

## Voicing the Invisible: violence faced by lesbian women in India

A study conducted at the *Research Centre on Violence Against Women, Tata Institute of Social Sciences, Mumbai*

### Rationale and Context

The study was initiated to counter the denial of lesbian existence in India and the violence that lesbian women face. This extreme denial has led to several lesbian suicide-pacts. The study also sought to understand the effect that violence has on the mental health of lesbians.

Existing studies of homosexuality and violence (in the West) point out that violence against lesbians, gays and transgendered people is contingent how *visible* their transgression of 'normative' gender or sexual identities are. Violence is used to control those who do not conform. In turn, fear of violence shapes how lesbians comply or resist these normative constructs.

Lesbians face misogynist violence like all women. They also face homophobic violence. In the Indian context, where women are compelled into heterosexuality and marriage, assertion of desire between women becomes difficult, even dangerous. By defining homosexuality as a mental disorder, or by criminalizing it (in Section 377 of the Indian Penal code), violence against lesbians is explicitly sanctioned.

### Research Objectives, Design and Methodology

The main objectives of the study on violence against lesbians were to:

1. Understand the nature of the violence (physical, emotional, mental, and sexual) experienced by lesbian women, in domestic, institutional and social contexts.
2. Understand the impact of such violence on lesbians.
3. Explore the perceptions and knowledge of Mental Health Professionals (MHPs) about violence against lesbians
4. Understand the therapeutic interventions of MHPs with lesbians.

Mental health institutions were focused on to and understand the situations in which lesbians sought mental health care and the violence they faced; and the nature of care they received. The research had three components, and generated four kinds of data.

	Research Component	Location	Data Set Generated
1	Semi-Structured interviews of MHPs	Mumbai	1. MHP (22) views, knowledge & interventions 2. Lesbian client profiles (70)
2	Structured Questionnaires for Lesbians	Mumbai, Pune, Delhi, Calcutta	3. Quantitative data (50 women)
3	In depth interviews of Lesbians	Maharashtra	4. Narratives (8 women)

Feminist standpoint epistemology was used for the in-depth interviews. This methodology allows for self-reflexive, qualitative research. It was selected because the research is at the intersection of *personal*, *private* and *public* realms of relationships; and this methodology can be used as a tool for politics of intervention.

### Key Emergent issues

Triangulating the inter-connections between the three components of this study, the following key issues emerged.

#### Silence

Silence emerged as the invisible bulk of the "iceberg" of violence faced by lesbian women. Normative heterosexuality is an epistemic violence for lesbian women, because denies their existence. A lesbian woman might be silent for three reasons: First, she may not have acknowledged her orientation to her self. Second, she might have internal conflict in reconciling her desire with the social prohibitions on it. Third, she might choose to suppress the expression of her sexual identity due to fear of violence. All possibilities reflect the socially inscribed absence of sexual choice.

For the people she interacts with, silence could again reflect three kinds of engagement. First, they first they might not know about lesbian existence/sexuality. Second, they know but tolerate (is neutral) about it. Third, unlike the second, they might deny or ignore the woman's expression on the judgment that such expression is "wrong". Categorizing these acts of silent hostility as violence unpacks the grey area of silence masquerading as tolerance or acceptance. Both the narrative and the quantitative data clearly established a large terrain for silent hostility, that severely affect the women. In the survey, the maximum incidence of emotional violence in the family was in acts of denial/silent hostility. The damage caused by silence is personal (internal conflicts, loss of self-esteem, and loss of relationships) and therefore invisible.

#### Family

All three components of the study clearly established that the maximum number of violence (physical, emotional and sexual) acts were within the family. This is not surprising, given the family's centrality in Indian society, and the domestic patriarchal control exerted on a woman's sexuality, mobility and access to resources. When the family comes to know about the orientation of the woman (either voluntarily disclosed or forcibly outed), they use violence to control her more than they accept or tolerate her. Emotional violence usually forms the foundation, which may then be expressed as physical or sexual violence. All data sets from and about lesbian women indicate that the family would hide the women's orientation from the outside world, from fear of public shame and stigma.



When the woman seeks help outside to counter physical violence, the family retaliates by seeking support from codified social institutions - police, mental health professionals, religious leaders. Often the only escape the woman has is to choose between her partner/orientation and her family/home. Women who refuse to give up their orientation are evicted - physically and emotionally from their families. Fear of losing their families often force lesbian women to suppress their orientation, or disclose it in non-explicit ways. This suppression nevertheless erodes her sense of self.

### Cycles of Violence

A lesbian woman is forced to constantly negotiate the disclosure of her sexuality, and the violence (real or feared) experienced within her significant relations - parent, child, sibling, friend or colleague. These negotiations happened over a period of time. Thus she might initially face violence, and if she refuses to submit to the coercion may face silent hostility. It is rare for a cycle that begins in violence to end in acceptance. None of the narratives indicated this, and only 3 of the 39 women in the survey who experienced abusive reactions indicated that their abuse stopped because their orientation was accepted. However, from initial reactions of silent hostility or denial, relationships have shifted to acceptance. This shift is helped by exposure to realities of lesbian existence. In two instances, MHPs have facilitated acceptance by counseling the parents to accept their daughter's orientation.

### Institutional Violence

The violent consequences of prohibitions on homosexuality encoded in religious, legal and mental health institutions were clearly established in this study. Devout women from religious traditions with explicit condemnation of homosexuality (such as Islam and Christianity) experienced greater internal conflict than women who do not practice their religion.

Violence and coercion in the family was often re-enforced through referral to one or several of social institutions, particularly the police or mental health professionals. The family invoked police assistance to control three women who were interviewed. In each instance, the police attempted to separate the woman from her partner by subjecting them to public ridicule, threats, taunts, and even by fabricating a case under Section 377.

Women were often coerced into mental health care to 'cure' their orientation, as indicated by all three data sets of lesbian women. While mental health professionals are aware that homosexuality is no longer considered an abnormality, there are still grey areas of uneasiness and negative judgment. Only 4 of the 22 MHPs interviewed recognized that a homophobic social environment can produce emotional distress. Most MHPs felt that if a client is uncomfortable with their homosexuality, therapy can be a "cure". However, unlike religious and legal intervention, some mental health interventions are positive. Several of the MHPs interviewed counselled their clients through their emotions of confusion, guilt, shame to greater self-acceptance.

### Transgender issues

The diagnostic category of Gender Identity Disorder (GID) is an area of significant dissonance. Two sets of narratives offer glimpses of the struggle women endure to legitimize their desire for women in a society where there is rigid demarcation of normative gender and (hetero) sexual roles. One woman adopted a male gender identity without considering SRS. The other adopted a transsexual identity and considering Sex Reassignment Surgery. Both denied their gender to some extent and underwent violence towards their bodies. Very few of the MHPs interviewed had clear idea of the criteria for SRS and all 9 women who sought SRS were finally diagnosed as not meeting the GID criteria. It is likely that such women will not receive the support required to accept their lesbian identity.

### Consequences and Resistance

The consequences of violence for lesbian women could be described at three levels:

*Personal* - although the incidence of physical battering, incarceration was apparent in both data sets, it was in the narrative data set that it became clear that the emotional consequences of fear, guilt, shame, anxiety and depression were much more significant for the women, and could, in some cases, lead to suicidal ideation.

*Social* women faced the loss of relationships with family and friends, public stigma and ridicule, and the censure of social institutions

*Economic* - eviction from the home, severance of family financial support, loss of job, etc.

However, even women who experienced extremely adverse consequences of physical violence, eviction from family and home, or public shame and censure were persistent in their resistance, and their attempts to seek support and validation. Significantly, none of the women in the study expressed a wish to change their desire for women.

The full report of the study is available from the Research Centre for Violence against Women, Tata Institute of Social Sciences, Deonar, Mumbai 400 088