

Gender-Based Violence Through the Victim's Lens

DOI: <https://doi.org/10.3126/skmj.v2i2.62499>Aishworya Shrestha¹
Tika Bahadur Thakuri²**Abstract**

One in three women worldwide experience gender-based violence (GBV), predominantly by someone familiar (WHO). This study explores how Nepali victims understand personal incidents of GBV and its impacts, addressing gaps in victim-centered perspectives. Despite extensive literature on GBV, victims' narratives are rarely spotlighted; "justice" is often academically-defined. Using purposive sampling and semi-structured interviews with 37 women, we examined research questions on victims' perceptions of GBV events and effects afterwards. Thematic analysis revealed high GBV prevalence, especially for girls, yet chronically underreported due to factors like shame, stigma, mental health tolls, doubts over evidentiary support, masculinity constructs, and judicial distrust. Child abuse by acquaintances was salient, reflecting trust exploitation. Ultimately findings expose alarming yet overlooked violence against Nepali women and girls amidst normalization and victim-blaming attitudes. Centering survivors' voices spotlights vital individual and systemic transformations required to address this epidemic. Insights provide a victim-based understanding of GBV to inform rights-centric responses.

Keywords: Gender-based violence, gender, violence, knowledge and victims

Introduction

Gender-based violence (GBV) is a widespread issue affecting approximately one-third of women globally, predominantly perpetrated by someone known to the victim (WHO, 2018). GBV encompasses domestic, physical, sexual, emotional, psychological, economic, socio-cultural, traditional, digital, and verbal violence. These forms often co-occur and exacerbate one another's impact. GBV has severe consequences for survivors' health, wellbeing, and societal inclusion. Underreporting stems from barriers like stigma and limited services, constraining efforts to understand prevalence and address GBV. Attitudes in Nepal further constrain reporting and help-seeking.

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In Nepal, around 20% of women aged 15-49 have experienced GBV, yet 66% of incidents go unreported (NDHS, 2016). This gap understanding of true prevalence and developing impactful responses. Victims' perspectives - their experiences, needs, and pathways to justice - are inadequately understood. While some victims access justice systems, significant barriers persist. Moreover, "justice" is often defined by researchers, not victims themselves (Mulvihill et al., 2018). The study aims to elucidate Nepali GBV victims' understandings, experiences and needs regarding the violence and their pursuit of justice and exploring the victims' perceptions of GBV and understand multifaceted impacts of GBV on victims' lives

Gender

Gender is the socially assigned characteristics, duties, roles, and obligations associated with being male or female within a particular community (March, Smyth, and Mukhopadhyay, 1999). These societal characteristics play a crucial role in shaping behavior. In their analysis on GBV, Khumalo, Msimang, and Bollbach (2014) note that women's encounters with violence differ based on their societal status, with certain groups of women, such as those with disabilities, lesbian, gay, bisexual, and transgender women, and refugees, being more susceptible to violence. The focus of this dissertation is specifically on GBV as it pertains to women and girls.

Theories on the origins and purpose of gender are varied, positioning it as a multifaceted and pervasive, yet not easily defined, social phenomenon. The term "gender" emerged in the 1940s from psychologist John Money to legitimize sex reassignment. By the 1970s, second-wave feminists adopted the term to challenge biological binarism and expose gender as a tool of women's oppression. They highlighted sexual divisions producing inequality (Cavallaro, 2003).

Thinkers like Judith Butler and Gayle Rubin conceived gender as repeatedly enacted behaviors and roles within kinship systems, contrasting biological determinism. Beauvoir's dictum "one becomes, rather than is born a woman" also suggests gender is constructed (1989). Marxist feminists link gender inequality to capitalism's exploitation of women's unpaid domestic labor. Radical feminists blame patriarchy's control of female bodies and sexuality. Dual systems theory combines both frameworks (Delphy and Leonard, 1992).

Gender Based Violence

Numerous theories have emerged seeking to explain the roots of gender-based violence (GBV). Initial psychopathology frameworks posited it stemmed from violent men's mental

illnesses requiring treatment. However, predicted prevalence rates based on this theory exceeded actual rates, and empirical tests did not support its assumptions (McCue, 2008). Critics further argue it risked excusing perpetrators and overlooking societal influences enabling abuse (Cunningham et al, 1998).

Loss of control theory links violence to triggers provoking outbursts like substance use or frustration. It argues uncontrolled men target less powerful women as unlikely to retaliate. Social learning theory instead conceives violence as a taught behavior through witnessing and modeling acts by others (Hines, 2015). Critics counter that it unduly portrays individuals as passive. Some models examine victims' responses, like learned helplessness theory proposing abused women become unable to leave due to conditioned powerlessness (Walker, 1979). However, women demonstrate more complex coping ranging from tolerating abuse to periodically exiting relationships (Dobash & Dobash, 1992). Cycle of violence theory outlines a pattern of tension building culminating in violent episodes before an apologetic "honeymoon phase" recurs (Walker, 1979).

Other perspectives recognize GBV's bidirectional or systemic nature. Conflict model states partners mutually reinforce aggressive acts through their responses (Cunningham et al, 1998), while resource theory links violence to efforts asserting dominance when nonviolent tactics fail. Feminist "power and control wheel" frameworks detail mechanisms preserving abusers' authority, situating violence as part of larger coercive patterns (Shepard & Pence, 1999).

Overall, these theories offer diverse lenses on GBV according to differing assumptions about human behavior, gender and violence. Most evolved critiquing or building upon earlier concepts. Holistic understandings likely emerge from synthesizing multiple viewpoints rather than adhering to narrow explanatory models. This allows appreciating GBV's complex interplay of individual, relational and sociocultural drivers.

Prevalence of GBV

The World Health Organization (WHO, 2013) estimate that globally 30% of women experience intimate partner violence, and 7% experience sexual violence in their lifetime. One woman is killed every 11 minutes by her partner (UNODC, 2020). Almost 1 in 4 adolescent girls between the ages of 15 to 19 experience intimate partner violence and 1 in 5 women is abused as a child (WHO, 2014). In Nepal, 22% of women aged 15-49 have experienced physical violence and 7% sexual violence (NDHS, 2016). Ever-married women's risk increases, with 26% experiencing spousal physical, sexual or emotional violence. Violence often begins early, is recurrent, and the majority goes unreported globally (García-Moreno et

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al., 2005) and in Nepal. They also state that it has been accepted that the causes and results of violence against women stem from gender inequalities through institutions, religion, political ideologies, and social norms and values. In Nepal, 66% of women who had experienced any type of physical or sexual violence have not sought help or talked with anyone about the incident of violence (NDHS, 2016).

Drivers and Impacts

Gender-based violence stems from discriminatory gender norms and unequal power relations entrenched across societal structures. According to the International Labor Organization, cultural orientations and shared beliefs in a society define the boundaries of acceptable behavior. Where violence garners admiration or perceived legitimacy, individuals are influenced accordingly, manifesting in gendered harm like sexual assault (Chapell & Di Martino, 1998).

Justice and Reporting

In Nepal, only 25-18% of GBV survivors in urban and rural areas respectively seek assistance, mostly from family and friends over formal channels like police (NDHS, 2016). Barriers to reporting and help-seeking include stigma and limited services. Understandings of "justice" likely differ between victims and external observers. Some models emphasize community responsibility, distributive fairness, financial reparations, and cultural contexts. Capturing victims' perspectives on justice remains critical.

The study is based on constructive ontological truth and interpretative- subjective nature of epistemological knowledge with qualitative study utilizes a descriptive design. The researchers have taken Thirty-Seven Nepali women comprising survivors of diverse forms of gender-based violence (GBV) partook via purposive, snowball sampling to elicit referrals within hidden populations. Initial participants from nonprofit contacts, support groups and service providers triggered referrals based on other survivors known. Recruitment continued until saturation, where new data failed to provide additional insights.

Diversity enabled capturing range of perspectives and experiences related to GBV across backgrounds. However, sample biases exist with non-random recruitment reliant on networks and willingness to refer fellow survivors. Findings thus present insights from this group, not population-generalizable trends.

Similarly, an interview check-list on GBV experiences, contexts, impacts and coping strategies. In-depth, semi-structured interviews promoted detailed qualitative accounts

obtained one-on-one in a secure, confidential setting. Resulting transcripts underwent iterative coding cycles categorizing emergent themes, refined through ongoing comparison. Procedures ensured informed consent, privacy rights and strict data confidentiality throughout, upholding participant autonomy. Local social mores governed interactions to prevent bias or discrimination. Inductive thematic analysis elicited recurrent themes highlighting GBV operations, effects and responses across regions. Participants' insider perspectives offered nuanced understandings of intricate complexities while outsider lenses aided theoretical connections. Methodical coding procedures, codebook protocols and cross-verification of emergent relationships to extant literature strengthened analytic validity and reliability. The rigorous qualitative approach privileges participants' knowledge and experiences to derive context-attuned interpretations valuable for comprehension and action.

Perception of violence normalization

Internalized victim-blaming hinders participants' recognition of violence and suppresses their help-seeking behaviors. One of our respondents shared that when she reported to her CEO of being sexually abused at the workplace and further harassed, the CEO took it seriously at first but later when the perpetrator told him he liked her romantically then he stopped taking the case seriously and acted like this was not harassment but romantic pursuit and it was normal when reasoning that they liked the girl. She said, "He even warned the abuser but once the abuser told him he liked me, his demeanor changed. He did not take it as seriously thereafter". She further said, "My family was not sure if I should bring this up further. They thought if I brought this up, people would think badly of me. They tried to hush me down and press the matter. They suggested I leave the office instead, thinking the person might react more negatively if I talked about this matter." This shows that the various systems compel the victim to stay silent and discourage them from speaking out against the abuse and the abuser. This seems to enforce the victims to normalize being treated in a certain way advantaging the perpetrators of GBV.

Another respondent who was harassed by her cousin told her mother and relatives about it but there was no change in their behavior towards any of them. She shared,

She finally understood, and eventually my relatives also knew about it. Still, he was invited to all the family events and functions. My family said, (*K garnu aba kta manche ta ho vaihalcha esto galti*) what to do, he is a man, these mistakes happen and took it so normally. These events made me lose faith in people. (Interview, 2022)

Such reactions normalize incidents of violence and silence the victims. They make victims accept such incidents and not act against the abuser. Another respondent also reported

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that she could speak out because of Sushmita (a victim who came out publicly to speak out against her rapist). She spoke. "I had no courage to come out because the incident happened 7 years ago but seeing the mass gathered for Sushmita, I got hope to speak out" (Interview, 2022). This also points out that institutionalized values can be challenged through opposing incidents.

These instances show links between the societal connection of violence to masculinity and hence normalized as a gender trait. For instance, the change in demeanor of the CEO once he got to know that the abuser liked the victim romantically.

Vulnerability of children

Child abuse emerged as a salient issue. They were more vulnerable when they did not know about good touch/bad touch and abuse, did not realize that they were being abused, or knew and trusted the abuser. Because they did not recognize abuse, it continued repeatedly for a long time. The lack of a safe space to communicate also increased vulnerability. One respondent who had been raped when she was a child shared,

It started when I was in grade 3. I had a neighbor. His sister used to be my best friend...He was 7 to 8 years older than us. After a few times of getting harassed, he finally got the chance of raping me. Several times. I was in grade 5. I didn't know what was actually happening to me. (Interview, 2022)

Similarly, another respondent shared the vulnerability of the being girl child through bribing and threatening.

I was small. I only remember bits. My cousins raped me many times. They used to give me chocolates and do those stuff. I did not know, and I was enjoying the chocolates. Now I am married, but whenever I see my cousins, I get grossed out. (Interview, 2022)

Bribing or threatening children to not tell others was also common. Children's caretakers and trusted individuals were common to abuse them. One of the many respondents of abuse by known people shared, "I recall my so-called mama stroking all over my body. He was attempting to put his hand inside my pants when I woke up. I was about 12/13 at the time" (Interview, 2022).

In one of the reported incidents, a change in the abuse pattern, i.e. the victim ceasing the abuse, was found when an adult interfered and informed the child victim of the abuse. A

respondent who had been sexually abused for years and did not recognize it as abuse till years later she shared,

By that time, I knew what was wrong. So, I could save myself. When I was younger, if I knew that was wrong, I could have saved myself and this had not happened just once or twice. It was for years. I don't even remember how many times till how many years. It would have continued for more years if *Didi* (elder sister) had not seen and warned me that day. (Interview,2022)

It is extremely common that child victims don't realize they had become victims of GBV until they grow older and know of sexual violence. Some respondents said, they were sexually abused. What happened to them was wrong. They only realized this when they were mature. One of the interviewees said, "When I was 8 years old, I did not even have any idea what was happening! He gave me a biscuit, telling me not to tell anyone. I did not tell anyone. This happened to me repeatedly (Interview, 2022)."

There is a dire need to teach the children about GBV and provide a safe space for them to come for help when needed. Respondents, now adults, wish only if they knew about abuse and harassment earlier or had a safe space to share about the abuses they faced when they were children. One respondent shared, when we were small, we got that 'this is not right' feeling but did not feel that this was harassment. Now, remembering makes us feel depressed. Fortunately, now that we got older and can understand, this has not happened. I only feel that maybe if there was someone to teach us good touch and bad touch in those day. Another woman shared her experience and knowledge as:

I did not even know what was happening to me. I only knew after we studied health in grade 8-9. Even till that time, I did not know what exactly had happened to me...I just knew it was wrong...I studied bio in plus 2, then I realized after like 10-12 years. (Interview, 2022)

GBV across demographic backgrounds and cultural contexts

Our research found that GBV can happen to anyone, regardless of their age, socioeconomic status, and ethnicity, level of literacy, education, or profession. Victims of GBV came from a wide range of demographic backgrounds, showing that the problem is widespread and affects all segments of society. Our data also showed that there were no clear patterns in terms of the types of violence experienced, with victims reporting a range of incidents such as sexual harassment, rape, physical abuse, and emotional abuse. Our research found that the prevalence of GBV was not limited to any specific geographic region or cultural context. This suggests

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that GBV is a universal issue that requires a comprehensive response that considers the unique cultural, social, and economic factors that contribute to it in different contexts.

The data also indicates the abusers do not have a fixed, recognizable characteristic. Sexual abusers can even be people in conventionally noble professions or people with whom the victims were familiar and trusted. A respondent who was raped by her neighbor/tuition teacher as a child shared,

The other teacher, he was good and was married too, everything was okay. I used to study with him...his wife had gone to her maternal home after having a baby. Then as usual I used to go study when one day, he took advantage of me. I was completely numb. I was stressed. When I was 13, he had sex or should I say raped me. (Interview, 2022)

A girl raped and blackmailed repeatedly by her principal while living at the school hostel shared, the principal raped me again and again. A math teacher repeatedly harassed his student who was later reported by a senior at her school. She shared, "This was when I was in grade 6. We had a math teacher who used to touch girls inappropriately. He had touched my breasts several times (Interview, 2022)."

Likelihood of abusers being known individuals

The responses from the interview show that it is highly likely that the abusers in cases of GBV were often individuals known to the victims and were trusted by them. Many victims reported that their abusers had pre-existing relationships or connections with them, such as intimate partners, family members, neighbors, teachers, friends, acquaintances, or colleagues. This was especially prevalent in cases of child abuse. In most cases of child abuse, abusers were people the parents knew and trusted. The victim explains her cousin brother had the audacity to ask her to have sex with him. The same victim had been abused by her mama (maternal uncle) when she was twelve. Another shared of their abuse when they were twenty, her own Fupaju (uncle) tried to abuse her when she was at his home.

Impact on mental and emotional well-being

Victims report several psychological effects after the abuse. They reported the phase of confusion, stress, suicidal thoughts, and being sensitive to trauma. These, besides the amount of support received, determined whether they reported their case.

Trauma and post-traumatic stress: Victims commonly exhibited symptoms of trauma and post-traumatic stress disorder (PTSD). These individuals recounted experiencing intense fear, anxiety, and distress because of the violence endured. Intrusive thoughts, nightmares, and hypervigilance were frequently reported, showing the pervasive and lasting impact of GBV on victims' mental well-being. Recognizing and addressing trauma as a significant consequence of GBV is crucial for developing effective interventions and support systems.

Isolation and social withdrawal: Victims of GBV often experienced a sense of isolation and social withdrawal as a result of the emotional impact they endured. Participants described feelings of shame and fear of judgment from others, leading them to withdraw from their social networks. The loss of support systems and social connections further exacerbates their vulnerability and hampers their recovery process.

Guilt, self-blame, and regret: Feeling guilty is one of the commonest emotions among the respondents. Many of them shared feelings of guilt when the abuser couldn't be punished. Feeling guilty also makes you question if you are deserving to be happy.

We are happily married now but I never told him about any of my past incidents. Does this make me characterless? I was abused in my teens and my hymen broke, I wasn't a virgin, this makes me characterless? Don't I deserve to live a happily married life with my current husband? Just because I was harassed in the past? (Interview, 2022)

Victims often feel guilty about the incident. Some statements made during interviews where the victims were feeling guilty for everything that had happened and thought it was all their fault, even today she feel guilty that he couldn't be punished. A respondent touched inappropriately by her teacher for months shared, "He was the one doing bad touch but I used to feel shy (Interview, 2022)." There are a lot of what ifs and regrets, such as a respondent saying, if victims mum dad had given me a little time, such thing would not have happened with them and they would not have to be hurt remembering such things one of the victims emphasizes with her need and non-replaceable conditions of family security.

Suicidal tendencies: Suicidal thoughts are common among the victims. Multiple respondents reported attempted suicide. A girl who was continuously raped by her principal while staying in a school hostel during her school years shared, "I tried committing suicide 3 times within 2 years in school but nothing helped me...It has been 7 years now but I still cry all night remembering my past (Interview, 2022) Another interviewee said,

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Time flew and when I was in grade 10, I saw him in the morning and that really bothered me. I even tried killing myself and a lot of things are coming into my head. Maybe I should quit this world type. (Interview, 2022)

Fear: There is the increase in fear and a lack of sense of security and trust as a result of GBV. One of our respondents shared,

I don't feel safe anywhere, I get scared to come out the house. It's frustrating to think of the kind of clothes to wear when going out. What would others think when I wear these clothes? A few months back, tipper used to feel scary. Now, males seem scary. I fear talking to my own brothers and friends! I don't believe anyone! If it gets evening, returning home is scary. Am I the only one with this fear? Or is it everyone? (Interview, 2022)

The victims often fear the reaction from others, their families, and society, upon knowing that they were abused. This correlates to the social stigma the victims face in a conservative society. Fear and disgust towards the incident are commonly expected reactions. One of our respondents shared, "Seeing these crimes and rapes, I do not feel safe anywhere, get scared to come out of the house. It's frustrating to think of the kind of clothes to wear when going out (Interview, 2022).

Motivated forgetting: Forgetting the incident is a trauma response. Forgetting bits and pieces of the incidents were common among our respondents. Our respondents reported not remembering the number of abuse incidents, forgetting parts of the incidents, and forgetting the incident wholly till it was triggered by a similar incident later in life. For instance, our respondents shared that they forgot that they were abused, only to remember it later in life when a similar incident was talked about. They said, "I don't remember how many times I had been abused by that person in my childhood because I have no memory of any incident before and after that incident with that person (Interview, 2022)." Another respondent said, when the incident happened when she was 13. After she had seen harassment being shown on tv that incident triggered her memory.

Depression and Anxiety: Depression and anxiety emerged as prevalent psychological consequences of GBV. Victims frequently described feelings of sadness, hopelessness, and despair, along with heightened levels of anxiety and constant worry. The emotional toll of GBV can significantly impact victims' daily functioning and overall quality of life.

GBV in Academia

Participants expressed experiences of harassment, assault, and discrimination within educational settings, leading to diminished concentration, decreased academic performance, and a sense of insecurity. The fear and trauma associated with GBV create barriers to victims' access to education, progression, and the pursuit of their academic goals. One of our respondents says she is happy now but all her life she wanted to be a doctor. She convinced her family and studied day and night to make her dreams come true. Once she joined this very popular medical entrance preparation class, she sat on the first bench where she was repeatedly touched inappropriately by her teacher. She even tried telling her friends but no one believed her because she looked strong. This incident affected her to the extent that she slowly stopped studying and dropped out. She said,

I did not feel like studying. I did not know whom to tell, who would understand. All my hopes were lost there and then. I looked very daring but because I did not have knowledge outside books, I could not share the incident that had happened to me to anyone. (Interview, 2022)

Career Impediments and Occupational Challenges

GBV can impede victims' career advancement and create significant occupational challenges. Participants described instances of harassment, discrimination, and unequal treatment in the workplace, limiting their opportunities for professional growth and success. The emotional and psychological toll of GBV also affects victims' confidence, job satisfaction, and overall well-being. A respondent shared, "I was greatly affected by this. This started hampering my work, too...I have even been scolded for being slow at work. Even at home, can't focus, get stuck, and affected mentally. To cope, I started meditation and yoga (Interview, 2022).

Normalization and Blaming

A significant finding was victims' tendency to normalize abusive behaviors and blame themselves for the violence they experienced. Internalized guilt and shame led victims to believe they deserved the abuse or that it was a consequence of their actions.

Disgust towards sexual intimacy

Victims of GBV may experience a profound negative impact on their sexual well-being. The experience of violence can lead to feelings of disgust, fear, and aversion toward sexual

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activities. This can result in a loss of interest in sex, avoidance of sexual intimacy, or the development of negative associations with sexual experiences. One of our respondents said, "Because of that harassment, I was disgusted with sex" (Interview, 2022). Another said, 'I get disturbed by these incidents and I feel very difficult when someone talks about rape or sex.'

Trust and intimacy issues

GBV can erode trust within interpersonal and intimate relationships, impacting victims' ability to engage in healthy and consensual sexual interactions. The experience of violence can make it challenging for victims to establish and maintain trust with a partner, leading to difficulties in developing intimate connections and engaging in open communication about sexual desires and boundaries.

Conclusion

Gender-based violence (GBV) is an extremely common issue globally, with over one billion victims estimated worldwide (Simister, 2012). Such violence has serious consequences for survivors' physical, reproductive, and mental health, as well as their personal and social wellbeing. The issue requires urgent attention globally and in Nepal specifically, where studies demonstrate high GBV prevalence yet acute underreporting. Although states are taking measures to address GBV, progress remains lacking. Understanding the issue from survivors' perspectives has critical implications for appropriate resource allocation, policy, program design, and evaluating preventative and rehabilitative services.

Similarly, the study explored Nepali GBV survivors' experiences, particularly their perceptions of GBV and factors enabling its perpetuation. In-depth interviews gathered data on survivors' personal encounters with violence and the societal and cultural dynamics that fuel GBV. Thematic analysis identified patterns and drew out overarching conclusions.

The findings reveal GBV as a pervasive issue in Nepal, with many participants reporting experiencing sexual harassment, rape, domestic abuse and other forms of GBV. Prevalence crossed socioeconomic, caste, education and community lines. Alarmingly, nearly all female participants had either directly experienced GBV or knew another survivor. Several cultural and social norms emerged as propagating GBV, especially those enforcing patriarchal authority, feminine sexual purity, and gender inequality. The normalization of GBV in these belief systems was seen as deterring reporting and accountability. Traditional masculinity constructs also contributed.

Participants faced significant barriers to reporting GBV to authorities, including fear of retaliation, stigma, distrust in the legal system, and feeling the procedures favored perpetrators over victims. Specialized GBV response services, like courts and trained professionals, were lacking. Additional obstacles were mental health impacts post-assault and anxiety over social isolation.

Ultimately, the study highlights the need for multi-pronged efforts addressing cultural and legal realms to combat Nepal's GBV epidemic. Increased awareness, victim empowerment and legal reforms are critical for progress. Transforming societal attitudes and practices normalizing violence is vital for lasting change. With coordinated action on these fronts, a more just reality free from GBV may emerge. But concerted efforts centered on survivors' needs are indispensable.

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