

**Abuse and Activity Limitation :
A Study on Domestic Violence Against
Disabled Women in Orissa, India**

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Executive Summary

Inquiry into domestic violence, especially sexual abuse, against women with disabilities is one of the most complex, controversial and disturbing challenges facing rehabilitation researchers. It raises a combination of many unresolved issues in the studies of abuse, disability and the status of women. As a dimension of the general study of abuse, disability has barely been acknowledged. As a dimension of the general study of disability, abuse has only recently surfaced as a problem and has yet to be the subject of rigorous scientific inquiry. To unveil the importance of this problem and to set forth some parameters for further investigation into its magnitude and impact, this study attempted a mapping of 12 districts of Orissa and makes an effort at presenting the findings of a qualitative study of 'Domestic Violence against Women with Disabilities.'

This mapping of 12 districts documents the prevalence of abuse of women with physical disabilities compared to women with mental challenges. The research design was a case-comparison study using written questionnaires. A sample of 729 women, 595 with physical disabilities and 134 with mental challenges was compiled from women responding to a state level survey. The respondents were asked if they had ever experienced emotional, physical or sexual abuse. Physical abuse comprised denial of basic rights like access to food, education, social participation etc. Parents, husbands and close family members were the most common perpetrators of emotional or physical abuse for both groups. Deaf women were sexually abused by family members and close friends as also those who were mentally challenged. Women with physical disabilities appear to be at risk for emotional, physical and sexual abuse to the same extent as women without physical disabilities.

Unique vulnerabilities to abuse, experienced by women with disabilities, include social stereotypes of asexuality and passivity, acceptance of abuse as normal behaviour, lack of adaptive equipment, inaccessible home and community environments, increased exposure to medical and institutional settings, dependence on perpetrators for personal assistance and lack of employment options. In order to enable the identification of women with disabilities who are in abusive situations and their referral to appropriate community services, policy changes are needed to increase training for all types of service providers in abuse interventions, improve architectural and attitudinal accessibility to programs for battered women, increase options for personal assistance, expand the availability of affordable legal services, improve communication among community service providers and most importantly provide skill development programs to make disabled women independent.

Clearly, there is a need for services for disabled women to break free of all forms of violation and violence. There is a need for shelters specifically designed and dedicated to disabled victims of domestic violence. A woman in a wheelchair will need accommodation, that has doorways that are wide enough, a ramp to gain access to and from the building, hallways that are wide enough, a wheelchair will need to get within three feet of the toilet in the bathroom. A blind individual will need Braille throughout the facility. An individual who is deaf will need staff culturally sensitive to deaf issues. A deaf individual will also need a sign language interpreter. It is not always acceptable for a family member or friend to interpret for a deaf victim of domestic violence. This may lead to an inaccurate account of the issues. Police officers, psycho-social counsellors and service providers need to be trained to assist disabled victims of domestic violence in meeting their needs.

Domestic violence has a powerful impact on women with disabilities, not only physically, but both mentally and emotionally. Symptoms may include: depression, post traumatic stress disorder, self-destructive behavior or self mutilation and low self image. If community workers and service providers become adequately trained on the issue of domestic violence and disability, they will be better able to empower disabled victims of domestic violence to take control of their lives and break the cycle of power and control.

About This Report

SURVEY PURPOSE

This study has made an effort to bring to the forefront issues which have remained unspoken and invisible. It will enable us to understand the magnitude of violence against women with disabilities; denial of even basic rights like food, clothing, shelter and medical facilities. And will enable us to :

1. Devise mechanism to address the issue of violence against an invisible minority from a human rights point of view.
2. Improve the availability, accessibility, and timeliness of sex education and self-protection training for women with disabilities.
3. Train people who serve victims of violence (including law enforcement personnel, health care professionals, and advocates) in how to communicate with and respond to the special issues of women with disabilities who have experienced violence.

Using a social constructionist perspective on both disability and violation of rights, amounting to violence, the survey focused on denial of rights and domestic violence as having become a norm, a part of these women's everyday life.

It focused on :

1. The extent and seriousness of domestic abuse (food, clothing, education, social mobility, economic empowerment), the complexity of the interpersonal dynamics in domestic violence, and the need for innovative approaches on the part of the judicial system.
2. The complex issue of sterilisation and reproductive health of disabled women.
3. The deplorable condition in which intellectually disabled women live at home.

STUDY METHODOLOGY

The project incorporated an applied methodology, with research being undertaken using methods that maximised the relevance and on-going value of findings. Quantitative methods were employed to gather information from women with disabilities, their family members and neighborhood people. Qualitative methods were utilised with women with disabilities who have experienced family and domestic violence. This was analysed by NIMHANS, Bangalore for which Mihir Mohanty provided crucial inputs.

Quantitative Data

Surveyors were identified for this study after a round of interviews. Thereafter they were briefed on issues of disability with emphasis on violence and violation of rights. They were familiarized with the questionnaires by detailed discussions and debate.

The Individual questionnaire was separately developed for physically disabled and intellectually challenged women (refer to annexures) . The questions were on :

- Personal particulars
- Family details
- Disability details

- Basic Rights (food, eating together, cooking, grooming details, social participation, marriage, children and medical check-ups)
- Domestic Violence (Physical assault, sexual abuse, forced hysterectomy)
- Other Information (Education, employment, leisure activities, experience with doctors, cocounsellorsneighbours, involvement in legal cases)
- For severe cases of mentally challenged persons, quequestionnairesere developed for inputs from family members on the above areas.

Qualitative Data

SRQ scores were calculated and analysed by Dr. Sekhar of NIMHANS.

METHODOLOGICAL LIMITATIONS

The key limitation on surveys of this type is that they only document the cases known to the neighbourhood. In many instances in India, people hide disabled members of family as it is considered a matter of shame. The other limitation is the disabled individual and her family member's willingness to participate.

Given the diverse background of our surveyors (psychology post graduates, sociology students, social workers and NGO workers) who participated in the survey, we have obtained a spread of case types beyond those which might normally come to the attention by a general survey. Nonetheless, we recognise that the method is still limited by the need for the respondents to develop a sense of victimisation and a willingness to at least discuss this with one of the workers who had agreed to facilitate the survey zing process.

Other limits to the survey include:

- The survey was time taking as villages were very remote and hence we could map only 12 districts and interview 729 respondents.
- The survey demanded a certain level of understanding and reasoning skill which our surveyors, being conducting this for the first time, could not perform at their 100% best.
- Cultural factors may have limited the degree of cooperation with the survey.
- Lack of control over respondent and inability to talk in privacy.
- Family members refused to cooperate in almost all cases and hostile too in many instances

MAPPING AREA

12 districts of Orissa.

SAMPLE SIZE

Sample Size - 729 disabled women, girl child and family members.

AGE GROUP

18-40

Survey Results

INTRODUCTION

To say that a disabled woman lives violence in every day of her life can seem a very strong expression, perhaps exaggerated. Indeed, it is not. Domestic violence and other forms of violence represent an enormous burden for women throughout the world. In most countries, between 25% and 50% of women admit being or having abuse from their partners. It is within their homes that women are the most exposed to violence - violence which increases during marital life. This is true for women of all social classes, races and ages.¹

The violations that a disabled woman faces every day are various and can be expressed at two levels. The first level is that of visibility. Being visible means to be recognised as a person in her own right, expressing herself through the various contexts of life: family, educational, professional and social. Very often in our societies this doesn't happen and the disabled woman is violated in her most intimate and deepest dimension - of physical identity, emotion, thought and, of great importance to everyone, personal relationships. The violence consists in the incapacity of others to recognise that disabled women are capable of these dimensions and therefore exclude them. The other level of analysis, to consider, is that related to the equal opportunities of disabled women in comparison to other women and in comparison to disabled men. In reality, disabled women confront double discrimination. The first discrimination is that, in comparison with other women, every law in favour of women and every service for improving the quality of their lives excludes any particular reference to disabled women. The second level of discrimination is that society as a whole, as well as some disabled men, put obstacles in the way of disabled women to their achievements, to roles of responsibility and to realizing themselves as women, mothers and companions.

Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace.² Disabled women also tend to be relatively easy targets of sexual exploitation, particularly if they are mentally retarded. In general, disabled women tend to be in a state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence.³ Because of the relative isolation and anonymity in which women with disabilities live, the potential for physical and emotional abuse is high. It is estimated that having a disability doubles an individual's likelihood of being assaulted.⁴ At the same time, and because of their isolation, women with disabilities are likely to have less resources to turn to for help.

Our survey focused on identifying the various levels and dimensions in which women with disabilities faced discrimination and violation. Using a social constructionist perspective on both disability and violation of rights, amounting to violence, the survey focussed on denial of rights and domestic violence as having become a norm, a part of these women's everyday life. Our study has made an effort at estimating the magnitude of abuse and violence, the extent and seriousness of domestic abuse (food, clothing, education, social mobility, economic empowerment), the complexity of the interpersonal dynamics in domestic violence, and the need for innovative approaches on the part of the civil society. It also tried to study the complex issue of sterilisation and reproductive health of disabled women and to bring to limelight the deplorable condition in which intellectually disabled women live at home.

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1. Dina Nfon Priso : Africa – Violence Against Women. 22-3 Summer 1996. Women's International Network News, 187 Grant St. Lexington, MA, USA : Page 39.
 2. UNDP. Human Development Report. Geneva, 1995.
 3. Addressing Concerns Of Women With Disabilities in CBR - Maya Thomas, M.J. Thomas
 4. Driedger D. Emerging from the Shadows : Women with Disabilities Organise. In Driedger D, Feika I, Gironbatres E (Eds). Across Borders. Charlotte Town, Canada: Gynergy Books, 1996.

DEFINING DISABILITY AND VIOLENCE

It would be good to point out the definition of violence gathered in the report of the Fourth World Conference on Women, the basic reference document for further legislative development, declarations etc., as a basis of this report.

"D. Violence against women.

112. Violence against women is an obstacle towards equality, development and peace. Violence against women violates and underestimates or impedes her benefit of human rights and fundamental liberties. The inveterate incapacity to protect and promote these rights and liberties in the cases of violence against women is a problem in which all nations are involved and which demands that measures must be taken. Since the Conference of Nairobi, the knowledge of the causes, consequences and reach of this violence has been considerably broadened, as well as the measures to bring it to an end. In every society, to greater or minor extent, women and girls are subject to maltreatment in physical, sexual or psychological aspects, with no distinction being made with regards to their income, social class, or education. Belonging to lower classes and facing economic difficulties may be a cause as equally as a consequence of the violent attacks women suffer.

113. 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."⁵

In the light of this definition of violence, the conclusion reached is that not only the obvious, bloody, physical aggression of stabbing or beating is to be considered violence, but also any action that violates human rights. That is to say, any action that affects one's freedom, personal development, well-being, privacy, or other, where any person would be permitted to feel protected by the basic civil rights. This will be the conceptual framework on which this report is based.

Family violence, in this context, refers to physical, psychological or sexual maltreatment, abuse or neglect of a woman with disabilities by a relative or caregiver. It is a violation of trust and an abuse of power in a relationship where a woman should have the right to absolute safety. In many cases, it is also a crime.⁶

For the purpose of this study, the term disability encompassed the following impairments: disability that can increase vulnerability to abuse may result from physical, sensory, or mental impairments, or a combination of impairments; physical disability resulting from injury (e.g., spinal cord injury, amputation), chronic disease (e.g., multiple sclerosis, rheumatoid arthritis), or congenital conditions (e.g., cerebral palsy, muscular dystrophy); sensory impairments consisting of hearing or visual impairments; and mental impairments comprising developmental conditions (e.g., mental retardation), cognitive impairment (e.g., traumatic brain injury), or mental illness. Violence is any form of abuse or violation of basic rights. Emotional abuse is being threatened, terrorized, severely rejected, isolated, socially distanced, ignored, or verbally attacked. Physical abuse is any form of violence against one's body, such as being hit, kicked, restrained, or deprived of food or water. Sexual abuse is being forced, threatened, or deceived into sexual activities ranging from looking or touching to intercourse or rape.

5. The report from the Fourth World Conference on Women, Beijing, 15th of September 1995

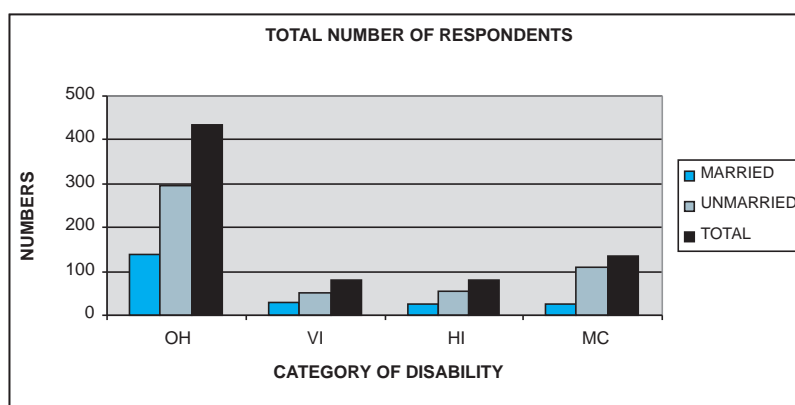
6. Violence and Disabled Women : by Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., METIS project, European Unión DAPHNE initiative, 1998

NUMBER OF CASE STUDIES - DISABILITY WISE

Table - 1

	MARRIED	UNMARRIED	TOTAL
OH	139	294	433
VI	31	50	81
HI	27	54	81
MC	25	109	134

Graph - 1



PREVALENCE OF VIOLENCE AGAINST WOMEN WITH DISABILITIES - PUBLISHED WORK FROM AROUND THE WORLD

The prevalence of abuse among women in general has been fairly well documented, yet no study in India has examined the prevalence among women with disabilities. At least one in three women worldwide have been beaten, coerced into sex or abused in her lifetime, according to a report by the Johns Hopkins School of Public Health and the Centre for Health and Gender Equity.⁷

More than half the women in some countries are victims of violence. In a report by UNICEF compiling data from 1984 to 1988, the percentage of women who have been physically assaulted by an intimate male partner "in any relationship," ranges from 10% or less in such countries as the Philippines (5%) and Uganda (58%).⁸

In a recent study in Japan, 59% reported physical abuse by partner, 66% emotional abuse, and 60% sexual abuse. In Papua New Guinea, 47% rural women and 62% of high income women report domestic violence. In the US, it is estimated one in six will be raped in her lifetime.⁹

In Canada, the Disabled Women's Network of Canada¹⁰ surveyed 245 women with disabilities and found that 40% had experienced abuse; 12% had been raped. Perpetrators of the abuse were primarily spouses and ex-spouses (37%) and strangers (28%), followed by parents (15%), service providers (10%), and dates (7%). Less than half these experiences were reported, due mostly to fear and dependency. Ten percent of the women had used shelters or other services, 15% reported that no services were available or they were unsuccessful in their attempts to obtain services, and 55% had not tried to get services.

7. UN wire, January 20, 2000

8. UNICEF, 1999 [State of the World's Children 2000]

9. International Center For Research on Women. N.D. ICRW global fact sheet : Women's health matters. Washington DC.

10. Ridington, J. (1989). *Beating the 'odds': Violence and women with disabilities* (Position Paper 2). Vancouver: Disabled Women's Network: Canada.

Sobsey and Doe ¹¹ conducted a study of 166 abuse cases handled by the University of Alberta's Sexual Abuse and Disability Project. The sample was 82% women and 70% persons with intellectual impairments, and covered a very wide age range (18 months to 57 years). In 96% of the cases, the perpetrator was known to the victim; 44% of the perpetrators were service providers. Seventy-nine percent of the individuals were victimized more than once. Treatment services were either inadequate or not offered in 73% of the cases.

The Ontario Ministry of Community and Social Services ¹² surveyed 62 women and found that more of the women with disabilities had been battered as adults compared to the women without disabilities (33% versus 22%), but fewer had been sexually assaulted as adults (23% versus 31%).

An extensive assessment of the sexuality of non-institutionalized women with disabilities, which included comprehensive assessment of emotional, physical, and sexual abuse, was conducted by the Center for Research on Women with Disabilities (CROWD) through a grant from the U.S. National Institutes of Health. This study also covered other areas that may be associated with abuse, such as sexual functioning, reproductive health care, dating, marriage, parenting issues, and the woman's sense of self as a sexual person. The design of the study consisted of (1) qualitative interviews with 31 women with disabilities, and (2) a national survey of 946 women, 504 of whom had physical disabilities and 442 who did not have disabilities. Disabilities reported most frequently included spinal cord injury, cerebral palsy, muscular dystrophy, multiple sclerosis, and joint and connective tissue diseases.

A recent national study ¹³ by the Center for Research on Women with Disabilities shows that women with physical disabilities experience about the same rate of emotional, physical, and sexual abuse as women without disabilities. About 55% of each group had experienced physical or sexual abuse. The women with disabilities, however, were more likely to experience the abuse over longer periods of time. The most common perpetrators were husbands and family members. Disability is associated with fewer economic resources, thereby increasing the risk of abuse. It also limits the woman's options for escaping abusive situations or accessing battered women's programs.

PREVALENCE OF VIOLENCE AGAINST WOMEN WITH DISABILITIES - REPORTS FROM INDIA

Women and girls with disabilities are particularly vulnerable to violence, especially within the home situation. Sexual abuse is quite common, especially among women with mental and/or hearing disabilities. Abuse by physicians and caregivers, e.g. forced sterilization, is common.¹⁴ Incest is very common in India. Women with disabilities are the easy prey for the exploitation within the family. We also do not discuss these issues in public. The large demand of parents of mentally retarded daughters for compulsory sterilization speak volumes.¹⁵

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11. Sobsey, D., & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability*, 9(3), 243-260.
 12. Ontario Ministry of Community and Social Services. (1987). Disabled women more likely to be battered, survey suggests. *The Toronto Star*, April 1, F9
 13. Developed by the Center for Research on Women with Disabilities, Margaret A. Nosek, Ph.D., Director, based on Patricia R. Salber, M.D. and Ellen Taliaferro, M.D., *The Physician's Guide to Domestic Violence* (Volcano, CA: Volcano Press, 1995).
 14. Equity to Women with Disability in India - A strategy paper prepared for the National Commission for Women, India by Indumathi Rao © 2004
 15. Equity to Women with Disability in India - A strategy paper prepared for the National Commission for Women, India by Indumathi Rao © 2004

OUR STUDY IN ORISSA

Abuse issues emerged as a major theme among the 729 questionnaires received. An analysis of reports of abuse in those 3 interviews is as follows :

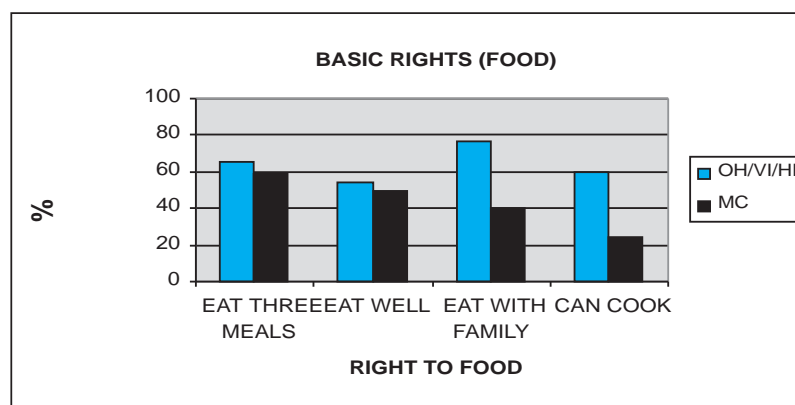
BASIC RIGHT

RIGHT TO FOOD

Table 2

	EAT THREE MEALS	EAT WELL	EAT WITH FAMILY	CAN COOK
OH/VI/HI	65.1	53.9	77	60
MC	58.7	50	40.4	24

Graph - 2



Fawcett, ¹⁶ in his study, has found that over 15 percent disable women experienced food shortages at least once a year. It is a grim state of affairs that only 65% of physically disabled and 58.7% of mentally challenged of our respondents got to eat three meals and only 54% among the former and 50% among later eat well.

Social isolation of mentally challenged women, in their own homes, is visibly clear in both Table 2 and Graph 2. Where as only 40% get an opportunity for family dining less than 25% can cook, which is a very common growing up activity for girl child in Orissa.

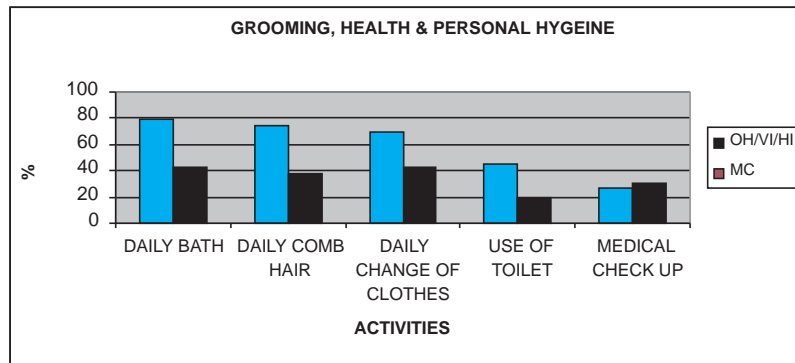
GROOMING , HEALTH & PERSONAL HYGEINE

Table 3

	DAILY BATH	DAILY COMB HAIR	DAILY CHANGE OF CLOTHES	USE OF TOILET	MEDICAL CHECK UP
OH/VI/HI	79.1	74.3	69.5	45.7	27.1
MC	42.5	38.1	43	19	31

16. Fawcett, G. (1996). *Living with a disability in Canada: An economic portrait*. Ottawa, ON: Human Resources Development Canada

Graph - 3



Apathy towards the mentally challenged family member becomes clearer as we look at Table 3 and Graph 3. That only 42% of respondents take bath on a daily basis, 38% comb their hair and 43% 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% use toilets). This provides a threatened environment which can provide easy access for both physical and sexual abuse.

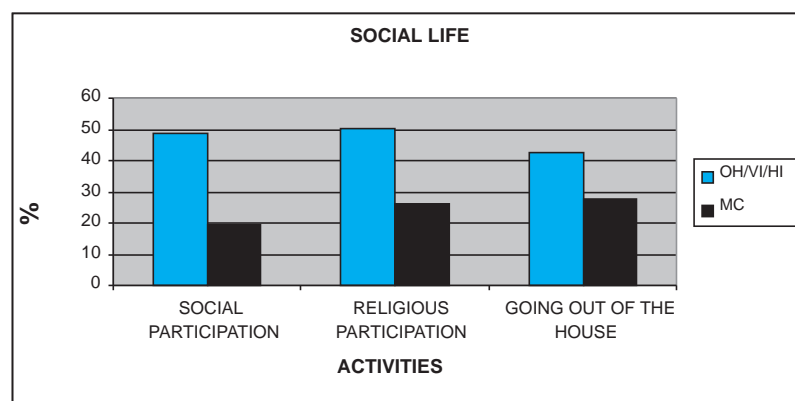
Across the world, persons with disabilities are among the most underserved people, in terms of medical care and other services.¹⁷ However, disability issues are now receiving greater attention worldwide. The UN Standard Rules identify the availability of suitable medical and health care as an essential prerequisite if people with disabilities are to enjoy equal opportunities in the societies where they live.¹⁸ The situation in Orissa is deplorable with only 27% of physically disabled and 31% of mentally challenged women getting access to medical and health services. A slightly higher percentage of mentally challenged women getting medical check ups can be the result of perhaps more number of women getting mentally traumatised over the years.

SOCIAL LIFE

Table 4

	SOCIAL PARTICIPATION	RELIGIOUS PARTICIPATION	GOING OUT OF THE HOUSE
OH/VI/HI	48.5	50.1	42.4
MC	19.4	26.1	27.6

Graph - 4



17. Frye, B.A. (1993). Review of the World Health Organization's report on disability prevention and rehabilitation. *Rehabilitation Nursing*, 18(1), 43-44.

18. United Nations. (1994). *Standard rules on the equalization of opportunities for people with disabilities*. New York, NY.

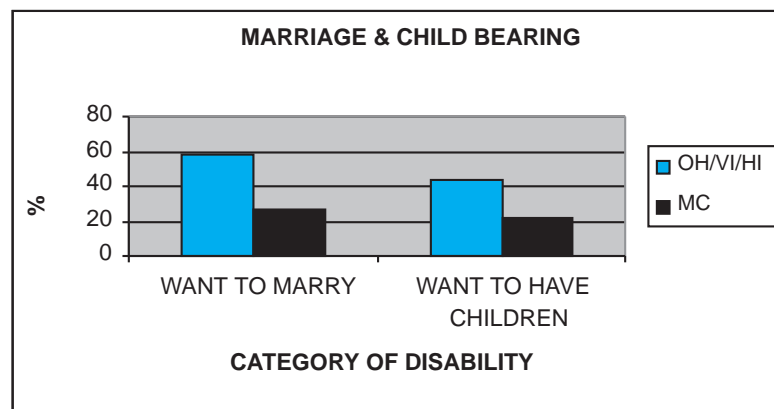
Table 4 and Graph 4 only testify the observations in Table 2 & 3 as also Graph 2 & 3. Social functions and religious functions form the backbone of our socio-cultural fabric. Since time immemorial social outcasting has been considered as the most severe of punishments given to a member of a the community for grievous activities. The figures above point out glaringly that women with mental ailments are 'social outcastes.' Only 19 % women who are mentally challenged get an opportunity to participate in social gatherings and 26% in religious festivities.

MARRAGE & CHILD BEARING

Table 5

	WANT TO MARRY	WANT TO HAVE CHILDREN
OH/VI/HI	58	44.2
MC	26.8	21.6

Graph -5



If a woman becomes disabled after her marriage, she knows that her husband will leave her for another wife. Or if she has children she will be judged incapable of looking after them. The children will be put in the care of grandparents.¹⁹

32% of women in our study group were married among OH, 38.2 among VI, 50 among HI and 18.6 among the MC. Thus altogether 30.5% respondents were married. Here, too, the majority of disabled women are also discriminated, as from the outset women are judged by their physical looks and not by their qualities as human beings. Disabled women do not meet the set standards, and their sexuality is barely recognised. The possibility of being considered asexual, and therefore of being deprived of their right of bringing up a family, childbirth, adoption, and housekeeping, etc, is directly proportional to how evident the disability is.²⁰

19. Zohra Rajah, Thoughts on Women and Disability, Vox Nostra No. 2 (1989): 10

20. Violence and Disabled Women by by Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., METIS project, European Unión DAPHNE initiative, 1998

Disabled women are further subjected to various other problems concerning pregnancy, child rearing and household work after marriage. ²¹ This finds a reflection in our survey where only 44.2 % among physically disabled and 21.6% among mentally challenged women expressed the desire to have children. Yet a recent study showed that a woman even with her lower half paralyzed can give birth to and rear a healthy child. ²²

The lack of socially inscribed reproductive and nurturing role may be a great disincentive for these disabled women where marriage must precede sex and thus reproductive role is the only possible way to have sex. Denial of reproductive role for them is a denial of a sexual life .

DOMESTIC VIOLENCE

PHYSICAL ABUSE

Table 6

	BEATEN AT HOME	NOT BEATEN
OH/VI/HI	22.6	77.3
MC	48.5	51.4

In some cultures it is still taboo for women to publicly discuss or officially report abuse and domestic violence and, therefore, the magnitude of the situation worldwide is just coming to light.²³ When a direct question was posed respondents were quick to reply in the negative in the case of physical disabilities. Only 22.6% of the women confessed of getting beaten at home. However, the figure was 48.5% for the mentally challenged women for whom shame is not a well understood concept.

Probably the single biggest factor affecting the incidence of family violence against women with disabilities is the size concept of these women's families. Women with disabilities often depend on a variety of people to provide them with assistance in carrying out their everyday lives. For this reason, their family is understood to include not only parents and spouse but also friends, neighbours and relatives. This large number of people and the intimate physical and emotional contact involved in the care they provide greatly increase the risk of abuse to women with disabilities.

Table 7

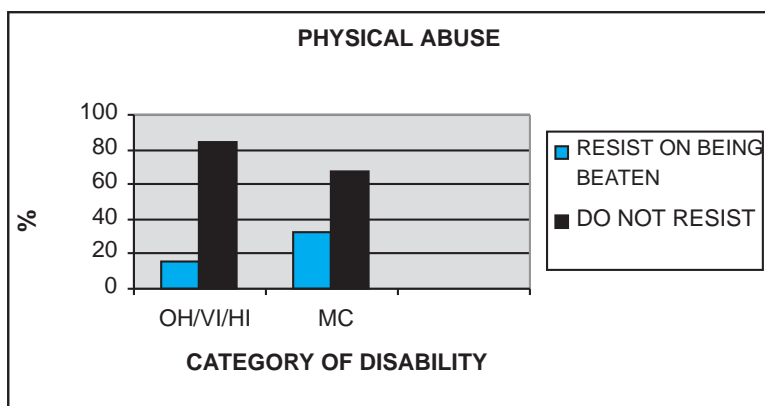
	RESIST ON BEING BEATEN	DO NOT RESIST
OH/VI/HI	15.4	84.5
MC	32	68

21. Zohra Rajah, Thoughts on Women and Disability, Vox Nostra No. 2 (1989): 10

22. Zohra Rajah, Thoughts on Women and Disability, Vox Nostra No. 2 (1989): 10

23. A Fire in the House, UNICEF Cambodia, 1996

Graph - 6

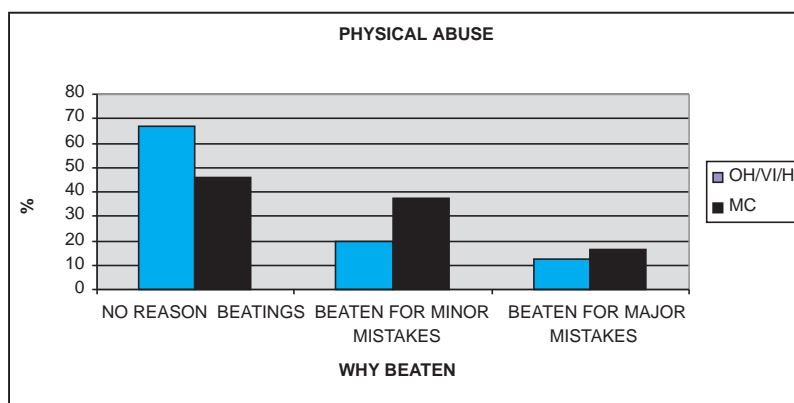


Then the change in the question format and supplementary questions brought out a completely new scenario. When the respondents were asked if they resist on being beaten it became evident that they were all beaten. The grimness of the situation lies in the fact that all disabled women (100%) get beaten.

Table 8

	NO REASON BEATING	BEATEN FOR MINOR MISTAKES	BEATEN FOR MAJOR MISTAKES
OH/VI/HI	67	20	12.4
MC	46.2	37.3	16.1

Graph - 7



Disabled women were perhaps used as scape goats or an outlet for relieving anger and irritation as most cases, 67% among OH/VI/HI and 46.2% among MC, were beaten for no reason. And this is also the case of women without disability where 38% of the women were verbally insulted by their husband with a median of 11 times in past 6 months. Almost half the women said they had been slapped, hit, kicked or beaten by their husbands at some time. 24% of the women reported having been kicked by their husbands at some point during their married life, and 44% were reportedly kicked during pregnancy. 12% were specifically threatened by their husbands with having kerosene oil poured on them to set them on fire. 30% of the physically assaulted victims required medical care.²⁴

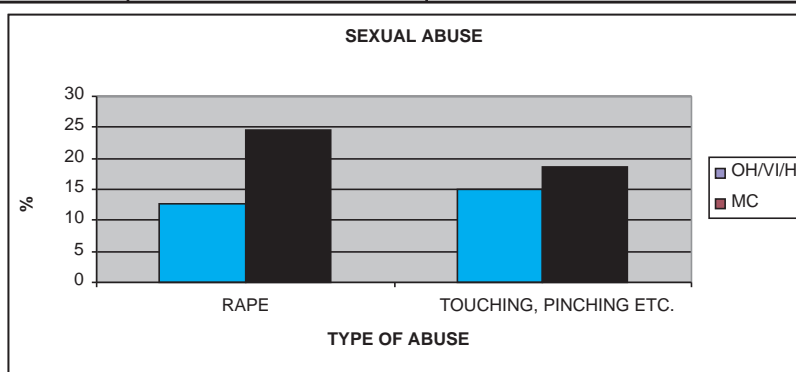
24. Jain D, Sanon S, Sadowski L, Hunter W Violence against women in India: evidence from rural Maharashtra Rural and Remote Health 4 (online), 2004: no 304

SEXUAL ABUSE

Table 9

	RAPE	TOUCHING PINCHING ETC.
OH/VI/HI	12.6	14.96
MC	24.6	18.7

Graph 8



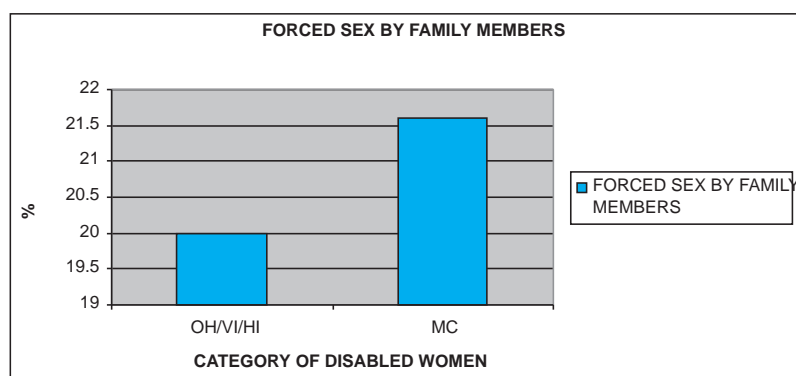
Sexual violence against disabled girls and women occurs at alarming rates within families, in institutions, and throughout society. In many countries, disabled children are abused at a higher incidence than non-disabled children ²⁵. 12.6% of our physically disabled respondents reported having been raped and 15% confessed to being pinched and uncomfortable touching. The incidence was higher among the mentally challenged where 25% reported rape and 19% being pinched and uncomfortable touching which could be because of two reasons, first for the mentally challenged women for whom shame is not a well understood concept and second the family did not hesitate as it could be used as a excuse for forced sterilization.

FORECED SEX BY FAMILY MEMBER

Table 10

	FORCED SEX BY FAMILY MEMBERS
OH/VI/HI	20
MC	21.6

Graph 9



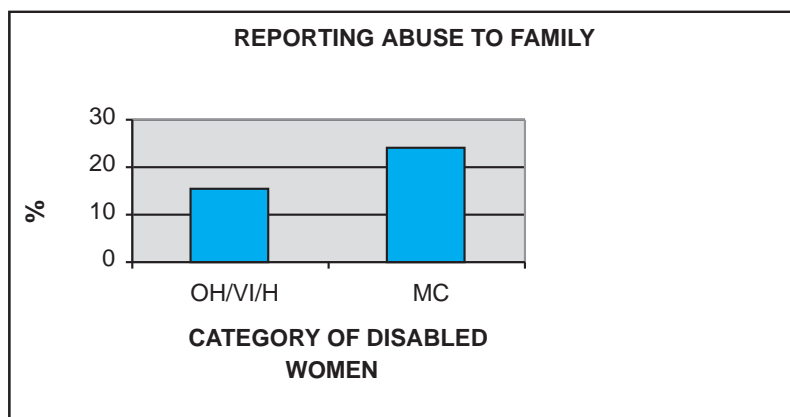
25. International Leadership for Women with Disabilities: Fact Sheet on Women & Disability, 1995. Prepared by Rehabilitation International, 25 East 21 Street, New York, NY 10010 USA

Frequently the abuser or perpetrator is trusted by the family or a caretaker on whom the girl is dependent.²⁶ In our report 20% physically disabled and 22% mentally challenged women reported being forced into sex or raped by family members.

Table 11

	REPORTING ABUSE TO FAMILY
OH/VI/HI	15.6
MC	23.9

Graph 10

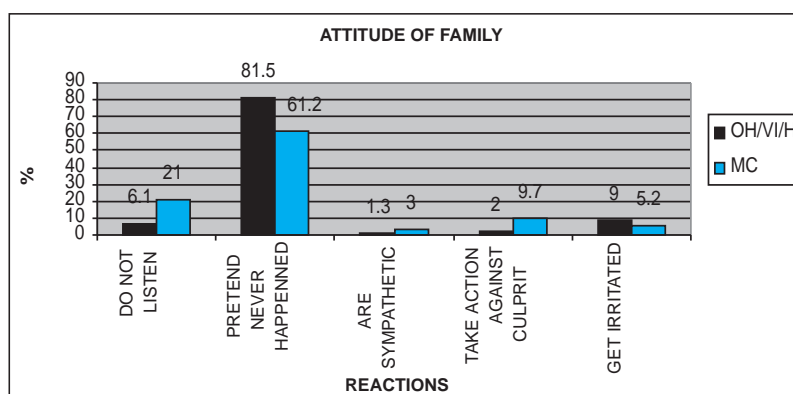


Only 15.6% among physically disabled and 23.9% among those mentally challenged reported abuse. A large number of women did not report it. Social withdrawal, a characteristic of the depressed states, may prevent depressed patients from discussing emotional problems with physicians, friends, or family.²⁷

Table 12

	DO NOT LISTEN	PRETEND NEVER HAPPENED	ARE SYMPATHETIC	TAKE ACTION AGAINST CULPRIT	GET IRRITATED
OH/VI/HI	16.1	81.5	1.3	2	9
MC	21	61.2	3	9.7	5.2

Graph 11



26. International Leadership for Women with Disabilities: Fact Sheet on Women & Disability, 1995. Prepared by Rehabilitation International, 25 East 21 Street, New York, NY 10010 USA
 27. Vali, F. M., & Walkup, J. (1998). Combined medical and psychological symptoms: Impact on disability and health care utilization of patients with arthritis. *Medical Care*, 36(7), 1073-1084.

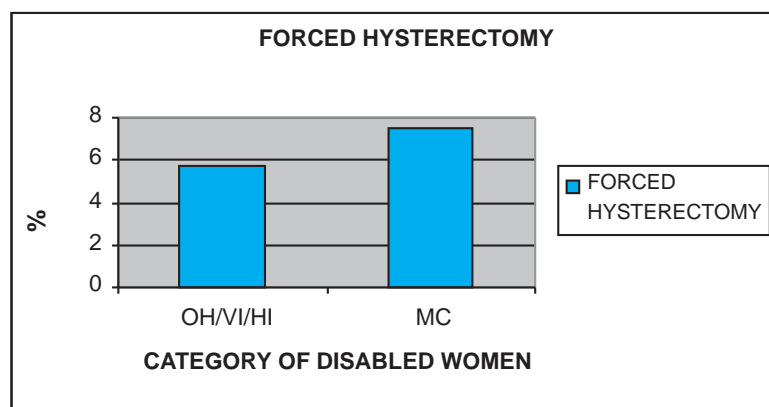
Table 12 and accompanying Graph 11 highlighted the other, and more important cause, of abuse not being reported. It was the apathetic attitude of family.

FORCED STERILIZATION

Table 13

	FORCED HYSTERECTOMY
OH/VI/HI	5.7
MC	7.5

Graph - 12



In many countries there are now legislative and policy pressures to prevent the birth of disabled children, to deny disabled women their right to bear children and to encourage euthanasia as a socially-sanctified ‘option’ for people with substantial or progressive disabilities.²⁸ In our study 6% physically disabled women and 8% mentally challenged conformed to having been forcibly sterilised.

Around the world, disabled women are subjected to involuntary sterilization, pressured to or required to seek abortions and denied appropriate health care and assistance during pregnancy and childbirth. There are permanent debates on the role women are supposed to play, and that assigned to disabled persons. As a result, while women in general are pressured by society to motherhood, disabled women are forced into not having children, and this many times leads to unauthorised sterilisation, or denial of adoption on the basis of the ‘incapacity of the mother’ to take care of them adequately. A consequence of this situation (verified, at the moment, only by the experience and knowledge of this organisation) is that the number of couples where the disabled partner is a woman is much lower as compared to where the disabled partner is a man.

The social norm of sexuality which is based on being ‘able-bodied’ and the material situations of disabled women as ‘asexual objects’ creates ‘rolelessness’ – ‘social invisibility and this cancellation of femininity’ prompts some disabled women to claim essential femininity which culture denies them.³¹ This may give the impression that most disabled women have freedom from the standards set by the patriarchal male gaze and that they are in a position to develop and lead happy alternative lifestyles.

-
28. Fact Sheet on Women & Disability, 1995. Prepared by Rehabilitation International, 25 East 21 Street, New York, NY 10010 USA
 29. European Conference on Disabled Women, IDEAS Portfolio 1997. Violence and Disabled Women by Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., METIS project, European Union DAPHNE initiative, 1998
 30. Thomson, Rosemarie Garland (1997), Feminist Theory, the Body and the Disabled Figure, Davis, Lennard J., ed., *Disability Studies Reader*, New York, London: Routledge, 284-285.
 31. Thomson, Rosemarie Garland (1997), Feminist Theory, the Body and the Disabled Figure, Davis, Lennard J., ed., *Disability Studies Reader*, New York, London: Routledge, 288

In reality, imagining them as ‘antithesis of the normative woman’³² adds to their disadvantage of being women. It holds them accountable for failing to be ‘able-bodied’³³ and makes bodily and intellectual differences treated as unattractive and undesirable. A major consequence of which is lack of ‘sexual access.’³⁴

ANALYSIS OF SRQ SCORES

Table 14

		DISTRICT			
		Frequency	Precent Percent	Valid Percent	Cumulative
Valid	Jagatsinghpur	24	4.4	4.4	4.4
	Naupada	68	12.4	12.4	16.7
	Koraput	67	12.2	12.2	28.9
	Bolangir	130	23.6	23.6	52.5
	Nanarangapur	34	6.2	6.2	58.7
	Malkangiri	31	5.6	5.6	64.4
	Cuttack	87	15.8	15.8	80.2
	Mayurbhanj	35	6.4	6.4	86.5
	Jaypur	54	9.8	9.8	96.4
	Khurda	20	3.6	3.6	100.00
	Total	550	100.0	100.0	
Total		550	100.0		

Table 15

		DISABILITY			
		Frequency	Precent	Valid Percent	Cumulative Percent
Valid	Orthopaedically Impaired	408	74.2	74.2	74.2
	Visually Impaired	52	9.5	9.5	83.6
	Hearing & Speech Impaired	90	16.4	16.4	100.00
	Total	550	100.0	100.0	
Total		550	100.0		

32. Wendell, Susan (1997), *Towards a Feminist Theory of Disability*, Davis, Lennard J., ed.,

33. *Disability Studies Reader*, New York, London: Routledge, 269.

34. Shuttleworth, Russell P. & Mona, Linda (2002), *Disability and Sexuality: Toward a Focus on Sexual Access*, *Disability Studies Quarterly*, Volume 22, No 4, Fall 2002, Hawaii: Society for Disability Studies.

Table 16

MS

	Frequency	Precent	Valid Percent	Cumulative Percent
Valid Married	159	28.9	28.9	28.9
Unmarried	388	70.5	70.5	99.5
Divorced	3	.5	.5	100.0
Total	550	100.0	100.0	
Total	550	100.0		

Table 17

Descriptive Statistics

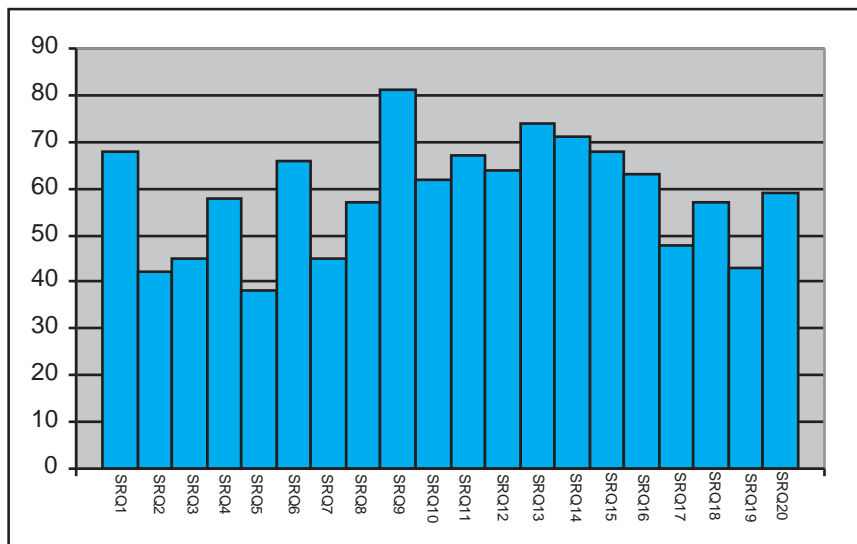
	N	Minimum	Maximum	Mean	Std. Deviation
Age	550	13.00	70.00	26.0982	8.4079
Valid N (Listwise)	550				

The largest proportion of respondents were from Bolangir and the least from Khurda. 74.2% of the respondents were orthopaedically handicapped 16.4% hearing and speech impaired and the remaining 9.5% were vision impaired.

70.5% of the respondents were married and 28.9% were unmarried.

The mean age of the respondents was 26 years. The minimum age was 13 and maximum 70 years.

Graph 13



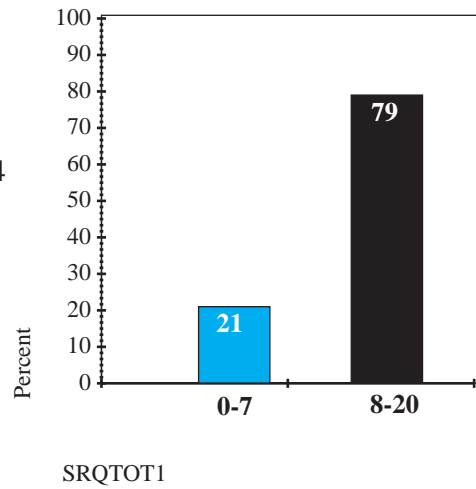
Around 80% of the respondents said yes to SRQ item 8 which says 'Do you have trouble thinking clearly?'. Around 75% of the respondents said yes to item 13 ie: 'Is your daily work suffering?'. The least response was obtained for item 5 'Do your hands shake?'

Table 18

SRQTOT 1

		Frequency	Precent	Valid Percent	Cumulative Percent
Valid	0-7	113	20.5	21.4	21.4
	8.20	414	45.5	78.6	100.0
	Total	527	95.8	100.0	
Missing	System	23	4.2		
	Missing				
	Total	23	4.2		
Total		550	100.0		

Graph 14



79% of the respondents had a score of 8 and above on SRQ showing that they could probably be suffering some mental problem.

ONEWAY

Table 19

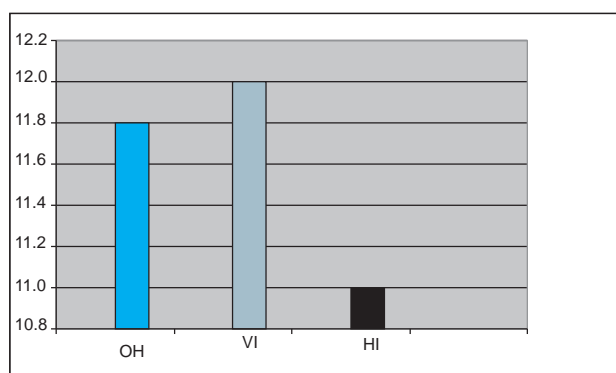
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
SRQTOT Disability Orthopaedic Impaired	392	11.7908	4.8887	.2469	11.3054	12.2763	.00	20.00
Visually Impaired	48	12.0208	4.5123	.6513	10.7106	13.3311	2.00	20.00
Hearing & Speech Impaired	87	11.0230	4.6779	.5015	10.0260	12.0200	.00	20.00
Total	527	11.6850	4.8223	.2101	11.2723	12.0977	.00	20.00

Table 20

ANOVA

	Sun of Squares	df	Mean Square	F	Sig..
SRQTOT Between Groups	47.931	2	23.966	1.0331	.357
Within Groups	12183.780	524	23.251		
Total	12231.712	526			

Graph 15



The mean disability score was highest for the visually impaired persons (12) followed by Orthopaedically handicapped persons (11.8) and then by the hearing and speech impaired persons (11). Hence the scores were almost the same for all the three groups and the difference in the mean scores was not significantly different.

CONCLUSION

The right of disabled girls and women to be free of violence should be fully recognised. Violence against disabled girls and women is a major problem and statistics show that disabled girls and women are more likely to be victims of violence because of their vulnerability. The guarantee of protection against physical and sexual violence must be available to disabled.³⁵ There is no question that abuse of women with disabilities is a problem of epidemic proportions that is only beginning to attract the attention of researchers, service providers, and funding agencies. The gaps in the literature are enormous. For each disability type, different dynamics of abuse come into play. For women with physical disabilities, limitations in physically escaping violent situations are in sharp contrast to women with hearing impairments, who may be able to escape but face communication barriers in most settings designed to help battered women. Certain commonalities exist across disability groups, such as economic dependence, social isolation, and the whittling away of self-esteem on the basis of disability as a precursor to abuse.

Research that employs methodologic rigor must be conducted with women who have disabilities such as blindness, deafness, mental illness, and mental retardation. Particular attention must be paid to identifying vulnerability factors that are disability-related as opposed to those factors experienced by all women.

We must know more about interventions that are effective for women with disabilities.

Much more work must be done to increase the awareness of providers of disability-related services so that they can recognize abuse among disabled women, correspondingly, much more work must be done to increase the capacity of mainstream women's programs to serve women with all types of disabilities.

35. 'Manifesto of European Disabled Women' European Disability Forum, 1998

FURTHER RESEARCH

1. To take up this study in the rest 18 districts and the eastern states of Bihar, West Bengal, Jharkhand and North East.
2. Conduct further research on marriage, child bearing and desertation.
3. Take up a study on society's attitude and acceptance of disabled women in the role of wife and mother

ACTIVITIES TO BE INITIATED

- 1 To provide economic support to 50 identified women who have the desire and confidence to become economically independent and assets to their family.
- 2 To appoint 3 counselors, each being responsible for 4 districts. They will regularly follow up the respondents in districts and provide them social, psychological, legal(basic) and skill development counseling. We believe a two year rigorous counseling will improve the self image and decrease depression and low self esteem.
- 3 After one year to start networking of all these women to form them into Self Help Groups (By the end of 2006)
Disabled Women's Network in Orissa
4. To develop a local, state and national perspective of the range of activities regarding Sterilisation and Reproductive Health of Women and Girls with Disabilities.
5. To develop a National Plan of action for Swabhiman other key stakeholders around the issues of Sterilisation and Reproductive Health of Women and Girls with Disabilities.
6. To build public opinion on right to property.
7. To sensitise judiciary and have statuettes on validity of testimony of intellectually disabled people1-
8. To publish a coffee table book on "Every Face Has A Story To Tell" with selected case studies from eastern state of India in January 2007.
10. To make a film depicting the deplorable situation in which WWD live in India for the news channels.

SURVEY TEAM

1. **Dr. Sruti Mohapatra** - A Phd in developmental biology, she conceptualised the research study after attending the Beijing +5 conference in the United Nations in 2000. She is the Secretary General of Swabhiman, Bhubaneswar. She is also a representative of Disabled Peoples International (DPI) in India.
2. **Mr. Mihir Kumar Mohanty** - MA Psychology has also rendered psycho social support to the most vulnerable disaster survivors of super cyclone 1999 as a counsellor. Presently working as the Co-ordinator of Swabhiman. He has contributed in terms of orientation of volunteers, collection and compilation of SRQ survey data.
3. **Ms. Lipika Mohapatra** - MA Social Communication, the then consultant, Swabhiman has also contributed a lot in orientation of the surveyors, collection and compilation of the data.
4. **Field Surveyors from :** Akhyam Sanghathan, Gop- Puri, COPHEE- Jajpur, Gram Mangal Pathagar- Bolangir, RCDC- Bolangir, ADHAR- Bolangir, ASHRA- Bolangir, PRAYAS- Nuapara, District Disabled Association- Nuapara, SNEHA ABHIYAN- Jagatsinghpur, ANWESANNA- Mayurbhanj, UNMESHA- Malkanagiri, SMRC Field Office- Nawrangpur, Actionaid Field Office- Koraput, EKTA- Koraput, United Youth Organisation- Cuttack and Swabhiman- Khurda

Annexures

Individual Questionnaire (OH, HI and VI)

1. PARTICULARS OF THE APPLICANT

- 1.1 Name :
- 1.2 Date of Birth :
- 1.3 Age :
- 1.4 Mother's Name
- 1.5 Father's Name
- 1.6 Guardian's Name (if applicable)
- 1.7 Marital Status
- 1.8 Name of Spouse
- 1.9 Number of Children
- 1.10 Nationality
- 1.11 Permanent Address:

2. FAMILY BACKGROUND

- 2.1 Joint/Nuclear :
- 2.2 Total number of members in the family

3 Disability Details

- 3.1 Medical diagnosis:
- 3.2 What functional problems do you have because of your disability in the area of:
Mobility:
Hand Functions:
Communication:
Activities of daily living:
- 3.3 What are your abilities and strengths?

4. BASIC RIGHTS

- 4.1 Do you get to eat three meals ?
- 4.2 Do you eat well?
- 4.3 Do you eat with your family members?
- 4.4 Do you cook? Can you cook?
- 4.5 What activities do you do at home?
- 4.6 Do you bathe daily?
- 4.1 Do you comb your hair daily?
- 4.2 Do you change your clothes daily?
- 4.3 Do you use the toilet for daily activities?
- 4.4 Do you have regular medical check ups?
- 4.5 Do you attend social functions?
- 4.6 Do you go to the temple?
- 4.7 Do you want to get married?

Annexure - I

- 4.8 Do you want to have children?
- 4.9 Do you go out of your house?
- 5. DOMESTIC VIOLENCE**
- 5.1 Do they beat you at home?
- 5.2 Do you resist?
- 5.3 Why do you get beaten?
- 5.4 Have you ever been sexually assaulted?
- 5.5 Do people touch you in places that makes you uncomfortable?
- 5.6 Do you report that to your family?
- 5.7 What is their attitude?
- 5.8 Do family members force you into sex?
- 5.9 Do you have a right to your property?
- 5.10 Do you have some money to spend?
- 5.11 Who will take care of you in future?
- 5.12 Have you ever faced difficulties at the time of your monthly period?
- 5.13 Have you ever been forced to go in for surgery?
- 5.14 Have you ever been involved in any court case?
- 5.15 Tell us your experience? (Questionas asked etc.)
- 6. OTHER DETAILS**
- 6.1 Education:
- 6.2 Employment
- 6.3 Leisure Activities
- 6.4 Experience with doctors
- 6.5 Experience with neighbours
- 6.6 Do you want to live here or go somewhere else?
- 6.7 Why?
- 6.8 What hurts you most?
- 6.9 Who do you love most in your family/community?
- 6.10 Why?

Name and Signature of Interviewee

Name and Signature of
Field Researcher

Annexures

INDIVIDUAL DATA FORM (MENTALLY CHALLENGED)

1. PARTICULARS OF THE APPLICANT

- 1.0 Name :
- 1.1 Date of Birth :
- 1.2 Age :
- 1.3 Mother's Name :
- 1.4 Father's Name :
- 1.5 Guardian's Name (if applicable) :
- 1.6 Marital Status :
- 1.7 Name of Spouse
- 1.8 Number of Children
- 1.9 Nationality
- 1.10 Permanent Address:

2. FAMILY BACKGROUND

- 2.1 Joint/Nuclear :
- 2.2 Total number of members in the family

3. Disability Details

- 3.1 Medical diagnosis:
- 3.2 What functional problems does your child/ward have because of his/her disability in the area of :
 - Mobility:
 - Hand Functions:
 - Communication:
 - Activities of daily living:
- 3.3 What are your child/ward's abilities and strengths?

4. BASIC RIGHTS

- 4.1 Does your child/ward get to eat three meals?
- 4.2 Does your child/ward eat well?
- 4.3 Does your child/ward eat with your family members?
- 4.4 Does your child/ward cook? Can she cook?
- 4.5 What activities does your child/ward do at home?
 - 4.1 Does your child/ward bathe daily? Who gives her bath?
 - 4.2 Does your child/ward comb hair daily? Who combs her hair?
 - 4.3 Does your child/ward change clothes daily? Who changes her clothes?
 - 4.4 Does your child/ward have regular medical check ups?
 - 4.5 Does your child/ward attend social functions?
 - 4.6 Does your child/ward go to the temple?
 - 4.7 Does your child/ward want to get married?
 - 4.8 Does your child/ward want to have children?
 - 4.9 Does your child/ward go out of your house?

Annexure - II

- 4.10 Does your child/ward attend social functions?
- 4.11 Does your child/ward go to the temple?
- 4.12 Does your child/ward want to get married?
- 4.13 Does your child/ward want to have children?
- 4.14 Does your child/ward go out of your house?

5. DOMESTIC VIOLENCE

- 5.1 Do they beat your child/ward at home?
- 5.2 Does your child/ward resist?
- 5.3 Why does your child/ward get beaten?
- 5.4 Has your child/ward ever been sexually assaulted?
- 5.5 What is the attitude of the family?
- 5.6 Do family members force your child/ward into sex?
- 5.7 Who will take care of your child/ward in future?
- 5.8 How do she manage during menstruation?
- 5.9 Have you ever forced her to go in for surgery?
- 5.10 Has your child/ward ever been involved in any court case?
- 5.11 Tell us your experience? (Questionas asked etc.)

6. OTHER DETAILS

- 6.1 Education
- 6.2 Employment
- 6.3 Leisure Activities
- 6.4 Experience with doctors
- 6.5 Experience with neighbours
- 6.6 Where does your child / ward stay. (Home/out side the home/rehabilitation center)
- 6.7 Why?
- 6.8 What hurts you most?
- 6.9 Who does your child/ward love most in your family/community?

Name and Signature of
Field Researcher

Annexures

Individual Questionnaire (Family Members of Mentally Challenged)

1. PARTICULARS OF THE APPLICANT

- 1.1 Name :
- 1.2 Date of Birth:
- 1.3 Age :
- 1.4 Mother's Name
- 1.5 Father's Name
- 1.6 Guardian's Name (if applicable)
- 1.7 Marital Status
- 1.8 Name of Spouse
- 1.9 Number of Children
- 1.10 Nationality
- 1.11 Permanent Address:
- 1.12 Address for Correspondence:

2 FAMILY BACKGROUND

- 2.1 Joint/Nuclear :
- 2.2 Total number of members in the family

3 Disability Details

- 3.1 Medical diagnosis:
- 3.2 What functional problems does your child/ward have because of his/her disability in the area of:
Mobility:
Hand Functions:
Communication:
Activities of daily living:
- 3.3 What are your child/ward's abilities and strengths?

4. BASIC RIGHTS

- 4.1 Does your child/ward get to eat three meals ?
- 4.2 Does your child/ward eat well?
- 4.3 Does your child/ward eat with your family members?
- 4.4 What activities does your child/ward do at home?
- 4.5 Does your child/ward bathe daily? Who gives her bath?
- 4.6 Does your child/ward comb hair daily? Who combs her hair?
- 4.7 Does your child/ward change clothes daily? Who changes her clothes?
- 4.8 Does your child/ward use the toilet for daily activities?
- 4.9 Does your child/ward have regular medical check ups?
- 4.1 Does your child/ward attend social functions?
- 4.2 Does your child/ward go to the temple?
- 4.3 Does your child/ward want to get married?
- 4.4 Does your child/ward want to have children?
- 4.5 Does your child/ward go out of your house?

Annexure - III

5. DOMESTIC VIOLENCE

- 5.1 Do they beat your child/ward at home?
- 5.2 Does your child/ward resist?
- 5.3 Why does your child/ward get beaten?
- 5.4 Has your child/ward ever been sexually assaulted?
- 5.5 What is the attitude of the family?
- 5.6 Do family members force your child/ward into sex?
- 5.7 Who will take care of your child/ward in future?
- 5.8 How do she manage during menstruation?
- 5.9 Have you ever forced her to go in for surgery?
- 5.10 Has your child/ward ever been involved in any court case?
- 5.11 Tell us your experience? (Questionas asked etc.)

6. OTHER DETAILS

- 6.1 Education
- 6.2 Employment
- 6.3 Leisure Activities
- 6.4 Experience with counselors
- 6.5 Experience with doctors
- 6.6 Experience with neighbours
- 6.7 What hurts you most?
- 6.10 Who does your child/ward love most in your family/community?
- 6.11 Why?

Name and Signature of
Field Researcher

Annexures

Educational and Employment Details Questionnaire

1. EDUCATION

- 1.1 Name of school
- 1.2 Type of school
- 1.3 Years of Study
- 1.4 Facilities in School
- 1.5 Emphasis in sports/cultural activities
- 1.6 Special Requirement Facilities
- 1.7 Attitude of friends
- 1.8 Attitude of teachers
- 1.9 Name of college
- 1.10 Years of Study
- 1.11 Facilities in College
- 1.12 Emphasis in sports/cultural activities
- 1.13 Special Requirement Facilities
- 1.14 Attitude of friends
- 1.15 Attitude of teachers

2. VOCATIONAL TRAINING

- 2.1 Name of institute
- 2.2 Special institute for disabled or general institute
- 2.3 Type of training :
- 2.4 Years of training
- 2.5 Degree obtained
- 2.6 Did the training take account of your special needs?
- 2.7 Was their access to all places including toilets?
- 2.8 Facilities in nstitute
- 2.9 Emphasis in sports/cultural activities
- 2.10 Attitude of friends
- 2.11 Attitude of teachers
- 2.12 Attitude of family friends
- 2.13 Mode of transport

3. Employment

- 3.1 Name of office / employing authority
- 3.2 Government/NGO/Others (specify)
- 3.3 Post
- 3.4 Responsibility
- 3.5 Salary
- 3.6 Leave benefits
- 3.7 Did the office take account of your special needs?
- 3.8 Was their access to all places including toilets?
- 3.9 Attitude of colleagues
- 3.10 Attitude of employers
- 3.11 Attitude of family
- 3.12 Mode of transport
- 3.13 Discrimination faced in workplace
- 3.14 Taunts and comments passed in workplace
- 3.15 Sexual harassment faced in workplace

Annexures

SELF REPORTING QUESTIONNAIRE (SRQ)

	Yes	No
1. Do you often have headaches?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your appetite poor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you sleep badly?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you easily frightened?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your hands shake?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel nervous, tense or worried?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your digestion poor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have trouble thinking clearly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel unhappy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you cry more than usual?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you find it difficult to enjoy your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you find it difficult to make decision?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your daily work suffering?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you unable to play a useful part in life?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you lost interest in things?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel that you are a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the thought of ending your life been on your mind?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you feel tired all the time?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have uncomfortable feeling in your stomach?	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you easily tired?	<input type="checkbox"/>	<input type="checkbox"/>