlight the marginalization of disabled women. Disabled women have been missing from academics and from women's movement as well as from the disability movement. It is important for not only their issues to gain visibility but to increase their presence in both the women's and disability movement. Therefore, there is a need to increase the presence of disabled women in public arenas which would enable 'others' to interact with them and see their 'real' selves rather than relying on stereotypes and myths. An intersectional approach would go a long way in identifying specific types of violence women belonging to different social locations encounter.

Other concrete suggestions are as follows

- There should be provision of spaces where women are allowed to heal/express their feelings. Design counseling services catering to the needs of disabled women. This would mean trained personnel who have the requisite communication skills. In addition to that the centers should have special educators as well who can work with the women.
- Opinions of intellectually disabled women should be taken in formulating policies for them. Studies have been conducted with them using the technique of one to one interview with women with good communication skills (example Taggart et al., 2009). These studies show that it is possible to ensure that voices of intellectually disabled women can also be included in formulation of policies for them.
- Police officers should be trained and sensitized at the station house, which is the first place where complaints are registered.
- Disability has to be an important module in legal teaching to sensitize the lawyers and judges.
- Adequate mechanisms in hospitals should be created to report abuse. There should be clear instructions for the hospital staff about steps to be taken when issue of abuse of disabled women comes up. If there are clear mechanisms present services would become more accessible to disabled women.
- The recommendation of the Justice Verma Committee, which states that when complaints are lodged then special educators should be present when required, should be implemented.
- Proper sex education should be provided to disabled women.
- Self protection strategies (which include recognition of good touch–bad touch) must be taught in schools or organizations working with disabled girls/women.
- Allocation of adequate budgetary resources is required to create and sustain facilities for disabled women and their families.

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