EVIDENCE TO ACTION

Addressing Violence Against LGBTIQ+ People in Nepal

Cover Photo : *A queer non-binary person attends a queer youth group gathering in Kathmandu, Nepal. Photo: Dia Yonzon/UN Women*

FOREWORD

Strong advocacy by lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ+) in Nepal have led to significant achievements. This progress is evident in Nepal's Constitution of 2015, which for the first time recognised and protected the rights of LGBTIQ+ people. Despite these gains, stigma, discrimination and violence against LGBTIQ+ people remains pervasive in Nepal, as it does globally. Legal protection and human rights commitments still need to translate into concrete actions and changes envisioned by LGBTIQ+ rights advocates and organizations.

UN Women is committed to advancing gender equality, and the full realization of human rights and equality of all people, including women in all their diversity and people with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC). This is critical for achieving gender equality for all and translating the principle of "leaving no one behind" into action, which is at the heart of the 2030 Agenda for Sustainable Development. UN Women's strategic plan also presents opportunities to strengthen engagement with LGBTIQ+ rights across its triple mandate - normative, coordination and operational. In this context, UN Women initiated the national study on violence against LGBTIQ+ people in Nepal to strengthen the evidence-base on violence against people with diverse SOGIESC. In particular, the study aimed to document and analyse experiences of violence against LGBTIQ+ people in Nepal, including prevalence, forms, risk and preventive factors, along with the consequences of violence. The study also analyses existing laws and policies on preventing and responding to violence against LGBTIQ+ people and generates actionable recommendations on prevention and response to violence.

The study generates powerful empirical evidence on the lived realities of LGBTIQ+ people in Nepal. It captures the magnitude of violence faced by LGBTIQ+ people. Four in five respondents (81 percent) reported to have experienced at least one form of violence in their lifetime. The data calls for urgent action to address violence against LGBTIQ+ people. We hope that the recommendations of this study will guide national and global stakeholders in their efforts to address violence against LGBTIQ+ people. We also hope the study will open avenues for further research and advocacy on various dimensions of LGBTIQ+ experiences not covered by the study.

We extend our deepest appreciation to all the study respondents, key informants, individuals, and organizations including the UN Women team, who were part of this groundbreaking study. UN Women remains committed to advancing the rights and well-being of LGBTIQ+ people.

Navanita Sinha
Head of Office, a.i, UN Women

ACKNOWLEDGEMENTS

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GLOSSARY OF TERMS[1]

Bisexual/bi	A person who has the capacity for romantic, emotional and/or physical attraction to people of more than one gender. Bisexual and bi are sometimes also used as umbrella terms for non-monosexual identities.
Chhakka	Derogatory slang used for transgender people in Nepal.[2]
Cisgender	The term is used to refer to people whose experience of gender is, or is perceived to be, in conformity with their sex assigned at birth. It is often used in contrast to transgender.
Gay	A generic term for people whose romantic, emotional and/or physical attraction is to people of the same gender. In some cultures, the term is more commonly used among men, but other people also use the term to describe themselves, including women.
Gender	Gender is enshrined in international human rights law as the term used to describe "the sociocultural constructs that assign roles, behaviours, forms of expression, activities, and attributes according to the meaning given to biological sex characteristics."
Gender diverse people	This term is used to specifically refer to people who have gender identities or expressions that are not normative. It may be used alongside transgender, depending on the context.
Gender expression	The range of cues, such as names, pronouns, behaviours, clothing, voice, mannerisms and/or bodily characteristics, to express a person's gender. It can be the same or different from an individual's gender identity. One does not have to have diverse sexual orientation, gender identity or sex characteristics to have diverse gender expression. There is a common misunderstanding that gender identity and gender expression only apply to trans and gender-diverse people, but this is not true. As the UN's Independent Expert on sexual orientation and gender identity (IE SOGI) put it: "All human beings live in gendered societies traversed by power hierarchies and preconceptions." In some cultural and geographical contexts, it is especially pertinent to highlight gender expression since "nonconforming" gender expression increases the vulnerability of some individuals.
Gender nonconformity	Behaviours or appearances that are not in alignment with prevailing cultural expectations related to a particular gender. The term can apply to any individual, regardless of SOGIESC.
Heteronormativity	Terms used to describe the concept that heterosexuality is the preferred or normal mode of sexual orientation. This results in assumptions that heterosexuality is "the norm" and hence superior, and those who do not "conform" to heterosexual relationships or identities are then treated as "deviants" from the norm.
Heterosexual	Largely defined as attraction to the opposite sex, although the definition currently in use by the UN is "a person whose romantic, emotional and/or physical attraction is to people of a different gender."

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1   UN Women (2022). LGBTIQ+ Equality and Rights: Internal Resource Guide. New York: UN Women. Most of the terms in the glossary are drawn from this internal resource guide.

2   She The People (2022). It's 2022, It's High Time We Stop Using These 10 Queerphobic Slurs. Retrieved from: https://www.shethepeople.tv/top-stories/opinion/queerphobic-slurs/

Hijras	Hijra is a cultural identity in South Asia and a term commonly used among a specific group of people assigned male at birth or transfeminine, who identify either as women, not men, in-between men and women or neither men nor women. While hijras are usually transgender women, the two expressions are not interchangeable.
Intersex	Intersex people are born with sex characteristics that do not fit typical binary definitions of male and female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. Some of these variations may be apparent before or at birth, while others are not apparent until after puberty or later or may not be physically apparent at all. Hence, intersex people embody a broad and diverse spectrum of sex characteristics, with statistics on their prevalence originating in medical contexts and rarely reliant on self-definition.
Lesbian	A woman who is romantically, emotionally and/or physically attracted to women. It is primarily used as a noun and not followed with "woman" or "person."
LGBTIQ+ people	An acronym for lesbian, gay, bisexual, transgender, intersex and queer people. The plus sign represents people with diverse SOGIESC who identify using other terms or none. Various versions of this acronym are used globally; it is not static and will continue to evolve over time. In some contexts, LGB, LGBT or LGBTI are used to refer to particular populations. Additional characters may be added, such as "A" for asexual, agender or ally, "2S" for Two-Spirit or "P" for pansexual.
Non-binary	Non-binary is often used as an umbrella term to encompass many gender identities that don't fit into the man-woman binary. Some who are non-binary experience their gender as both man and woman, and others experience their gender as neither man nor woman.
People with diverse SOGIESC	A term used to describe people whose SOGIESC places them outside culturally mainstream categories, expectations or rules, such as being heterosexual, cisgender and endosex. It can also capture those who do not relate to "LGBTIQ+" and other Anglo-centrist terms.
PoMSOGIESC[3]	An acronym coined by Nepali activists to describe "people of marginalized sexual orientation, gender identity and sex characteristics." It refers to people along the spectrum of sexual orientation, gender identity and sex characteristics who experience social marginalization and discrimination.
PrEP	The acronym refers to pre-exposure prophylaxis, the use of a prescription drug to prevent HIV infection in an HIV-negative person.
Queer	Traditionally a negative term, queer has been reclaimed by some people and is considered inclusive of a wide range of diverse sexual orientations, gender identities and expressions. It may be used as an umbrella term for people with diverse SOGIESC, or as an alternative to the phrase "people with diverse SOGIESC" or the acronym LGBT. Queer is used by many people who feel they do not conform to a given society's economic, social and political norms based on their sexual orientation, gender identity and/or gender expression.

3   Queer Youth Group. (2023). Resources. Retrieved from: https://Queeryouthgroup.org.np/resources-en/

Sex	The classification of a person as having female, male and/or intersex sex characteristics. While infants are usually assigned the sex of male or female at birth based on the appearance of their external anatomy alone, a person's sex is a combination of different bodily sex characteristics.
Sex characteristics	Each person's physical features relating to sex, including genitalia and other sexual/ reproductive anatomy, chromosomes, hormones and secondary physical features emerging from puberty. The term is often used to describe the fact that intersex people have sex characteristics that do not fit binary notions of male and female bodies.
Third gender	People who do not identify as male or female but rather as neither, both or a combination of male and female genders.
Trans man	Someone assigned female at birth but their internal sense of gender is male.
Trans woman	Someone assigned male at birth but their internal sense of gender is female.
Transgender/trans	Terms used by some people whose gender identity differs from what is typically associated with the sex they were assigned at birth. Trans, transgender and non-binary are often treated as umbrella terms representing a variety of words that describe an internal sense of gender that differs from the sex assigned at birth and the gender attributed to the individual by society, whether the individual identifies as a man, woman or simply "trans" or "transgender" or as another gender or no gender.
Victim-survivor[4]	This term is used throughout the report, unless participants expressed a different term. "The term acknowledges the reality of vulnerability and triumph as well as the need to acknowledge various connected oppressions that can further complicate the already traumatic experience of sexual assault, intimate partner violence and abuse."

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4   For additional information please see: https://upsettingrapeculture.com/survivor-victim/

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BDS	Blue Diamond Society
CBO	Community-based organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFC	Campaign for Change
FGD	Focus Group Discussion
FSGMN	Federation of Sexual and Gender Minorities Nepal
FWLD	Forum for Women, Law and Development
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IPV	Intimate partner violence
KII	Key informant interview
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and queer
LJHRC	Law, Justice and Human Rights Committee
MoEST	Ministry of Education, Science and Technology
MoLJPA	Ministry of Law, Justice and Parliamentary Affairs
MoWCSC	Ministry of Women, Children and Senior Citizens
NBA	Nepal Bar Association
NGO	Non-governmental organization
NHRC	National Human Rights Commission
NHRC	National Health Research Council
NP	Nepal Police
NWC	National Women Commission
PLE	Private legal expert
PM	Policymaker
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
SOSEC	Social Service Centre Nepal
SP	Service provider
TPO	Transcultural Psychosocial Organization
UNFPA	United Nations Population Fund
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WOREC	Women's Rehabilitation Centre

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EXECUTIVE SUMMARY

BACKGROUND

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+)[5] rights have seen significant progress in Nepal over the past two decades, making the country known as the "global LGBTIQ+ rights beacon."[6] Nepali constitution, promulgated in 2015,[7] recognizes the rights of LGBTIQ+ people and explicitly prohibits discrimination on the grounds of sexual orientation and gender identity. The constitution also guarantees the right to privacy, freedom of expression and the right to live with dignity – all of which are critical for the protection of LGBTIQ+ rights. Despite these legal protections, LGBTIQ+ people in Nepal continue to face significant barriers to realizing these rights in practice.

Previous studies[8] have documented significant levels of violence against LGBTIQ+ communities in Nepal, including physical, emotional and sexual violence by various actors, such as the police, healthcare providers and family members. LGBTIQ+ people also face significant barriers in accessing healthcare and education. These studies have also highlighted the gap in the implementation of laws and policies that protect and respond to violence against LGBTIQ+ people. The police and other law enforcement agencies often do not succeed in adequately investigating and prosecuting cases of violence against LGBTIQ+ individuals. Moreover, the lack of comprehensive anti-discrimination laws and policies mean that LGBTIQ+ people are often unable to access justice and seek redress for human rights violations.

Against this backdrop, UN Women Nepal, in partnership with M&C Saatchi World Services, Blue Diamond Society and Viamo Nepal, conducted a national study. This study aims to develop a deeper understanding of the prevalence and forms of violence against LGBTIQ+ people; their experiences seeking support after experiencing violence; and how Nepal's responses to sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC-based) violence can be strengthened through legal and policy frameworks. This study provides the first in-depth analysis of the experiences of SOGIESC-based violence among LGBTIQ+ communities in Nepal, drawing on the perspectives and experiences of a diverse range of stakeholders.

STUDY DESIGN

The study is national in scope, covering all seven provinces in Nepal. The respondents and qualitative participants represent a wide range of sub-groups within LGBTIQ+ communities and come from diverse caste and ethnic backgrounds, occupying different positions in Nepal's social hierarchy. The terms "respondent," "survey respondent" and "LGBTIQ+ respondent" are used interchangeably to

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5   "UN Women uses both 'LGBTIQ+' and 'diverse SOGIESC' where appropriate in global contexts while also respecting their distinctions. [UN Women] notes that neither term is universally applicable nor reflects the full diversity of sexual and gender formations, practices and identities that exist, that terms and their usage are constantly evolving and that SOGIESC applies to all people. In practice, various cultural, linguistic and context-specific terms may be used, where appropriate." This is from the "LGBTIQ+ Equality and Rights-internal resource guide" of UN Women authored by Sophie West-Browne in 2022. The guide can be made available on request.

6   Knight, K. (2017). How did Nepal become a global LGBT rights beacon? Human Rights Watch. Retrieved from: https://www.hrw.org/news/2017/08/11/how-did-nepalbecome-global-lgbt-rights-beacon

7   Nepal. (2015). Constitution of Nepal, 2072 (2015). Retrieved from: http://www.lawcommission.gov.np/uploads/2015/06/The-Constitution-of-Nepal-2072.pdf

8   Blue Diamond Society (2018). Discrimination and violence against lesbian and bisexual women and transgender persons in Nepal; Singh, Sonal, Sunil Babu Pant, Suben Dhakal, Subash Pokhrel and Luke Mullany (2012). "Human Rights Violations among Sexual and Gender Minorities in Kathmandu, Nepal: a Qualitative Investigation." BMC International Health and Human Rights 12 (1): 7–18

refer to those who participated in the surveys (both computer-assisted telephone interviewing and face-to-face). The terms "qualitative participant" (for focus group discussions and in-depth interviews) and "qualitative participant" (for key informant interviews) are primarily used to refer to those who participated in the qualitative part of the study.

KEY FINDINGS

Legal and Policy Gap Analysis

Despite progressive constitutional advancements, LGBTIQ+ communities still struggle to access legal protection, legal gender recognition and marriage equality, along with battling various stigmas and forms of violence. As such, legal and policy frameworks on preventing and responding to violence against LGBTIQ+ people need to be strengthened in four key areas: legal identity and citizenship, marriage equality, assault laws and healthcare-related laws. The analysis found that lacking legal identity and citizenship poses significant challenges to the safety and well-being of LGBTIQ+ people in Nepal. Without official documentation, LGBTIQ+ people struggle to access basic services, such as healthcare, education and employment; face obstacles to political participation; and encounter challenges in accessing justice.

Experiences of SOGIESC-based violence

Four in five respondents from LGBTIQ+ communities had experienced at least one form of violence in their lifetime.

The national survey revealed a pervasive pattern of violence among LGBTIQ+ people in Nepal. The survey encompassed various forms of violence, including physical, emotional, sexual and economic violence. The results indicated that a substantial majority of the LGBTIQ+ respondents (81%, n=958) reported being a victim-survivor of at least one instance of violence based on their SOGIESC during their lifetime. Out of 1,181 respondents, 71 per cent (n=848) reported experiencing emotional violence, 46 per cent (n=538) reported physical violence, 46 per cent (n=539) reported sexual violence and 40 per cent (n=470) reported economic violence. Survey data was further substantiated by qualitative accounts that describe a lifelong narrative of discrimination, abuse and marginalization, marked by lifetime instances of emotional, economic, physical and sexual violence.

Key risk factors that increase the likelihood of vulnerability to violence against LGBTIQ+ communities include socio-economic status, disability and caste/ethnicity.

The study highlights the complex interplay of socio-economic status, disability and caste/ethnicity as contributing factors to the increased vulnerability of LGBTIQ+ people to violence. Results show that those with lower socio-economic status, including no formal education and low incomes, experience a heightened risk of violence. This risk is further exacerbated for those who have a disability, as they were found to have lower income levels and a higher likelihood of experiencing violence.

Furthermore, this study found a distinct trend regarding the intersection of caste/ethnicity and violence among LGBTIQ+ people. Results indicate that Muslim LGBTIQ+ respondents were the most likely to experience some form of violence in their lifetime and reported lower levels of educational

attainment and income compared to other castes/ethnicities. This suggests that caste/ethnicity may play a significant role in the increased vulnerability of LGBTIQ+ people to violence, particularly among Muslims. These findings highlight the need for a nuanced understanding of the factors that contribute to the increased vulnerability of LGBTIQ+ people to violence. By considering the interplay of socio-economic status, disability and caste/ethnicity, policymakers and practitioners can develop targeted and effective interventions to address the challenges faced by LGBTIQ+ people and address their risk of violence.

The main driver of violence against LGBTIQ+ communities was a patriarchal, heteronormative system.

The analysis highlights the importance of considering the systemic drivers of violence, particularly heteronormativity, which is embedded in legal, societal and community norms. The study found that both the immediate community and the wider society are significant perpetrators of SOGIESC-based violence. The survey results indicated that the most common perpetrators of sexual (69%, n=373), physical (58%, n=308) and emotional (46%, m=389) violence were strangers or individuals not known to the victims. This finding is of particular importance, as it diverges from previous research on gender-based violence (GBV) that suggests[9] violence is often perpetrated by those closest to the victims. The high prevalence of violence from strangers could be attributed to the influence of heteronormative structures in society and institutions. The study also revealed that violence from service providers, such as police and healthcare providers, as well as from immediate social circles, such as family and friends, was also prevalent.

Reporting and Help-Seeking Behaviours

Over one-third of the LGBTIQ+ respondents who experienced violence felt that formal support services were inadequate in meeting their needs, while qualitative participants shared instances of insensitive and abusive support services.

Despite the presence of formal support services for LGBTIQ+ people who experienced violence, the results of this study highlight a significant gap in the sensitivity of some of these service providers towards the specific needs and experiences of LGBTIQ+ communities. Among formal service providers, participants identified the police as the least effective in providing appropriate support. Furthermore, data also suggest that the abusive behaviour and violence experienced from police officers only exacerbates the trauma of LGBTIQ+ communities and creates an environment of distrust. Inadequate support after experiencing violence also exacerbates feelings of marginalization and loneliness, hindering the recovery process.

Caste/ethnicity stigma negatively affects the reporting and help-seeking behaviours of Muslim and Dalit LGBTIQ+ participants who experienced at least one form of violence.

Of all the respondents who reported experiencing at least one form of violence, one in three Muslim LGBTIQ+ respondents (33%, n=8) disclosed their experiences to a support system, compared to 63 per cent of Chhetri (n=88) respondents and 61 per cent of Brahmin (n=57) respondents. Although the sample sizes for Dalits and Muslims were limited, the responses indicated that Dalits and Muslims

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9   RAINN. (2018). *Perpetrators of Sexual Violence: Statistics*. Retrieved from: https://www.rainn.org/statistics/perpetrators-sexual-violence.

were the most likely to refrain from reporting experiences of violence in part due to concerns resulting from intersecting discrimination based on caste/ethnicity, with 12 per cent of Dalit (n=4) respondents and 19 per cent of Muslim (n=3) respondents indicating this as the reason.

Impact and Coping Strategies of SOGIESC-Based Violence

LGBTIQ+ communities faced unique and hostile stressors related to their identity, including homophobic victimization and enforced heteronormativity, which had a negative impact on their mental health.

The study indicated that exposure to violence, marginalization and stigma had a detrimental effect on the mental and physical health of LGBTIQ+ people. A substantial proportion of respondents who experienced at least one type of violence reported that it had an adverse impact on their mental health (77%, n=738). The most frequently reported negative consequences of violence included low self-esteem, stress/anxiety, suicidal ideation and depression. Physical injuries resulting from physical and sexual violence were also reported.

Coping strategies after violence were both positive and maladaptive. The three most common coping strategies employed were: (1) fostering networks, sharing their experiences and accessing support from friends and LGBTIQ+ organizations; (2) engaging in substance abuse; and (3) not revealing SOGIESC characteristics for protection.

The majority of respondents who reported experiencing at least one form of violence utilized coping strategies to deal with the consequences of such experiences. Eighty per cent (n=766) of the surveyed LGBTIQ+ people who reported experiencing violence resorted to coping mechanisms. Among the three main coping strategies identified, respondents sought support from friends (48%, n=460) and LGBTIQ+ organizations (38%, n=364), and they also engaged in building networks to share their experiences. The traumatic effects of violence and, in many cases, the lack of access to recourse and support further exacerbated the negative impacts on their mental and physical health, sometimes leading to maladaptive coping mechanisms such as substance abuse. Eight per cent (n=79) of respondents who reported experiencing violence indicated that they had not yet coped with their experiences. Intersectional stigma and discrimination across different LGBTIQ+ communities, particularly those related to caste/ethnicity, negatively affected the ability of respondents to adequately cope with the effects of violence.

RECOMMENDATIONS

Legal and Policy Reform

Criminalize rape and other forms of sexual violence against LGBTIQ+ people. This will require amending the National Penal (Code) Act, 2017 to make its legal provisions more inclusive of all individuals based on SOGIESC. For instance, section 219 of the National Penal (Code) Act, 2017 limits rape to an act imposed by "men" on "women" or "girls," specifying "men" as perpetrators and "women" and "girls" as victims-survivors. The Act should include terms that are inclusive of all SOGIESC. These terms should be developed in consultation with LGBTIQ+ organizations and advocates. It will also require amending the definition of rape in section 219 (2C) to include all forms of penetration in any

orifice or any part of the body. Furthermore, all laws, policies and mechanisms intended to address violence – including the Domestic Violence Act, 2009; the Human Trafficking and Transportation Act, 2007; and the Crime Victim Protection Act, 2018 – should be amended to incorporate LGBTIQ + inclusive provisions.

Recognize the rights of people who identify as trans women, trans men, third gender, intersex men, intersex women and non-binary to citizenship so that every individual's right to identity can be guaranteed. This will require the issuance and enforcement of a government directive explicitly stating that trans men, trans women, third gender, intersex men, intersex women and non-binary people have the right to change their legal gender marker and names as they prefer across all relevant identification documents based solely on self-identification and without proof of medical intervention. Similarly, it would be equally important to address the challenges faced by trans men, trans women, third gender, intersex men, intersex women and non-binary people during the acquisition of citizenship documents for the first time.

Guarantee LGBTIQ+ people the right to marriage equality. This will require amending section 67 of the National Civil (Code) Act, 2017 to recognize marriage as between all people, irrespective of SOGIESC. Furthermore, laws and regulations must ensure that LGBTIQ+ people can exercise equal rights in all matters relating to their families, including vital registration for adoption, their children's citizenship, parental responsibility or authority, divorce, inheritance, property partition, property transfer to spouses/partners and visa rights/entry permits. Similarly, laws should include SOGIESC-inclusive terms such as "parent" in place of "mother" or "father" and "spouse" in place of "husband" and "wife."

Service Provisions

Enhance the capacity of duty bearers and service providers to effectively address violence against LGBTIQ+ people. It is crucial to strengthen their capacity on the experiences and rights of LGBTIQ+ individuals. Such capacity-building initiatives must include measures to promote social norm change and address discriminatory attitudes and behaviours towards LGBTIQ+ people. To achieve these goals, policymakers and service providers must be made aware of specific issues faced by LGBTIQ+ communities and the relevant rights frameworks that can address these issues. They must also engage in productive dialogues with LGBTIQ+ advocacy organizations. Such dialogues require providing a platform that facilitates meaningful engagement between policymakers, service providers and LGBTIQ+ communities, allowing for a better understanding of the concerns and needs of LGBTIQ+ communities. By working together on initiatives aimed at increasing awareness of LGBTIQ+ rights and issues, all stakeholders can contribute to a more effective response to violence against LGBTIQ+ people.

Ensure that GBV prevention and response programmes and policies for LGBTIQ+ people address the intersecting risk factors of violence, particularly in relation to caste/ethnicity, socio-economic status and disability. The findings of the study underline the need for a nuanced understanding of the complex risk factors and intersecting forms of discrimination that increase LGBTIQ+ people's vulnerability to violence. Policymakers and service providers should recognize the interplay of socio-economic status, disability and caste/ethnicity in developing more targeted and effective interventions to address the challenges faced by LGBTIQ+ people and reduce their risk of violence. As the data indicate, it is also essential for all key stakeholders including the government, justice sector, service providers, development partners, research agencies and civil society organizations to

support further research that provides an in-depth understanding of the ways in which intersectional factors can increase the likelihood of violence against LGBTIQ+ communities.

Ensure effective and appropriate police responses to violence against LGBTIQ+ people. To effectively address violence against LGBTIQ+ individuals, programmes and interventions tailored specifically to their needs must be developed and regularly evaluated. Content on the experiences and rights of LGTIBQ+ people should be integrated into the mandated training courses of the Nepal Police. It is also essential to prioritize and guarantee the confidentiality of LGBTIQ+ people who report acts of violence.

Ensure effective and appropriate healthcare delivery for LGBTIQ+ people. The Public Health Act of 2008, which requires confidentiality and prohibits discrimination based on sexual or gender identity, must be strictly upheld. Healthcare providers must undergo training to ensure that LGBTIQ+ patients are treated with dignity and respect. Mental health policies and plans must include specific protocols for LGBTIQ+ communities to ensure non-discrimination and increase access to mental healthcare. Healthcare facilities should also develop policies and spaces that are sensitive, responsive and ensure confidentiality for LGBTIQ+ individuals.

Ensure that LGBTIQ+ people can access support services for victims-survivors of gender-based violence. Additional research and analysis beyond this study are needed to establish the extent to which current support services, such as shelters, counselling, financial aid and legal assistance, are readily available to victims-survivors of GBV who identify as LGBTIQ+. It is imperative to determine if existing services can be adapted to better suit their specific needs or if it would be more practical to establish new, more targeted services.

Education

Establish safe school environments for LGBTIQ+ students. This will require the development of anti-bullying policies that specifically address the risks faced by LGBTIQ+ students and confidential reporting mechanisms and procedures. Furthermore, it is important to enhance the capacity of teachers and other staff to effectively respond to violence against LGBTIQ+ students.

Integrate SOGIESC topics into the national school curriculum. This will entail the development of new, inclusive and sensitive content on LGBTIQ+ people and the removal of stigmatizing content. This will need to be accompanied by training and capacity development for teachers to effectively deliver education about sexual and gender diversity.

LGBTIQ+ Rights Organizations

Recognize the essential liaison role played by LGBTIQ+ organizations. LGBTIQ+ people in the study reported more effective outcomes in reporting violence and seeking support when they received assistance from these organizations. To improve services, it is necessary for institutions such as the police and healthcare service providers to formally establish and strengthen their connections with LGBTIQ+ rights organizations.

Ensure the representation and participation of LGBTIQ+ people and their organizations in the development of all laws, policies and decision-making that affect their lives. Their full engagement will be especially important in relation to the specific reforms recommended in this study.

Ensure adequate and sustained funding to LGBTIQ+ organizations. LGBTIQ+ organizations serve as a source of support and advocacy for LGBTIQ+ communities, offering guidance and emotional assistance, helping individuals navigate difficult service systems and giving a voice to those who have been marginalized. The progress towards realizing the rights of LGBTIQ+ people is closely tied to the strength of these organizations.

To achieve sustainable change, it is important to enact and enforce legislation, develop and implement policies that promote equality, allocate resources to service providers to improve prevention and response mechanisms and invest in LGBTIQ+ rights organizations.

1 | INTRODUCTION

There have been significant achievements for LGBTIQ+ rights in Nepal over the past two decades, particularly legal reforms. The judgment of the Supreme Court in 2007 is considered an important landmark in advancing the rights of LGBTIQ+ people.[10] Similarly, the 2015 Constitution commits to "**build an egalitarian society founded on the proportional, inclusive and participatory principles in order to ensure economic equality, prosperity and social justice**."[11] These legal and constitutional provisions gave a significant push to the LGBTIQ+ rights movement and provided a platform for activists and groups to organize, mobilize and strengthen their advocacy for legal reform and equal rights.

Despite progressive constitutional advancements, LGBTIQ+ people continue to experience stigma, discrimination and violence in Nepal.[12] LGBTIQ+ people face discrimination, as they are perceived to challenge assumptions of heterosexuality, gender norms and compulsory heteronormativity.[13] Nepal's human rights organizations have documented widespread violations and abuses targeting LGBTIQ+ people[14] across the country, despite Nepal ratifying various international human rights standards that affirm equality and dignity for all human beings.

Violence against LGBTIQ+ people in Nepal – both in person and in digital spaces – has been studied to some extent.[15] However, more specific and comprehensive research is lacking. A preliminary literature review indicates only a few specific studies on violence against Nepal's LGBTIQ+ communities.[16] For instance, a qualitative study on human rights violations against Nepal's LGBTIQ+ communities in 2012 revealed that all respondents reported experiencing at least one human rights violation in their lifetime, including a lack of adequate legal protection, along with physical and emotional violence.[17] Similarly, another survey on sexual and gender minorities in 2014 found that over 60 per cent of respondents had experienced at least one incident of abuse or discrimination, with the most common form of discrimination being the denial of healthcare by service providers and verbal abuse in public places.[18] A multi-country study on violence against people with disabilities, lesbians and women engaged in sex work conducted in Bangladesh, India and Nepal in 2012 revealed that the majority of the respondents from Nepal who identified as lesbians (72%) reported lifetime experiences of either emotional, physical or sexual violence, including 54 per cent in the past 12 months.[19] Reports

10   Supreme Court of Nepal. (2007). *Sunil Babu Pant and Others v. Nepal Government and Others*. Writ No. 917 of 2064 BS.

11   Constituent Assembly of Nepal. (2015). *Constitution of Nepal*.

12   Khadgi, A (2020). "Nepal might have made progress when it comes to Queer rights but it still has a long way to go." *Kathmandu Post*. Retrieved from: https://kathmandupost.com/national/2020/05/17/nepal-might-have-made-progress-when-it-comes-to-Queer-rights-but-it-still-has-a-long-way-to-go

13   Boyce, P., & Coyle, D. (2013). *Development, discourse and law: Transgender and same-sex sexualities in Nepal*. Institute of Development Studies. Retrieved from: https://www.ids.ac.uk/publications/development-discourse-and-law-transgender-and-same-sex-sexualities-in-nepal/

14   Blue Diamond Society. (2013). *The violations of the rights of Lesbian, Gay, bisexual, transgender, and Intersex persons in Nepal*. http://www2.ohchr.org/english/bodies/hrc/docs/ngos/GlobalInitiativeForSexualityAndHumanRights_Nepal108.pdf

15   Knight, K. (2017). *How did Nepal become a global LGBT rights beacon?* Human Rights Watch. Retrieved from: https://www.hrw.org/news/2017/08/11/how-did-nepalbecome-global-lgbt-rights-beacon

16   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach*. Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/; Creating Resources for Empowerment in Action (CREA). (2012). Count me IN!: Research report on violence against disabled, Lesbian, and sex-working women in Bangladesh, India, and Nepal. *Reproductive Health Matters, 20*(40), 198-206.

17   Singh, S., Pant, S.B., Dhakal, S., Pokhrel, S., & Mullany, L. C. (2012). Human rights violations among sexual and gender minorities in Kathmandu, Nepal: A qualitative investigation. *BMC International Health and Human Rights, 12*(1), 7–18.

18   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach*. Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/

19   Creating Resources for Empowerment in Action (CREA). (2012). Count me IN!: Research report on violence against disabled, Lesbian, and sex-working women in Bangladesh, India, and Nepal. *Reproductive Health Matters, 20*(40), 198-206.

on violence and discrimination against LGBTIQ+ people in Nepal by police personnel have also been documented by media and international human rights organizations.[20]

Importantly, most of these studies were carried out before 2017, when Nepal was still a unitary system of governance. These studies point to the need to conduct more systematic research on violence against all LGBTIQ+ people as well as the need for a more nuanced analysis of the experiences of sub-groups within the wider LGBTIQ+ population, in order to unpack intersectional forms of discrimination and exclusion, such as caste/ethnicity, socio-economic status and disability.[21] In order to engage in data-led policy advocacy for effective GBV prevention and response focusing on LGBTIQ+ people, there is a need to generate more data and information on the social and personal experiences of all LGBTIQ+ people in Nepal.

In this context, UN Women Nepal undertook national research on violence against LGBTIQ+ people. The study was led by M&C Saatchi World Services in partnership with Blue Diamond Society, an organization that has been advocating for LGBTIQ+ rights in Nepal since 2001, and Viamo Nepal, a digital technology provider with extensive experience in conducting nationally representative computer-assisted telephone interviewing (CATI) surveys on thematic areas, such as GBV. The CATI is conducted through Viamo Nepal's existing telecom infrastructure and its partnership with Nepal Telecom to provide high call reliability.

The study has the following objectives:

1. To strengthen the evidence base on experiences of violence against LGBTIQ+ people in Nepal, including prevalence, forms, risk factors and consequences.

2. To identify existing legal and policy frameworks on prevention and response to violence against LGBTIQ+ people, as well as the current legal gaps, in line with national and international human rights frameworks.

3. To generate recommendations for relevant stakeholders, such as government organizations and development partners, on strengthening programmes/interventions on prevention and response to violence against LGBTIQ+ people.

1.1 REPORT STRUCTURE

The report is organized around the following key chapters:

Chapter 2: Methodology explores the mixed-methods approach to conducting the research.

Chapter 3: Legal and Policy Analysis analyses the gaps, if any, in legal and policy provisions related to protection and response to violence against LGBTIQ+ people.

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20   Shahi, I. (2021). "Harassed, beaten, and jailed." *The Record*. Retrieved from: https://www.recordnepal.com/harassed-beaten-and-jailed

21   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach.* Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/; Creating Resources for Empowerment in Action (CREA) (2012). Count me IN!: Research report on violence against disabled, Lesbian, and sex-working women in Bangladesh, India, and Nepal. *Reproductive Health Matters, 20*(40), 198-206.

Chapter 4: Experiences of SOGIESC-based Violence highlights prevalence, types, risks factors and consequences of violence experienced by LGBTIQ+ people.

Chapter 5: Reporting and Help-Seeking Behaviours includes perspectives from LGBTIQ+ people and service providers on the support-seeking behaviours and experiences of victims-survivors.

Chapter 6: Impacts and Coping Strategies explores the mental and physical impacts of violence.

Chapter 7: Protecting Rights outlines the perspectives of policymakers, service providers and LGBTIQ+ people on mitigating experiences of violence among LGBTIQ+ communities.

Chapter 8: Recommendations summarizes the key stakeholders' perspectives on addressing structural determinants of violence and provides recommendations on preventing and responding to violence against LGBTIQ+ people. The recommendations are based on the data and analysis generated in the study.

2 | METHODOLOGY

This section provides an overview of the research framework, study sample, research methods and safeguarding measures employed in the research.

2.1 CONCEPTUAL FRAMEWORK

2.1.1 DEFINING VIOLENCE

The study covered four types of violence (see **FIGURE 1**) that are related to (a) one's sexual orientation and/or gender identity and expression and (b) not conforming to socially accepted gender roles.

Following CEDAW General Recommendation 35's definitions of GBV, "violence" refers to acts "that inflict, physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty."[22] Further, violence against women also includes violence faced by women who have actual or perceived sexual and/or romantic relations with other women, including lesbian and bisexual women, trans women and women who are perceived as defying sexual or gender norms.[23] GBV can include violence faced by any person and may be salient for trans men, intersex people and other gender-diverse people who do not identify as women but suffer from violence based on their gender. To tackle GBV comprehensively, broader understandings of "gender" must be adopted and promoted in the field to uncover the experiences of all LGBTIQ+ people, not only cisgender women and girls.[24] Since the study focuses on LGBTIQ+ people, it is important to note that violence against people based on their SOGIESC is recognized internationally as a form of GBV, as SOGIESC-based violence can be understood as acts that intend to punish perceived defiance of sexual and/ or gender norms.

Figure 1 **TYPES OF VIOLENCE**

Physical Violence
The use of physical force with intent to harm

Economic Violence
The threat of or actual denial of inheritance, withholding of money, or intending to harm the economic wellbeing of a person

Sexual Violence
Threatening, attempting, or completing forced and/or non consensual sexual activity

Emotional Violence
Digital and/or non-digital aggressive communication designed to cause psychological harm

The behavioural definitions that relate to each of the four types of violence were developed in consultation with LGBTIQ+ rights advocacy organizations and input from UN Women Nepal and were informed by previous studies.[25] Imperatively, the research team notes that LGBTIQ+ people can also face other, specific forms of violence beyond those described in GBV normative instruments. However, for research purposes, examples of violence experienced by LGBTIQ+ people needed to be refined.

22   UN Committee on the Elimination of Discrimination against Women. (2017). *General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19*. Retrieved from: https://digitallibrary.un.org/record/1305057?ln=en

23   The Advocates for Human Rights. (2011). *Violence Against LGBT Women*. Retrieved from: http://www.stopvaw.org/violence_against_lgbt_women

24   UN Women. (2022). *LGBTQI+ equality and rights: Internal resource guide*. Retrieved from:

25   Creating Resources for Empowerment in Action (CREA). (2012). Count me IN!: Research report on violence against disabled, Lesbian, and sex-working women in Bangladesh, India, and Nepal. *Reproductive Health Matters, 20*(40), 198-206.

2.1.2 A SOCIO-ECOLOGICAL APPROACH TO UNDERSTANDING SOGIESC-BASED VIOLENCE

The research team used a socio-ecological framework[26] (see **FIGURE 2**) to better understand the myriad factors that drive SOGIESC-based violence, which is based on a person-environment perspective[27] that situates the LGBTIQ+ person within their social and cultural context. While this model has typically been applied to studying experiences of violence among women, other literature has shown it to be a useful tool for studying SOGIESC-based violence, including determining its risk factors, forms and impacts.[28]

The socio-ecological framework situates individuals within the following four layers:

- **Macrosystem** includes the social, cultural and religious context gaps in legal provisions for ensuring legal identity and citizenship for LGBTIQ+ people. This covers challenges they face in acquiring legal identity and citizenship documents, which can lead to their complete denial of fundamental human rights, as detailed in Chapter 3. It also covers anti-sodomy laws and the lack of laws and policies on preventing and responding to violence against LGBTIQ+ people. These factors can contribute to an environment where LGBTIQ+ people (a) cannot seek redress for violence and (b) are further exposed to the risk of violence. These dynamics are further explored in the subsequent chapters.

Figure 2 SOCIO-ECOLOGICAL MODEL

Macro-system
Anti-sodomy laws, heteronormativity, social, cultural, and religious context, absence of legal and policy provisions

Exo-system
Law Enforcement, Legal Services, Healthcare, mass media, NGOs

Micro-system
Family, Friends, School, Workplace, Intimate Relationships
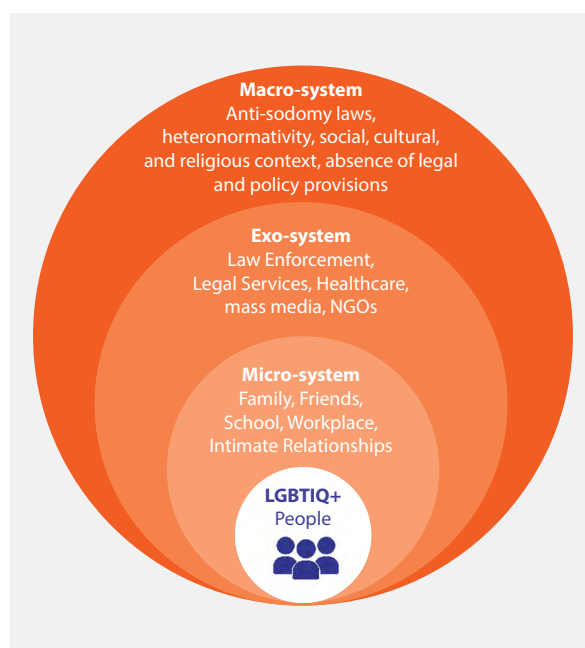
LGBTIQ+ People

- **Exosystem** includes institutions such as healthcare, the police and the judicial system, all of which have a role in preventing and responding to violence against LGBTIQ+ people. Past experiences of neglect and/or discrimination within the exosystem can have an impact on whether a LGBTIQ+ victim-survivor seeks support.[29]

- **Microsystem** considers how the immediate environment of the person affects experiences of SOGIESC-based violence. Immediate environmental factors can include those related to families, academic institutions, place of work and intimate partnerships.

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26   Heise, L. (1998). Violence against Women: An integrated, ecological framework. *Violence against Women, 4*(3), 262–290.

27   UN Development Programme, International Centre for Research on Women, & APCOM (2018). *Know violence: Exploring the links between violence, mental health and HIV risk among men who have sex with men and trans women in South Asia.* Authors. Retrieved from: https://www.icrw.org/wp-content/uploads/2018/11/Know-Violence-Exploring-the-links-between-Violence-Mental-Health-and-HIV-Risk-among-MSM-and-Transwomen-in-South-Asia.pdf

28   Ibid.

29   The term "victim-survivor" has been used throughout this report, unless participants have expressed a different term. This term "acknowledges the reality of vulnerability and triumph as well as the need to acknowledge various connected oppressions that can further complicate the already traumatic experience of sexual assault, intimate partner violence, and abuse." For additional information please see: https://upsettingrapeculture.com/survivor-victim/.

- **Individual** considers how a person's individual factors, such as income, caste, migratory status and religion, and the specificities of each person's sexual orientation, gender identity and sex characteristics intersect with the other three layers.

This framework is particularly useful in analysing ways in which factors at different levels of the socio-ecological model interact and intersect to determine experiences of violence and the subsequent reporting experiences, consequences and coping mechanisms.

2.2 STUDY DESIGN

The study adopted a mixed-methods approach that combined a national survey with LGBTIQ+ respondents, focus group discussions (FGDs) and in-depth interviews (IDIs) with LGBTIQ+ people who have experienced violence. The study design also included key informant interviews (KIIs) with service providers and policymakers in Nepal. The study's objectives and sub-research questions are included in Annex 1.

The design of the research was informed by a desk review undertaken by the study team in January 2022. This review collated existing data and insights relevant to LGBTIQ+ people in Nepal, confirmed and identified gaps in the existing knowledge base and helped develop a set of key learning questions to be addressed through primary research. These steps were undertaken with the objective of developing robust and effective recommendations on preventing and responding to violence against LGBTIQ+ people in Nepal.

Due to the sensitive and nuanced nature of the study, a key element of the research design was to engage a diverse group of stakeholders over the course of the research. A Technical Reference Group[30] was established with representatives from Nepali LGBTIQ+ rights advocacy organizations. Engagement with key stakeholders from LGBTIQ+ communities was vital to maintaining principles of diversity and inclusion and ensuring that a wide range of experiences within LGBTIQ+ communities was represented in the study design. The Technical Reference Group provided support and inputs on the sampling plan, the survey and qualitative discussion guides. The Technical Reference Group also provided validation to the conceptualization and implementation of the research study. As such, part of those who led and implemented the study included LGBTIQ+ people. Further, UN Women Nepal provided technical oversight in the conceptualization, implementation and quality assurance of the research study.

2.2.1 SAMPLING AND RECRUITMENT CRITERIA

To identify, screen and select respondents, the study utilized stratified purposive sampling through provincial LGBTIQ+ quotas, along with a multi-channel recruitment activity. This sampling approach was used to allow researchers to examine the experiences of different sub-groups within LGBTIQ+ communities. The lack of reliable national estimates and records of LGBTIQ+ people also meant that using random probability sampling methods to select LGBTIQ+ respondents was not possible.

The key stages of the recruitment process included a multi-channel outreach to recruit, screen and sensitize LGBTIQ+ respondents and qualitative participants. Sensitization focused on explaining

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30 Please see Annex 3 for full list of the Technical Reference Group's members.

the purpose of the study; discussing the respondents' rights, including securing their consent and assuring confidentiality; and giving information about the available services and sources of support respondents can access during and after data collection.

To build a robust and inclusive sample, the research team leveraged collective networks and communication channels. These included community outreach through BDS's district-level community-based organizations (CBOs); social media, including WhatsApp groups; BDS's official website; partner networks (e.g. Federation of Sexual and Gender Minorities Nepal, Mitini Nepal and Inclusive Form Nepal); respondent-driven sampling; and time-location sampling (TLS).

National Survey Sampling Breakdown

Based on a review of previous literature and inputs from partner networks, the study team considered the following factors when determining the sample:

- Since there are limited accurate national estimates or census data on LGBTIQ+ populations in Nepal, the lead research agency worked with BDS and the Technical Reference Group's understanding of sub-group populations in Nepal's provinces. The research team used preliminary district-level estimates from BDS's CBO network, which has access to various LGBTIQ+ communities. Through this network, BDS has access to around 2,000 LGBTIQ+ people across seven provinces in Nepal. The research team utilized this initial network as a starting point to build a comprehensive national sample through various platforms and channels listed above.

- Previous studies on LGBTIQ+ people in Nepal have focused on either trans women and/or men who have sex with men. As such, the sampling approach for this study considered oversampling historically under-represented groups, such as lesbians, trans men and bisexual people.

- The study sought to boost the number of respondents who were assigned female at birth, as this population has been under-represented in previous LGBTIQ+ surveys. As such, the research team aimed to allocate 24 per cent of the total sample to this group as opposed to 14 per cent in the 2014 UNDP/Williams Institute survey. There is evidence that individuals assigned female at birth face extreme marginalization and multiple forms of discrimination.[31]

- There was oversampling of the smaller Gandaki and Karnali Provinces to ensure the minimum required sample for province-level analysis. The provincial breakdown was broadly in line with the general population distribution across provinces.[32]

Recruitment efforts were based on potential survey respondents self-identifying their SOGIESC from a list of seven LGBTIQ+ sub-groups: lesbian, gay, bisexual, trans men, trans women, intersex and queer. To manage sub-quotas, potential respondents were encouraged to select one identity that strongly resonated with them. However, when responding to the final survey, respondents were asked separate questions regarding their gender identity (inclusive of sex characteristics, e.g. intersex woman and intersex man) and sexual orientation. This was to ensure that the two distinct parts of a person's identity were not conflated and that respondents had a chance to accurately and fully express both their gender identity and sexual orientation.

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31   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach.* Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/

32   Central Bureau of Statistics. (2011). National population and housing census 2011. Government of Nepal. Retrieved from: https://unstats.un.org/unsd/demographic-social/census/documents/Nepal/Nepal-Census-2011-Vol1.pdf

For gender identity, respondents were asked to self-identify and select from a list of options that included: woman (cis), man (cis), trans woman, trans man, third gender, intersex woman, intersex man, non-binary and queer/questioning. For sexual orientation, respondents were asked to indicate their sexual orientation from a list of options that included gay, lesbian, bisexual and heterosexual. The list of options for both questions was finalized in consultation with BDS, the Technical Reference Group and UN Women. In establishing the distinction between gender identity and sexual orientation, the analysis and presentation of results for various SOGIESC sub-groups overlap. For example, if a respondent identified as a trans woman and a lesbian, their results were counted in both categories. This approach was taken to provide a comprehensive understanding of the experiences and identities represented in the sample.

TABLE 1 provides the sample breakdown of survey respondents. Annex 2 provides the provincial breakdown of the survey sample by SOGIESC (as defined in the questionnaire).

Table 1   SURVEY SAMPLE BREAKDOWN

Gender Identity	No. of Respondents	%	Sexual Orientation	No. of Respondents	%
Woman (Cis)[33]	176	15%	Gay	264	22%
Man (Cis)	362	31%	Lesbian	161	14%
Trans women	253	21%	Heterosexual[34]	554	47%
Trans men	197	17%	Bisexual	155	13%
Third gender	141	12%	Other	47	4%
Non-binary	5	<1%	**Total**	**1,181**	**100%**
Queer/questioning	16	1%			
Intersex woman	11	1%			
Intersex man	6	<1%			
Other	14	1%			
Total	**1,181**	**100%**			

Base: *All respondents*

Recruitment Criteria

IDIs and FGDs

To capture the diversity of experiences on the prevalence of violence among LGBTIQ+ communities, the research team developed a range of inclusion and exclusion criteria for the research study. Purposive sampling was used to select participants for IDIs and FGDs, with the following key intersectional factors included when determining the sample: province, urban/rural location, disability, income level, religion and caste/ethnicity.

Service Providers and Policymakers

The list of service providers and policymakers was selected in consultation with UN Women Nepal and BDS. The researchers selected a purposive (non-random) sample of participants based on their

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33   Information on the experiences of both cisgender women and men was captured, as it is possible to be cisgender and belong to LGBTIQ+ communities. Similarly, in terms of sexual orientation, it is possible to be heterosexual and be gender-diverse.

34   Heterosexual cisgender people were not part of the sample.

ability to provide information on the lived experiences of LGBTIQ+ people while also exploring the legal environment for LGBTIQ+ people in Nepal. The team aimed to select service providers and policymakers from a range of public and private institutions to explore how different government departments and service providers interact with LGBTIQ+ communities in Nepal. The sample also included LGBTIQ+ and cis-heterosexual participants.

Across all research activities, only individuals who were above 18 years of age and able to provide informed consent to participate in the study were recruited.

2.2.2 NATIONAL SURVEY

Computer-assisted telephone interviewing (CATI) was used as the primary survey data collection method. This mode of data collection was used because the study was planned and conceptualized during the COVID-19 pandemic. Nepal experienced three separate waves of COVID-19 beginning in early 2020, with cases still being documented in May 2023.[35]

As such, the most effective route to implement the study at a national scale was via telephone. In total, 991 respondents were successfully interviewed via the CATI survey. The easing of the COVID-19 situation also allowed some opportunity to conduct face-to-face (F2F) surveys. M&C Saatchi World Services consulted with UN Women Nepal and BDS to design a F2F survey to complement the CATI survey. This was done to accommodate certain segments of the LGBTIQ+ population who could not be reached via phone or refused to participate via phone due to the sensitive nature of the study.

To maximize reach across various LGBTIQ+ sub-groups and geographies, an additional 190 LGBTIQ+ people were surveyed F2F using the same survey. As such, combined results from the CATI and F2F will be presented in the following sections.

The key objective of the survey was to provide national estimates of the risk and protective factors, prevalence, magnitude and forms of violence against LGBTIQ+ people. The survey also generated data on the consequences and the personal coping mechanisms used by victims-survivors. The survey was finalized through a series of consultations with UN Women Nepal and the Technical Reference Group to ensure that the survey employed terms authentic to LGBTIQ+ communities in Nepal.

The CATI survey was managed by a team of Viamo[36] Nepal's well-trained call centre agents who had extensive experience in administering large-scale phone surveys with populations facing multiple layers of discrimination. The team of call centre agents were also overseen by supervisors who were responsible for quality control, managing telephone traffic, controlling and managing sub-quotas and troubleshooting issues that arose during the data collection, if any.

The national survey was conducted among 1,181[37] LGBTIQ+ respondents across all seven provinces of Nepal. The initial target was to reach 1,500 LGBTIQ+ people. However, due to the sensitive and personal nature of the study, there was a range of issues that led to a lower response rate:

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35   Please visit https://covid19.mohp.gov.np/ for more information.

36   Viamo Nepal has used its CATI capacity to conduct national surveys on various thematic areas, such as access to healthcare as well as experiences of poverty and GBV. The CATI is conducted through Viamo Nepal's call centre, which utilises Nepal's existing telecom infrastructure.

37   The initial target was to survey 1,500 LGBTIQ+ people.

- **Distrust of the telephone survey method**: Despite thorough explanations on data protection and confidentiality measures, some people noted that they were distrustful of phone surveys as a research method and did not believe that their responses would be kept confidential or that their phone numbers would not get leaked. Some mentioned that they did not want to disclose their identity to a stranger over the phone. As such, many declined to share their phone numbers. As a mitigation measure, respondents were offered the option of participating in the F2F survey if they felt distrust in the telephone survey method.

- **Lack of trust in social research on LGBTIQ+ people**: Some members of LGBTIQ+ communities also showed low levels of trust in research and researchers, particularly mentioning that previous research had not been culturally sensitive or had not produced results that were useful or relevant to the communities. Further, lesbian and bisexual women cited social stigma and Nepal's patriarchal context as reasons for not wanting to disclose their identity, along with referencing the taboos associated with being a woman and non-heteronormative.

- **Non-response**: Some potential respondents who were contacted for the survey declined to participate, noting that they are no longer interested or were busy. If a potential respondent failed to pick up a call, they were tried at least three times during different times of that day as well as the following day. If they still did not pick up, the numbers were tagged "No response."

2.2.3 QUALITATIVE RESEARCH

The study also used various qualitative research methods (see **TABLE 2**) to collect in-depth information on the social and personal experiences of violence among LGBTIQ+ people. In addition, a diverse sample of service providers and policymakers were interviewed to gather perspectives from different levels of the socio-ecological model outlined in Section 3.1. This qualitative approach also included a review of legal and policy documents to inform the legal and policy gap analysis.

Table 2 RESEARCH BREAKDOWN

Stakeholder	LGBTIQ+ People		Service Providers	Policymakers	Review of literature and policy documents
Data collection method	IDIs	FGDs	KIIs	KIIs	
Number(s)	10	8	10	8	

Focus Group Discussions

Eight FGDs were conducted in total, with five to seven LGBTIQ+ people in each group. The FGDs centred on case vignettes about LGBTIQ+ communities – short hypothetical stories intended to spark discussion among the participants. Research participants may feel uncomfortable to share real experiences in a group setting about their SOGIESC identities as well as their experiences of violence. To address these challenges, it was necessary to provide researchers with more than just a traditional question guide. A detailed sample breakdown is attached as Annex 4.

In-Depth Interviews

IDIs with LGBTIQ+ people who have survived violence provided personal and intimate insights into the social and personal experiences of individuals. While the FGDs and IDIs covered the same objectives, the IDIs generated more personal, specific information vital for advocacy purposes. The IDIs were conducted with LGBTIQ+ people who had already provided their phone number for the survey and consent to be contacted for further research. If the potential participants met the recruitment criteria, they were contacted for an IDI. A detailed sample breakdown is attached as Annex 5.

The report also used creative means to present the narratives shared by IDI participants. Using information provided by IDI participants, the research team created human interest stories in the form of letters to the participants' younger selves. The participants whose interviews informed the human interest stories were included in the process and consulted before final presentation. These letters function as moments of reflection, which have the cathartic elements of a note to a younger self. In line with the study's objectives, these stories explore the social and personal experiences of LGBTIQ+ people in Nepal, including their relationship with family/friends, the types of violence they faced and its consequences. These moments of reflection aim to provide hope and comfort to the self, who at times feels alone and afraid. As such, the letters follow the journey of the LGBTIQ+ person from childhood/adolescence, where they experienced feelings of isolation, to adulthood, where there is a sense of hope, acceptance and community.

Key Informant Interviews

KIIs were conducted with service providers and policymakers. KIIs with service providers included 10 representatives from healthcare, law enforcement, legal services and NGOs, among others. Interviews with agencies that interface directly with LGBTIQ+ communities generated rich insights into the experiences of LGBTIQ+ people when seeking support. Furthermore, eight KIIs were conducted with senior policymakers. This workstream was vital in getting perspectives from policymakers on Nepal's current legal and policy landscape relating to violence against LGBTIQ+ people, along with getting recommendations on preventing and responding to this violence. A detailed sample breakdown of service providers and policymakers is attached as Annex 6 and 7 respectively.

Legal and Policy Gap Analysis

The legal gap analysis examined existing laws and policies on prevention and response to violence against LGBTIQ+ people, identifying gaps in legal and policy provisions. The research team cross-referenced Nepal's 2015 Constitution and domestic provisions[38] with international human rights standards and assessed the legal gaps, if any, in the following key areas: legal identity/citizenship, marriage equality, assault laws and healthcare services/healthcare-related laws.

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38   The following Nepali provisions were reviewed: Constitution of Nepal, 2015; National Civil (Code), 2017; National Penal (Code) Act, 2017; The National Civil Procedure (Code) Act, 2017; The Correction of Age, Name, and Surname Rules of 2017; The National Identity Card and Vital Registration Act of 2076 (2020).

2.3 ETHICAL PROTOCOLS AND SAFEGUARDING MEASURES

2.3.1 RESEARCH ETHICS REVIEW

Owing to the sensitive nature of the study, all research protocols went through a rigorous ethical review process, with a particular focus on the survey questionnaire, discussion guides, sampling plan, implementation plan, data privacy and safeguarding measures. The National Health Research Council reviewed the study and provided ethical approval.

As a further measure, all research tools and materials were consistent with research ethics and confidentiality requirements in line with the principle of 'Do No Harm' and various international guidelines, such as the United Nations Statistics Division[39] guidelines, WHO Ethical and safety recommendations[40] for intervention research on violence against women and relevant guidelines for LGBTIQ+ people.[41] The research team also followed established international best practices and ethical guidance in conducting research on violence against LGBTIQ+ people[42] and the available, well-established resources on conducting research. As an example of strong research ethics, all respondents and qualitative participants, along with the trainees and researchers, were referred to free psychosocial counselling provided by Transcultural Psychosocial Organization (TPO) Nepal.

2.3.2 CONSENT AND CONFIDENTIALITY

A series of ethical protocols guided the research. To maintain anonymity and safety, informed consent was collected verbally among LGBTIQ+ people taking part in the survey, IDIs and FGDs during both the recruitment and data collection. For the qualitative discussions, informed consent was obtained with all research participants for the purposes of recording and transcribing the interview. During the recruitment process, the study was presented in a neutral manner, focusing on the broader social and personal experiences of LGBTIQ+ communities. This helped minimize the risk of under- or over-reporting of violence. For service providers and policymakers, the study was presented as research aiming to strengthen the evidence base on experiences of violence against LGBTIQ+ communities, along with identifying gaps in existing legal and policy frameworks on prevention and response to this violence.

All respondents and qualitative participants were informed that their data would be treated confidentially, anonymously and securely, along with their right to refuse participation, terminate discussion or skip any topics they wished not to discuss. All respondents and qualitative participants were also informed that they had the right to withdraw before, during or after the interviews. Furthermore, the personal details of respondents and all qualitative participants were anonymized during the gathering and collation of findings and in this research report. When quotes have been used, any identifying information about the respondent or qualitative participant (for FGDs and IDIs)

39   United Nations Department of Economic and Social Affairs. (2022). *The handbook on management and organisation of national statistical systems.* Retrieved from: https://unstats.un.org/capacity-development/handbook/index.cshtml

40   World Health Organization. (2019). *World Health Organization guidelines on hand hygiene in health care.* Author. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/251759/9789241510189-eng.pdf

41   European Asylum Support Office. (2021). *COI research guide on LGBTIQ.* Available at: https://coi.euaa.europa.eu/administration/easo/PLib/2021_11_EASO_COI_Research_Guide_on_LGBTIQ.pdf

42   World Health Organization. (2003). *Guidelines for the conduct of research on domestic violence against women.*

has been removed. Audio recordings and notes from the data collection were stored in password-secured files and accessible only to the immediate research team. The research team also transferred all study-related data to UN Women Nepal upon completion.

2.3.3 SAFEGUARDING PROTOCOLS AND MITIGATING RISKS

To ensure the safety of the respondents and qualitative participants and adhere to 'Do No Harm' principles, the study sample did not include couples who lived under the same household/ dwelling unit. As such, only LGBTIQ+ people who did not live with their partner were recruited during community outreach. This was done to mitigate the risk of some respondents living with potential perpetrator(s) of violence. There were also cases where couples shared the same phone/ mobile number. Such cases could not be part of the study sample to ensure safety and abide by global standards on GBV research.

All survey respondents and qualitative participants (for IDIs and FGDs) were also given contact details of referral services, including shelter support, the national GBV helpline and free psychosocial counselling. Overall, 75 respondents who completed the survey accessed psychosocial counselling provided as part of the study. Some respondents also contacted the research supervisor in Kathmandu to note how considerate and sensitive the enumerators were when asking the survey questions. During the survey, respondents also expressed to the enumerators that the survey provided them a chance to open up about their SOGIESC and social/ personal experiences without fear of judgment or discrimination, with several participants deeming it a cathartic experience. There were further comments that some respondents found the enumerators polite, easy to talk to and said that they felt heard while sharing their experiences.

Telephone-based data collection can present a unique set of ethical challenges around consent, confidentiality, data quality and respondents' privacy, posing conceptual and practical considerations. Since maintaining privacy is a key aspect of ensuring the safety of respondents, respondents were repeatedly reminded to be in a safe and private environment where no one could hear them.[43] For the CATI survey, if the interview was interrupted, enumerators were quick to change the subject of discussion or terminate the interview. WHO's "Putting Women First" (2001) recommended developing and using a short diversionary questionnaire on less sensitive topics concerning people's health, such as menstruation or family planning. The researcher forewarned the respondent that they could change the subject of discussion if the interview is interrupted and follow the diversionary questionnaire. During the CATI, enumerators were vigilant if they heard voices in the background or the respondent speaking to others, or if they noticed pauses in the respondents' replies that could indicate the presence of someone else. To further mitigate risks of compromised privacy, the survey also used response categories that were not indicative of the topic.[44] For instance, respondents could respond to questions with "Yes," "No," "Effective," "Not Effective" and other similar phrases. The research team also adopted the use of safe words in the event of a serious threat to the participants – in this case, the interview would terminate immediately and the necessary support would be provided to the participants.

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43   World Health Organization. (2001). *Putting women first: Ethical and safety recommendations for research on domestic violence against women*.

44   UN Women. (2022). *Measuring the shadow pandemic: Collecting violence against women data through telephone interviews. An evidence-based technical guidance*. Retrieved from: https://data.unwomen.org/sites/default/files/documents/Publications/Guidance_VAW_RGA-EN.pdf

The F2F survey interviews were conducted in a private and safe setting. During recruitment, the respondents were informed that they could feel free to reschedule the interview to a time or place that may be more safe or convenient for them. During the surveys, enumerators also introduced any sections enquiring about violence carefully, forewarning the respondent about the nature of the questions and giving them the opportunity to either end or pause the interview, or to not answer such questions. Along with gaining informed and voluntary consent, the researchers mitigated risks in various ways. These strategies included:

- Ensuring that health and safety needs took precedence over the aims and objectives of the study.

- Stopping interviews immediately if a field team member felt that a participant's safety was jeopardized and then informing their supervisor.

- Selecting safe, easily accessible research venues under guidance from local field agencies for all aspects of the field research.

- Ensuring appropriate selection processes for field research team members and providing them with adequate training and support.

- Training researchers through role-play scenarios on ways to identify any emerging and/or difficult situations at an early stage.

- Providing training on how to spot signs of distress over the phone.[45]

2.3.4   TRAINING

Researchers for both the quantitative and qualitative modes of research went through comprehensive and rigorous training programmes. Survey enumerators were trained in person at Viamo Nepal in Kathmandu over a three-day period. Qualitative researchers were trained at an inperson workshop for four days. Both qualitative and quantitative trainees were trained on different aspects of the study, including background knowledge on LGBTIQ+ experiences in Nepal,[46] sensitivity on LGBTIQ+ terminologies, facilitation of the respective research tools, practice administering the tools, ethical considerations and maintaining safety. Sessions around ethics and safety focused on how to record consent, maintain participants' confidentiality and mitigate risks to both the study participants and researchers. Specifically, all researchers were trained on how to ask questions in a sensitive and considerate manner, how to provide information and support if a respondent appeared at risk or explicitly asked for help, how to ensure/check the privacy of the interviewee while interviewing and how to ensure respondents could discontinue the survey or interviews if desired.

Aside from experience in conducting sensitive research on vulnerable communities, preference for enumerators and qualitative researchers was given to women and people from diverse SOGIESC. In terms of the quantitative research, 14 out of 15 enumerators were women, while the field qualitative research had team members who identified as gay, lesbian, trans women and queer. To ensure further engagement, the lead trainers also included LGBTIQ+ people, along with experts in GBV research and advocacy.

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45   FD Consultants. (2021). *Verbal and non-verbal signs of distress: Phone-based interviewing*. Retrieved from https://fdconsultants.weebly.com/blog/verbal-and-non-verbal-signs-of-distress-phone-based-interviewing

46   This was led by Manisha Dhakal, the Executive Director of BDS.

The direct engagement of LGBTIQ+ people in the training and piloting stages allowed for the research tools to be revised and adjusted through an approach that sought to include the experiences of LGBTIQ+ people. For instance, following the piloting, the behavioural indicators used to define different types of violence were adjusted. Several trainees (which included people from diverse SOGIESC) and respondents during piloting suggested that "being denied inheritance of family property" was an example of economic violence experienced by LGBTIQ+ communities. Such inputs and feedback allowed for the survey to be more inclusive of the LGBTIQ+ communities' diverse experiences. As such, the involvement of LGBTIQ+ people in the training and piloting stages further informed UN Women Nepal, M&C Saatchi World Services and the Technical Reference Group's understandings of the varying forms of violence experienced by LGBTIQ+ people.

Sensitive to the possibly distressful nature of the research, M&C Saatchi World Services also held after-care sessions with all researchers after completing data collection, with the aim to discuss their experiences and provide emotional support if needed. During these sessions, researchers suggested that some respondents asked them for their Facebook and Instagram usernames and other personal contact details, such as phone numbers. Enumerators were also asked to meet and were invited to the respondents' homes. In such cases, the enumerators politely mentioned that they will not be sharing any personally identifiable information and declined the invitations for meetings. In some instances, researchers mentioned that hearing experiences of violence against LGBTIQ+ people caused individual distress. A number of researchers were also surprised at how some respondents normalized issues like rape and sexual abuse. Researchers also mentioned that while there were some instances of distress, the support systems set in place by M&C Saatchi World Services, BDS and Viamo mitigated any further risk.

Detailed training guides and safeguarding measures can be shared upon request.

2.4 METHODOLOGICAL LIMITATIONS

The following methodological considerations need to be considered when interpreting the results.

- **Non-probability survey sampling**: The national survey is based on a stratified purposive sampling approach, with specific quotas allocated for each LGBTIQ+ sub-group. This was to ensure that the survey included as many characteristics, viewpoints and identities within the LGBTIQ+ communities as possible. However, as the survey was based on non-probability sampling, undercoverage bias is likely since not all members of the LGBTIQ+ communities had an equal chance of being selected in the study. It should be noted that probability sampling was not possible due to the lack of comprehensive and inclusive national records of LGBTIQ+ people to serve as a sampling frame.

- **Recruitment**: A large-scale, multi-channel recruitment activity was conducted prior to the study to identify and screen a diverse sample for the survey and qualitative component. This recruitment activity included four different channels, including BDS's district-level records of LGTBIQ+ people; BDS's website and social channels; outreach via partner LGBTIQ+ organizations, including Mitini Nepal and Inclusive Forum Nepal; and respondent-driven sampling. While every effort was made to recruit as diverse a study sample as possible, there are likely to be various unidentified segments of the LGBTIQ+ population who have not been covered by the study, along with under-representation of certain sub-groups.

- **National profile of LGBTIQ+ population**: The research team conducted a review of previous studies on LGBTIQ+ populations, including the 2014 UNDP/Williams Institute survey on LGBTIQ+ people in Nepal. Based on the review, the teams considered key methodological learnings from previous studies when developing the survey sample and recruitment strategies. For instance, a previous study[47] recruited LGBTIQ+ people through HIV outreach workers. As such, the researchers mainly reached beneficiaries of those programmes, which included men who have sex with men, trans women and other identities that may represent people who were assigned male at birth. For this reason, the research team for this study avoided recruitment strategies that could lead to an over-sampling of specific sub-groups.

- **Defining LGBTIQ+ sub-group categories**: The national survey asked respondents to select their SOGIESC through a pre-defined list that sought to be as inclusive as possible and was finalized in consultation with the Technical Reference Group, BDS and technical experts from UN Women Nepal. The need for a pre-defined list of options was necessitated by the need to code the data in a standardized manner, allowing for nuanced analysis of the prevalence of violence among the different sub-groups. However, this approach may have some limitations. For instance, the pre-defined list may not include all possible SOGIESC identities, which may lead to some respondents feeling excluded or not being able to accurately represent themselves. Further, the pre-defined list may not capture the fluid and dynamic nature of people's SOGIESC identities, which could lead to a lack of understanding about the experiences of certain sub-groups.

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47   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach*. Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/

3 | THE MACROSYSTEM

3.1   LEGAL LANDSCAPE

In Nepal, the Supreme Court has been the primary battleground for LGBTIQ+ rights. A landmark case for advancing LGBTIQ+ rights in Nepal was *Sunil Babu Pant, et al. v. the Office of the Prime Minister and Council of Ministers, et al. (2007)*. Following the petition, the Supreme Court instructed the Government of Nepal to take three key actions: (1) form a committee to study the legal recognition of same-sex relationships; (2) legally recognize a Third Gender category, referred to in the verdict as "other;" and (3) review all discriminatory laws from a LGBTIQ+ lens. The 2007 ruling, which brought international attention to Nepal, initiated a mechanism to enact progressive laws and policies for LGBTIQ+ rights. The Supreme Court's decision in 2007 noted non-discrimination based on sex and gender as a right guaranteed to all citizens of Nepal, which has been subsequently affirmed in various Court decisions, including *Rajani Shah v. National Women's Commission (2013)*,[48] *Suman Pant v. Ministry of Home Affairs et al. (2017),*[49] and *Rukshana Kapali v. Government of Nepal, et al. (2021).*[50]

Further, in line with the Court's 2007 ruling, activists effectively lobbied the government to officially recognize LGBTIQ+ people who identify as "third gender," separate from binary gender choices. In official documentation, this was referred to as "Other." Since 2010, an "Other" category for gender markers has been added to the national population census (2011), voter rolls by the Election Commission Nepal (2011), citizenship certificates (2013[51] and passports (2015).[52] However, LGBTIQ+ rights organizations have levelled various criticisms at the "Other" category, as it has in practice conflated gender identity and sexual orientation.[53] The term "Third Gender" has also been debated, as it may not fully represent the many gender identities in Nepal, including people who are gender nonconforming.[54] In 2015, Nepal became one of the only countries in the world to specifically recognize the rights of the LGBTIQ+ communities in its constitution through several provisions in Article 12, 18(3) and 42(1), including the right to citizenship, equality and social justice.[55]

Despite these progressive constitutional milestones, LGBTIQ+ communities still struggle to access legal protection, legal gender recognition and marriage equality, along with battling various stigmas and forms of violence. As such, there remain gaps between policy and implementation.

The following section reviews and analyses current legal and policy provisions that protect and respond to violence against LGBTIQ+ people. The key issues assessed include legal identity/citizenship, marriage equality, assault laws and healthcare-related laws.

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48   Supreme Court of Nepal. (2013). *Rajani Shah v. National Women Commission et al.* Writ No. 069-WH-0030.

49   Supreme Court of Nepal. (2017). *Suman Panta v. Ministry of Home Affairs et al.* Writ No. 073-WO-1054.

50   Supreme Court of Nepal (2021). *Rukshana Kapali v. Government of Nepal et al.* Writ No. 077-WO-0973.

51   The first circular (instruction) was issued on 19 July 2011 by the Ministry of Home Affairs. On 18 June 2012, the Government of Nepal amended the Nepal Citizenship Regulation to include the category of "Other" in the gender column and added "Other" as a category for gender in the Directives for Issuance of Citizenship Certificate to Sexual and Gender Minority Community individuals as well. The circular was issued to all the District Administration Offices on 20 January 2013.

52   Nepal Gazette, Vol.64 - Kathmandu, 23 March 2015, No. 43.

53   QueerYouth Group, Campaign for Change. (2020). *Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012),'* National Human Rights Commission, Reg no. 654.

54   Knight, K. G., Flores, A. R., & Nezhad, S. J. (2015). Surveying Nepal's Third Gender: Development, implementation, and analysis. TSQ, *2*(1): 101–122. Retrieved from: https://read.dukeupress.edu/tsq/article-abstract/2/1/101/73084/Surveying-Nepal-s-Third-GenderDevelopment?redirectedFrom=fulltext

55   Nepal Law Commission. (2015). *Constitution of Nepal.* Nepal Gazette. Retrieved from: https://lawcommission.gov.np/en/?lsvr_document=constitution-of-nepal.

3.2   LEGAL IDENTITY AND CITIZENSHIP

3.2.1   WHAT IS THE ISSUE?

Legal recognition of various genders reduces the systemic marginalization, discrimination and violence of trans, third gender, intersex and non-binary people. In 2007, the Supreme Court's *Sunil Babu Pant v. Nepal (2007)* verdict stated that the sole criteria for being legally recognized as "Third Gender" on official citizenship certificates was an individual's "self-feeling," for which they cited international human rights frameworks.[56] Despite this landmark ruling, only a few transgender, intersex, non-binary and third gender people have been able to obtain a citizenship certificate that accurately reflects their gender identity and expression.[57] The judgment did not explicitly state the non-requirement of medical verification or other validation procedures for transgender, intersex, non-binary and third gender people to amend their name and gender marker. In practice, this has meant that officials often defer to the intrusive and burdensome requirement of proof of medical intervention, which is both costly and dangerous for many.

The Citizenship Act Amendment Bill 2022 allowed the acquisition of citizenship certificates, revealing the gender identity of the person as prescribed in the citizenship certificates.[58] However, the Bill does not mention whether an authorized doctor's recommendation or medical evidence of gender-affirming transition and/or surgical intervention is required. The details need to be formulated in the Regulations and Directives once the Bill is authenticated. However, the Bill was not authenticated by Nepal's former President.[59] The case is sub-judice in the Supreme Court of Nepal.[60] At the time of writing the report, the Citizenship Act Amendment Bill 2022 was authenticated by President Ram Chandra Paudel on 31 May 2023. However, on 4 June 2023, the Supreme Court of Nepal issued an interim order to not implement the bill immediately.

International best practice for legal gender recognition suggests that self-determined gender is a cornerstone of a person's identity.[61] The requirement to undergo medical procedures to confirm gender identity is in violation of the right to privacy, identity and dignity, among other rights. The Independent Expert on protection against violence and discrimination on the basis of sexual orientation and gender identity (IESOGI) recommended in 2018 that legal gender recognition procedures should ***"be based on self-determination by the applicant, be a simple administrative process, [and] not require applicants to fulfil abusive requirements, such as medical certification, surgery, treatment, sterilization or divorce."*** [62] Indeed, the UN's human rights mechanisms have

56   Supreme Court of Nepal. (2007). *Sunil Babu Pant and Others v. Nepal Government and Others*. Writ No. 917 of 2064 BS.

57   Mahato, R. (2017). *The movement for human rights for sexual and gender minorities in Nepal: The beginning, 2001-2015*. International Development, Community and Environment (IDCE). Retrieved from: https://commons.clarku.edu/idce_masters_papers/148

58   The Nepal Citizenship Act Amendment Bill 2022 mentions: "The gender identity shall also have to be revealed as prescribed in the citizenship certificates to be issued pursuant to this Act."

59   Office of the President. Return of the Bill(2022). Retrieved from: https://president.gov.np/

60   The Kathmandu Post. (2022). *Court seeks clarification on President's refusal to authenticate citizenship bill*. Retrieved from: https://kathmandupost.com/national/2022/09/26/court-seeks-clarification-on-president-s-refusal-to-authenticate-citizenship-bill

61   A small but growing number of countries around the world have adopted legislative models of gender recognition based on self-determination: Argentina in 2012; Denmark in 2014; Colombia, Ireland and Malta in 2015; Norway in 2016; Belgium in 2017; Brazil, Luxembourg, Pakistan, Portugal, Uruguay and Chile in 2018; Iceland in 2019 and Switzerland in 2020.

62   General Assembly. (2018). *Protection against violence and discrimination based on sexual orientation and gender identity*. United Nations. Retrieved from: https://www.undocs.org/Home/Mobile?FinalSymbol=A%2F73%2F152&Language=E&DeviceType=Desktop&LangRequested=False

repeatedly stressed that States should provide access to gender recognition in a manner consistent with the rights to freedom from discrimination, equal protection of the law, privacy, identity and freedom of expression.[63] As the IESOGI has highlighted, this is **"key to further deconstruct institutional and social drivers of discrimination and violence that affect trans, non-binary and other gender-diverse people around the world."**[64]

Lack of legal gender recognition significantly increases the vulnerability of trans, intersex, third gender and non-binary people to violence. Those who hold identity documents with information and/or photos that do not visibly match their gender identity and expression may be forced to publicly reveal their trans, intersex or non-binary identity, which can lead to harassment, discrimination and violence. Without a legal identity, individuals are *"blocked from government jobs and pensions, driver's licenses and passports, as well as government-run programs like secondary school exams and health services. Bank accounts, land inheritance, and the right to vote are also out of reach."*[65] The denial of legal gender recognition also encourages the belief that transgender, intersex, non-binary and third gender people are not equal citizens. Without access to necessities afforded through a citizenship certificate, individuals may engage in high-risk activities to financially support themselves, such as sex work, and/or be denied property rights, freedom of movement, education, employment opportunities and healthcare services, along with facing other forms of violence and discrimination.

3.2.2   WHAT IS THE CURRENT LEGISLATIVE SITUATION?

In Nepal, citizenship is regulated under Part 2 of the Constitution (2015); the Nepal Citizenship Act (2006); and various amendments/acts relating to passports, birth certificates and identity cards, including:

- Nepal Citizenship Regulation, 2007 and the Ministry of Home Affairs Directives 2012

- National Identity Card and Civil Registration Act of 2020 and Regulation 2021

- The Correction of Age, Name and Surname Rules 1962

- Passport Act 2019 and Regulation 2020

63   UN Human Rights Council. (2015). *Discrimination and violence based on sexual orientation and gender identity*. para. 69. Author. Retrieved from: https://digitallibrary.un.org/record/797193?ln=en; Human Rights Committee. (2014). *Concluding observations on the fourth periodic report of Ireland*. para. 7. United Nations. Retrieved from: http://doc-store.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsieXFSudRZs%2FX1ZaMqUUOS9ylqPEMRvxx26PpQFtwrk%2BhtvbJ1frkLE%2BCPVCm6lW%2BYjfrz7jxiC9GMVvGkvu2UIuUfSqikQb9KMVoAoKkgSG; Human Rights Committee. (2013). *Concluding observations on the seventh periodic report on Ukraine*. para. 10. Author. Retrieved from: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CCPR%2FC%2FUKR%2FCO%2F7&Lang=en; Human Rights Committee. (2015). *Concluding observations on the fourth report on the Republic of Korea*. paras. 14-15. Author. Retrieved from: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhshdNp32UdW56DA%2FSBtN4MHy9iuSMtUiNSvrbV9%2BJuD7JMLvy0Ju%2FXKLNHICvzsdHK1rJtIsosm9tfQBiOl2kvBgjNYQMFXBklPP6Cl8vcuw0; Committee on the Elimination of Discrimination against Women. (2010). *Concluding observations of the committee on the elimination of discrimination against women*. Paras. 46-47. United Nations. Retrieved from: https://www2.ohchr.org/english/bodies/cedaw/docs/co/cedaw-c-nld-co-5.pdf; Committee against Torture. (2016*). Concluding observations on the fifth periodic report of China with respect to Hong Kong, China*. Para. 29(a). United Nations. Retrieved from: https://www.cmab.gov.hk/doc/en/documents/policy_responsibilities/CAT_C_CHN-HKG_CO_5_22478_E.pdf

64   General Assembly. (2018*). Protection against violence and discrimination based on sexual orientation and gender identity. U*nited Nations. Retrieved from: https://www.undocs.org/Home/Mobile?FinalSymbol=A%2F73%2F152&Language=E&DeviceType=Desktop&LangRequested=False

65   Blue Diamond Society. (2013). *The violations of the rights of Lesbian, Gay, bisexual, transgender, and Intersex persons in Nepal*. Author. http://www2.ohchr.org/english/bodies/hrc/docs/ngos/GlobalInitiativeForSexualityAndHumanRights_Nepal108.pdf

Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community (2012)

The Ministry of Home Affairs promulgated a Directive on issuing citizenship certificates to people from LGBTIQ+ communities in 2012, allowing people to state their gender marker on official documents as "Other."[66] To inform implementation, the Ministry of Home Affairs defined "other gender" as lesbian, gay, bisexual, transgender and intersex people (2012). Clause 2(c) [2(ga)] defined a "sexual and gender minority person" as *mahilaa samalingi* (lesbian), *purush samalingi* (gay), *duilingi* (bisexual), *tesro lingi* (transgender) and *antaralingi* (intersex). Further to this, clause 2(d) [2(gha)] defined anyone other than cisgender males and females as sexual and gender minorities and thus "other gender." The application process to receive citizenship in accordance with gender identity was covered in clauses 3(1) and 3(2). Following these clauses, a "sexual and gender minority person" should provide an application to the local body, who may present a recommendation to the respective officer after conducting a "necessary investigation," which officials have interpreted as medical interventions.[67]

The Directive's definitions have been criticized by various queer rights activists for myriad reasons, including conflating and othering "sexual orientation," "gender identity" and "sex characteristics;" imposing a third gender identity; forcing trans women and trans men who identify as binary female and male to identify as "Other;" forcing gay, lesbian and bisexual people to select a gender marker that is based on their sexual orientation, not their gender identity; requiring non-binary people to identify as "Other" as opposed to non-binary; and othering intersex people based on their sex characteristics as opposed to their gender identity.

One transgender activist shared:

> **❝** *Our government confuses all LGBTI people as the 'third gender'… I am a trans woman, and I want to vote as a woman. The only way for transgender people to have a safe and inclusive voting environment is for provisions to allow us to change our name and gender on our legal documents."* [68]

In 2020, a complaint against the "Directives regarding issuance of citizenship mentioning "other" in the gender marker to people of sexual and gender minorities community 2012" was registered at the National Human Rights Commission, based on the points outlined above.[69] There has been no published update on this complaint since 2020.

Nepal Citizenship Act 2006

Multiple attempts have been made to amend and revise the existing Nepal Citizenship Act (2006). The Citizenship Act Amendment Bill (2020) revised by the State Affairs Committee of the House of

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66 The first circular (instruction) was issued on 19 July 2011 by the Ministry of Home Affairs, On 18 June 2012, the Government of Nepal amended the Nepal Citizenship Regulation to allow "Other" in the gender column, along the Directives for Issuance of Citizenship Certificate to Sexual and Gender Minority Community individuals. Another circular was issued to all the District Administration Offices on 20 January 2013.

67 Queer Youth Group, Campaign for Change. (2020). Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012)', National Human Rights Commission, Reg no. 654.

68 Tandukar, S. (2022). "Transgender people's qualms continue as Nepal votes in local polls tomorrow." *Kathmandu Post*. Retrieved from: https://kathmandupost.com/national/2022/05/12/transgender-people-s-qualms-regarding-the-upcoming-election

69 Queer Youth Group, Campaign for Change. (2020). Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012),' National Human Rights Commission, Reg no. 654.

Representatives[70] sought to amend the Nepal Citizenship Act, 2006, which governed citizenship certificates and all related procedures. The amendment provided individuals who identify as the "other" gender to change their gender marker through an authorized doctor's recommendation.[71] The Government of Nepal withdrew that bill from Parliament and tabled the new bill. Most recently, the Nepal Citizenship Act Amendment Bill, 2022, which was passed by Parliament but has not yet been authenticated by the president, no longer included the "evidence of proof" requirement. However, these amendments have been unsuccessful and as such, the Citizenship Act, 2006 remains in place.

In order to gain a citizenship certificate, a valid passport and one's personal details, including gender, need to match those on their birth certificate. The application for the citizenship certificate (Clause 8, Nepal Citizenship Act, 2006) asks for an applicant's birth certificate, and the details in both documents must be identical for a citizenship certificate to be issued. The following sections outline the amendments/acts regarding this issue.

The National Identity Card and Civil Registration Act 2020 and Regulation 2021

Personal details on birth certificates are set by parents or guardians within 30 days of a child's birth. Clause 25 of The National Identity Card and Civil Registration Act 2020 and Regulation 2021 covers amendments to details on birth certificates, allowing amendment requests within one year of birth registration; however, there is no provision to allow for changes at a later age.

The Correction of Age, Name and Surname Rules 1962

Name changes to official documents were amended by the act on The Correction of Age, Name and Surname Rules of 1962.[72] Provisions 3(2) and 5 outline the application process, and Provision (3) 2 specifically states:

> *The Zonal Commissioner/Chief District Officer, upon submission of application under sub-rule (1), shall examine the evidence and also witnesses through Sarjamin (public inquiry) if necessary and make his concrete decision, and such decision shall be final."*

Provision 5 notes:

> *The Zonal Commissioner/Chief District Officer shall exercise the power like a District Court of civil cases under the law of Nepal to issue summon, make presence of witness, order to submit documents, examine the evidence and Sarjamin (public inquiry) if necessary for the purpose of exercise of the power under sub-rule (2) of rule 3."*

Passport Act 2019 and Regulation 2020

In 2015, the Supreme Court also directed the government to issue passports in accordance with citizenship certificates (*Dilu Dibuja v. the Ministry of Foreign Affairs, [2015]*), although the change of name and gender in citizenship certificates was allowed only after another Directive (*Sunil Babu Pant and others v. Government of Nepal*) in 2017.[73]

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70   2020 Report of the State Affairs and Good Governance Committee of the House of Representative, Federal Parliament of Nepal on the Bill to Amend the Nepal Citizenship Act, 2006.

71   Meenakshi Ganguly. (2022). *Nepal President Blocks Citizenship Law*. Human Rights Watch. Available at: https://www.hrw.org/news/2022/09/26/nepal-president-blocks-citizenship-law.

72   Nepal Law Commission. (2017). *Correction of age, name and surname rules*. Author. Available at: https://lawcommission.gov.np/en/?p=4229.

73   UN Development Programme. (2017). *Legal gender recognition: A multi-country legal and policy review in Asia*. Author. Retrieved from: https://www.undp.org/asia-pacific/publications/legal-gender-recognition-multi-country-legal-and-policy-review-asia

Section 10 of the Passport Act 2019 and Regulation 2020 outlines the application submission for a passport:

"(1) The Nepali citizen desiring to have a passport shall submit an application to the Department, mission or the prescribed body in a prescribed format enclosing the original or copy of the Nepali citizenship certificate or the original or copy of the national identity card issued by the Government of Nepal and documents as prescribed."[74]

A recent case taken up at the Supreme Court, submitted in June 2021, *Rukshana Kapali v. Government of Nepal, et al. (2021)* sought to allow Rukshana Kapali to change the "third gender" category on her voter's identity card to female.[75] On 21 February 2022, the Supreme Court passed an interim order directing the Election Commission Nepal to provide Rukshana Kapali with a voter identity card that accurately reflects her gender as female.[76] Consequently, on 27 February[77] and 15 March 2022,[78] the Supreme Court ordered the issuance of a COVID-19 vaccination certificate and passport to Rukshana Kapali with a female gender marker.

3.2.3 WHAT ARE THE GAPS AND ISSUES IN CURRENT LEGISLATION?

There are several gaps in Nepal's current legislation that make it difficult for trans, intersex, non-binary and third gender people to obtain and amend citizenship and ID documents. These legal gaps can be broadly classified into two categories: (1) amending existing citizenship and ID documents and (2) obtaining citizenship and ID documents.

Directives regarding issuance of citizenship mentioning "other" in the gender marker to people of sexual and gender minorities community (2012) - clauses 2 (c), 2(d)

There are various gaps in this directive. The Ministry of Home Affairs' interpretation of the "Other" gender marker in the 2012 Directive is particularly restrictive and does not acknowledge the differences between sex characteristics, gender identity and sexual orientation. In a Complaint to the National Human Rights Commission, LGBTIQ+ rights organizations noted that:

> *The aforementioned definitions make it clear that (a) Sexual Orientation, (b) Gender Identity and (c) Sex Characteristics are three different aspects of a person; people have a gender identity beyond the binary boxes of male and female that includes the "Non-binary" umbrella as well as "Third Gender" identity in religious-cultural context of South Asia; the "female" gender identity includes transgender and Intersex women; the "male" gender identity includes transgender and Intersex men."* [79]

74   Government of Nepal. (2019). *Passport act, 2019 (2076)*. Author. Retrieved from: https://lawcommission.gov.np/en/wp-content/uploads/2021/01/Passport-Act-2019.pdf

75   Supreme Court of Nepal (2021). *Rukshana Kapali v. Government of Nepal et al*. Writ No. 077-WO-0973.

76   Supreme Court of Nepal. (2022). *Interim Order*. Author. Retrieved in Nepali from: https://ia802504.us.archive.org/17/items/078-WO-0999-interimorder/RK%20v.%20DoP%20Interim%20Order.pdf.

77   Supreme Court of Nepal. (2022). *QYG RK v. COVID – Interim Order*. Author. Retrieved in Nepali from: https://ia802205.us.archive.org/14/items/078-WO-0847-interimorder/QYG%20RK%20V.%20COVID%20-%20Interim%20Order.pdf.

78   Supreme Court of Nepal. (2022). *Interim Order*. Author. Retrieved in Nepali from: https://ia802504.us.archive.org/17/items/078-WO-0999-interimorder/RK%20v.%20DoP%20Interim%20Order.pdf.

79   QueerYouth Group, Campaign for Change. (2020). Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012)'. National Human Rights Commission, Reg no. 654.

Furthermore, only offering "Other" as a gender category in citizenship certificates and passports does not allow trans women to identify as a "woman" or trans men to identify as a "man." It also excludes non-binary people who need more gender marker options other than male, female and "Other" in order to address the diverse range of non-binary identities, including gender-fluid, gender nonconforming, a-gender, etc.

Directives regarding issuance of citizenship mentioning "other" in the gender marker to people of sexual and gender minorities community (2012) - Clause 3(2)

An additional gap in the 2012 directives relates to clause 3(2), which calls for a "necessary investigation." In practice, this has resulted in officials no t changing gender ma rkers unless th ey receive proof of medical intervention. This forces trans men and trans women to only identify as the binary "male" or "female" gender options through evidence of gender-affirming medical intervention. Requiring gender-affirming surgical intervention is costly, dangerous and violates the right to privacy, bodily autonomy, self-determination, dignity and freedom. It also impedes the ability of transgender, third gender, intersex and non-binary people to travel, access education, seek employment, access healthcare and collect social benefits if they are unable to provide medical evidence. A directive should be implemented to explicitly state that no medical intervention is necessary to change gender markers on official documents.

With regards to **amending existing documents**, there is a range of gaps in existing laws that do not cater to the needs of trans, intersex, non-binary and third gender people:

The Correction of Age, Name, and Surname Rules 1962 - provisions 3(2) and 5[80]

Although this regulation mentions that people can apply for a name change, it also gives absolute power of authority to the Chief District Officer and limits the time frame for amendment requests to within one year of the issuance of a citizenship certificate. This regulation also makes no mention of any provision to allow people to change their gender marker. Since one can only apply for a citizenship certificate ID at age 16, it can be deemed restrictive, as many transgender, third gender, intersex and non-binary people may not be able to determine their preferred name and gender marker by this age.

The National Identity Card and Civil Registration Act Clause 25 (2020 and Regulation 2021)

The one-year time limitation to make corrections in the birth certificate is too restrictive, as there is no universal age range or assigned time when people realize their gender identity. This act also contains no specific provisions to amend the birth certificate for trans people, non-binary people and intersex people.

To achieve their true gender identity, someone's name, gender details and photo are equally important, and these things cannot be separated.[81] Not allowing one to change all these aspects can act as a barrier to achieving their gender identity. As explained by the Queer Youth Group and Campaign for Change, the right to gender identity is linked to the right to privacy:

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80 Nepal Law Commission. (2017). *Correction of age, name and surname rules*. Author. Retrieved from: https://lawcommission.gov.np/en/?p=4229.

81 Malta, M., LeGrand, S., Turban, J., Poteat, T., & Whetten, K. (2020). Gender-congruent government identification is crucial for gender affirmation. *The Lancet Public Health*, *5*(4), 178-179.

" *Once a person has established their name and gender identity of self-realization, their old name and gender (the one assigned at birth) is said to be dead."*[82]

People should have a right to privacy with their "deadname," which includes not being addressed in any way using their deadname and gender assigned at birth.

The birth registration of intersex babies is also a significant concern, as children are not registered as intersex but may be incorrectly assigned a sex by their parents as "other," "male" or "female." A submission to the United Nations Human Rights Council for the Universal Periodic Review of Nepal 37th Session from Campaign for Change highlighted the challenges of intersex people in accessing citizenship, being confused with trans identities and being forced to have medically unnecessary surgeries.[83] The submission suggested that the lack of awareness on intersex issues drives difficulties in obtaining citizenship, as copious amounts of paperwork and approval from various places under the **National Identity Card and Civil Registration Act of 2020 and The Correction of Age, Name and Surname Rules of 2017** is time consuming, tiresomeand unnecessary.[84]

3.2.4   WHAT NEEDS TO CHANGE?

In the 37th UPR Session (18-29 January 2021), stakeholder organizations recommended that the Government of Nepal amend the 2015 Constitution and the Nepal Citizenship Act Amendment Bill to guarantee citizenship to gender-diverse people without requirements for medical proof and to ensure the ability of LGBTIQ+ people to transfer citizenship to children.[85]

A directive should be implemented to explicitly state that no medical intervention is necessary to change gender markers to "other" or binary male or female options on official documents, and this should be solely based on self-determination. As explained above, by requiring evidence of gender-affirming surgical intervention, people are forced to change their body even when they are not ready, violating their rights to privacy and bodily autonomy. It also imposes two forms of economic violence on trans women, trans men, intersex and non-binary people: (1) the high cost of medical interventions and (2) the discriminatory consequences of not having gender-congruent identification on documents for employment, education, healthcare and social benefits.

In the complaint against the "Directives regarding issuance of citizenship mentioning 'other' in the gender marker to people of sexual and gender minorities community 2012," LGBTIQ+ rights organizations recommended changes according to the various gender groups and their specific needs.[86] The following recommendations should be made for each group across all documents, including academic certificates, travel documents and citizenship documents:

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82   QueerYouth Group, Campaign for Change. (2020). Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012).' National Human Rights Commission, Reg no. 654.

83   Regmi, E., Rana, Sulakshana. (2020). 'Submission to the United Nations Human Rights Council for the Universal Periodic Review of Nepal (37th Session)', *Campaign for Change*.

84   Regmi, E., Rana, Sulakshana. (2020). 'Submission to the United Nations Human Rights Council for the Universal Periodic Review of Nepal (37th Session)', *Campaign for Change*.

85   UN Human Rights Council. (2021). *Summary of stakeholders' submissions on Nepal*. United Nations. Retrieved from: https://digitallibrary.un.org/record/3892512?ln=en

86   QueerYouth Group, Campaign for Change. (2020). Complaint against the 'Directive regarding issuance of citizenship mentioning 'others' in the gender marker to people of sexual and gender minorities community, 2069 (2012).' National Human Rights Commission, Reg no. 654.

- **Trans women:** Trans women should be able to amend the gender marker in their documents as "Female" and be able to change their birth name to the name they prefer, without any medical proof and based on self-determination.

- **Trans men:** Trans men should be able to amend the gender marker in their documents as "Male" and be able to change their birth name to the name they prefer, without any medical proof and based on self-determination.

- **Intersex people:** Intersex people should be able to change their name and gender marker in line with their self-realized gender identity, without any medical proof.[87]

- **Non-binary:** Non-binary people should have the option to change their name and/or gender marker in their documents to reflect their non-binary identity.

- The "Directives regarding issuance of citizenship mentioning 'other' in the gender marker to people of sexual and gender minorities community 2012" has established incorrect definitions, conflating gender identity with sex characteristics and sexual orientation. The directives should be updated with favourable provisions outlining the correct definitions for each group in Nepal's LGBTIQ+ communities, differentiating all identities that fall under these umbrella terms to ensure that transgender rights are neither conflated nor confused with the rights of other sexual and gender identities.

3.3 MARRIAGE EQUALITY FOR LGBTIQ+ PEOPLE

3.3.1 WHAT IS THE ISSUE?

In the 2007 petition to the Supreme Court, Pant and Others [2007] advocated for same-sex marriage claiming *"it is an appropriate time to think about decriminalizing and destigmatizing same sex marriage by amending the definition of unnatural coition."* [88] This was reaffirmed in *Rajani Shah v. National Women's Commission* [2013], which sent a strong signal in favour of marriage equality, with the Supreme Court stating in its decision that *"although in the prevailing laws and tradition 'marriage' denotes legal bond between heterosexual – male and female; the legal provisions on the homosexual relations are either inadequate or mute by now."* [89] Similarly, a committee formed by the Government of Nepal to study same-sex marriage in 2015 recommended the legalization of same-sex marriage.[90] This has also been recommended internationally. Various member states have highlighted Nepal's lack of legal/and or policy progress on marriage equality during the previous two UPR cycles (2015 and 2021) and recommended that Nepal adopt marriage equality legislation.[91] These recommendations have been "noted" by the Government of Nepal, but there has not yet been progress on legalizing same-sex marriage in Nepal. Despite Article 18 of the 2015 Constitution guaranteeing the right to equality for marginalized groups, including "sexual and gender minorities," in 2017 the **National Civil**

87   Some infants may be assigned as "other" at birth, or for some cases, parents may choose to assign them either as male or female according to their own wishes. Once Intersex people grow up, their self-realized gender identity may be female, male, or non-binary, which may not match their assigned gender marker and name.

88   Supreme Court of Nepal. (2007). *Sunil Babu Pant and Others v. Nepal Government and Others*. Writ No. 917 of 2064 BS.

89   Supreme Court of Nepal. (2013). *Rajani Shah v. National Women Commission et.al*. Writ No. 069-WH-0030.

90   Lavers, M. (2015). "Committee recommends Nepal legalise same-sex marriage. *Washington Blade*." Retrieved from: https://www.washingtonblade.com/2015/02/10/committee-recommends-nepal-legalize-sex-marriage/.

91   UN Human Rights Council. (2021). *Summary of stakeholders' submissions on Nepal*. United Nations. Retrieved from: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/280/84/PDF/G2028084.pdf?OpenElement.

(Code) Act moved Nepal even further from marriage equality for LGBTIQ+ people, explicitly defining marriage to be between a "man and woman."

On 5 December 2022, Mitini Nepal and Forum for Women, Law and Development (FWLD) jointly filed a writ petition in the Supreme Court of Nepal demanding marriage equality for LGBTIQ+ communities in Nepal by amending the current provisions related to marriage in the **National Civil Code, 2017**. The Government of Nepal, the Ministry of Home Affairs and the Ministry of Law, Justice and Parliamentary Affairs are defendants, with writ petitioners from FWLD.[92] The first hearing of the Constitutional Bench was held on 4 January 2023, in which the Honourable Supreme Court sought a show-cause order. The next hearing date is set for 23 February 2023.

3.3.2   WHAT IS THE CURRENT LEGISLATIVE SITUATION?

Under sections 67 and 69 of The National Civil (Code) Act, 2017 (2074), marriage is defined as between *"a man and a woman [who] accept each other as the husband and wife."* Similarly, it called marriage *"a permanent, inviolable and holy social and legal bond, which is based on free consent and established to start conjugal and family life between a man and a woman."*

3.3.3   WHAT ARE THE GAPS AND ISSUES WITH THE CURRENT LEGISLATION?

- The provisions on marriage in the National Civil (Code) Act, 2017 currently stipulate that it is between a "man" and "woman," giving no legal recognition to marriages between LGBTIQ+ couples.

- Since same-sex marriage has not been legalized, LGBTIQ+ people are not afforded spousal rights and benefits, such as joint property registration, joint bank accounts, tax-free provisions afforded to heterosexual couples, divorce rights, adoption rights or spousal visa rights to foreigners married to Nepali LGBTIQ+ individuals.

- Section 67 of the National Civil (Code) Act, 2017 does not uphold the right to equality guaranteed by the 2015 Constitution.

- Depriving LGBTIQ+ couples spousal rights and benefits results in a violation of Article 2(1) and 26 of the International Covenant on Civil and Political Rights (ICCPR), especially in regard to adoption of children and access to in vitro fertilization (IVF) for lesbian couples. Denying LGBTIQ+ people the opportunity to marry the partner of their choice has a significant impact on their mental health, with LGBTIQ+ organizations, including BDS, noting that there are also *"countless couples who escaped from their homes and/or were tortured by their families simply wishing to spend their lives with the person they love."* [93]

- Since marriage equality in Nepal is not yet a reality, LGBTIQ+ couples are not protected under the Domestic Violence (Offence and Punishment) Act, 2009, which regulates against intimate partner violence between people who have a *"family relationship."* [94]

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92   The petitioners include Laxmi Ghalan and Sarita KC from Mitini Nepal and Advocate Sabin Shrestha, Advocate Binu Lama, Advocate Roshana Pradhan, Advocate Deepesh Shrestha and Advocate Dechen Lama.

93   Dhakal, M. (2021). *SOGIESC should not be an obstacle to marriage equality in Nepal. Apcom*. Retrieved from: https://www.apcom.org/sogiesc-should-not-be-an-obstacle-to-marriage-equality-in-nepal/.

94   Government of Nepal. (2009). *Domestic Violence Act*. Author. Retrieved from: https://www.lawcommission.gov.np/en/wp-content/uploads/2018/10/domestic-violence-crime-and-punishment-act-2066-2009.pdf.

3.3.4   WHAT NEEDS TO CHANGE?

At present, **section 67 of the National Civil (Code) Act, 2017** is not in line with the Supreme Court's recommendations of 2007 and 2013 or the rights affirmed in the 2015 Constitution, as the right to equality, including marriage equality, is not accurately reflected. Section 67 needs to be amended to recognize marriage as between all people, irrespective of gender identity, sexual orientation and sex characteristics. This definition should then be reflected in all marriagerelated provisions and related rights.

Marriage equality regulations for LGBTIQ+ people must also address the rights to family, adoption rights, citizenship rights for adopted children, divorce rights, rights to property transfers to the spouse of a deceased person, spousal visa rights for foreigners who are married to Nepalese LGBTIQ+ individuals and the right for widowed women from LGBTIQ+ couples to receive the Social Security Allowance under the **Social Security Act, 2018**.

3.4   ASSAULT LAWS/SPECIALIZED LAWS

3.4.1   WHAT IS THE ISSUE?

Services and provisions for GBV survivors other than cisgender women and female children are lacking in both law and practice in Nepal. Despite gender-neutral terms in current specialized laws such as the **Domestic Violence Act, 2009**; **Human Trafficking and Transportation Act, 2007;** and the **Crime Victim Protection Act, 2018**, the overarching **National Penal (Code) Act, 2017** defines rape to be between a man (perpetrator) and woman (victim).[95] This gender bias in legislation excludes men, male children and transgender individuals to be considered as potential rape victims. Therefore, they have no legal protection or right to justice and redress.

3.4.2   WHAT IS THE CURRENT LEGISLATIVE SITUATION?

Under section 219 of the **National Penal (Code) Act, 2017**, rape is explicitly stated to be between a man and a woman: "Where a man has sexual intercourse with a woman without her consent or with a girl child below eighteen years of age even with her consent, the man shall be considered to commit rape on such woman or girl child." [96]

Rape in the **National Penal (Code) Act, 2017** is defined as *"the penetration of penis into anus or mouth, penetration of penis, to any extent, into anus, mouth or vagina, insertion of any object other than penis into vagina shall also be considered rape."* [97]

3.4.3   WHAT ARE THE GAPS AND ISSUES WITH THE CURRENT LEGISLATION?

- Provisions 219 (2, 2c) in the **National Penal (Code) Act, 2017** narrowly define both perpetrators and victims-survivors. In particular, Section 219 does not recognize sexual assault outside of a male perpetrator and a female victim. This gender-specific wording is insufficient, as it does not protect

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95   Government of Nepal. (2017). The National *Penal (Code) Act, Chapter 18: Sexual Offences, Section 219 (2)*. Author.

96   Government of Nepal. (2017). The National *Penal (Code) Act, Chapter 18: Sexual Offences, Section 219 (2)*. Author.

97   Government of Nepal. (2017). The National *Penal (Code) Act, Chapter 18: Sexual Offences, Section 226*. Author.

other victims of rape, such as transgender people, men, male children, gender nonconforming individuals and intersex people. Additionally, perpetrators are limited to men, eliminating the possibility of a woman or person of another gender being a perpetrator of rape. This is a violation of the constitutional right to equal treatment for all persons.

- The definition of rape in section 219 (2c) also only allows for the "*insertion of any object other than penis into vagina.*" This leaves out several sexual crimes, which are instead categorized as "sexual harassment" and, as a result, result in lesser sentences for perpetrators.

- Section 226 also stipulates that "*nobody should have unnatural sex with another person without consent,*" which protects male child victims of rape.[98] However, the use of the term "unnatural sex" is problematic, as the legal ambiguity around the prohibition of "unnatural sex" has historically been used to imprison men who have sex with men in Nepal.[99]

- This cover of impunity and lack of legal mandate criminalizing rape against men, boys, transgender people, intersex people and those who are gender nonconforming increases the risk and prevalence of sexual violence against these groups.

3.4.4   WHAT NEEDS TO CHANGE?

- The **National Penal (Code) Act, 2017** currently provides a binary gender definition of victims and perpetrators of rape, which leaves men, male children, transgender, third gender, non-binary and intersex people unprotected.

- The definition of "woman or girl child" in Section 219 of the **National Penal (Code) Act, 2017** needs to be expanded to include terms inclusive of all SOGIESC. This would ensure that all individuals are protected against rape laws.

- Laws, policies and mechanisms are needed to specifically address violence against LGBTIQ+ people, such as amending the **Domestic Violence Act, 2009**; the **Human Trafficking and Transportation Act, 2007**; the **Crime Victim Protection Act, 2018**; and the overarching **National Penal (Code) Act, 2017** to include LGBTIQ+ inclusive provisions. While the aforementioned laws are not explicitly exclusionary in nature, they do not include LGBTIQ+ inclusive provisions.

Criminalizing rape, sexual assault and violence against LGBTIQ+ communities is a significant stride towards reducing violence, shifting norms that condone SOGIESC-based violence and promoting a culture of impunity.

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98   Government of Nepal. (2017). The National *Penal (Code) Act, Chapter 18: Sexual Offences, Section 226.* Autho

99   Singh, S., Pant, S.B., Dhakal, S., Pokhrel, S., & Mullany, L. C. (2012). Human rights violations among sexual and gender minorities in Kathmandu, Nepal: A qualitative investigation. BMC International Health and Human Rights, 12(1), 7–18.

3.5 HEALTH SERVICES AND CARE

3.5.1 WHAT IS THE ISSUE?

While the Government of Nepal has recognized that ensuring citizens' health and well-being is the responsibility of the state, advocacy groups have noted significant discrimination and lack of confidentiality in healthcare settings for LGBTIQ+ people. Despite the **2015 Constitution** outlining fundamental healthcare rights for all citizens[100] as well as the **2007 Supreme Court ruling and the Public Health Service Act of 2018** prohibiting discrimination against patients due to their sexual or gender identity[101] discrimination based on SOGIESC hinders access to healthcare for LGBTIQ+ people.[102]

3.5.2 WHAT IS THE CURRENT LEGISLATIVE SITUATION?

The **Public Health Service Act of 2018** states that all medical records, history, diagnoses and treatment received by a patient must be kept between medical professionals and the patient, and it makes revealing patients' information a crime under Schedule-1 of Section 14. **The Constitution of Nepal (2015)** outlines the rights of all citizens to (1) free basic health services without deprivation of emergency health services, (2) information about their medical treatment and (3) equal access to health services.

Furthermore, the **Public Health Service Act of 2018** denotes "*No health institution shall discriminate, or cause to be discriminated, anyone in the treatment on the basis of his or her origin, religion, race, caste, ethnicity, gender, occupation, sexual and gender identity, physical or health condition, disability, marital status, pregnancy, ideology or similar other basis as such.*"[103]

3.5.3 WHAT ARE THE GAPS AND ISSUES WITH THE CURRENT LEGISLATION?

LGBTIQ+ people continue to face discrimination, stigmatization and harassment in healthcare settings despite legislation outlawing marginalization and barriers to services. LGBTIQ+ people face discrimination both by state actors and private citizens in healthcare contexts due to stereotypical perceptions that they are involved in sex work or are HIV-positive, even though people engaged in sex work and HIV-positive individuals are entitled to healthcare.[104] Reports also suggest that some LGBTIQ+ people do not reveal their gender identity to healthcare providers at all due to fear of discrimination, mistreatment or sexual violence and GBV.[105] Some avoid seeking treatment all together.[106]

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100 Nepal Law Commission. (2018). *The public health service act of Nepal*. Retrieved from: http://www.lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Public-Health-Service-Act-2075-2018.pdf

101 Ibid.

102 Ibid.

103 Ibid.

104   Blue Diamond Society. (2020). *Universal Periodic Review of Nepal 37th Working Group Session Joint stakeholder submission*.

105 UN Development Programme, & U.S. Agency for International Development (2014). *Being LGBT in Asia: Nepal Country Report*. Retrieved from: https://www.undp.org/sites/g/files/zskgke326/files/migration/asia_pacific_rbap/rbap-hhd-2014-blia-nepal-country-report.pdf; CARE Nepal (2021). *Rapid gender analysis report update 2021*. Retrieved from: https://www.careevaluations.org/wp-content/uploads/2021_Nepal_COVID-19_Rapid-Gender-Analysis_Updated.pdf

106 Blue Diamond Society. (2020). *Universal Periodic Review of Nepal 37th Working Group Session Joint stakeholder submission*.

LGBTIQ+ people suffer disproportionately from mental health issues in Nepal, but there is a gap in mental health services and provisions.[107] This was outlined in the 37th UPR Session[108] (18-29 January 2021), whereby KOSHISH, a national mental health self-help organization, indicated that there was a lack of mental health services in Nepal. KOSHISH subsequently recommended training local community/health workers to provide psychosocial support in health facilities; providing free mental well-being assessments and counselling in schools; developing a national database; and implementing a national strategy and action plan for suicide prevention. Nepal has yet to adopt a national mental health act, but the Government of Nepal launched the National Mental Health Strategy and Action Plan 2020, which seeks to integrate mental health services into the public healthcare system.[109]

Furthermore, there is a lack of focus on gender-affirmative care, such as hormone treatments, and gender-affirmative surgeries in current health policy and programmatic frameworks.[110] As a result, these services are not easily available in formal health facilities, forcing transgender people in Nepal to avail hormone treatments from unregulated healthcare providers. During the COVID-19 pandemic, most community-based organizations were forced to shut down temporarily in line with the lockdown measures, which further restricted trans people's access to hormone treatment and other gender-affirming care services.[111]

There is a lack of clear policies and guidelines against the practice of conversion therapy for transgender children and adults in Nepal. "Conversion therapy" describes a range of interventions that aim to "change" people from gay, lesbian or bisexual to heterosexual and from trans or gender-diverse to cisgender. These therapies have been found to be unethical, unscientific, ineffective and, in some instances, equivalent to torture.[112] International and regional health professional bodies recommend that such therapies should be banned.[113]

Studies also suggest that transgender people in Nepal start seeking hormone treatment at a young age and often administer them based on the advice of their peers, without any consultation or supervision from health professionals.[114] Instances of transgender people suffering from side effects and incorrect dosages of hormones are frequent. Service gaps for gender-affirmative care remain highly prevalent, and a lack of trained medical professionals who are sensitive to transgender people's

107   Storm, S., Deuba, K., Shrestha, R., Pandey, L. R., Dahal, D., Shrestha, M. K., Pokhrel, T. N., & Marrone, G. (2021). Social and structural factors associated with depression and suicidality among men who have sex with men and transgender women in Nepal. *BMC Psychiatry*, *21*(1), 464–476.

108   UN Human Rights Council. (2021). *Summary of stakeholders' submissions on Nepal*. United Nations. Retrieved from: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/280/84/PDF/G2028084.pdf?OpenElement.

109   World Health Organization. (2021). *Who special initiative for mental health situational assessment*. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---nepal---2022.pdf?sfvrsn=714028db_3&download=true#:~:text=There%20is%20no%20standalone%20mental,all%20parts%20of%20the%20country.

110   National Human Rights Commission of Nepal. (2012). *Report to the regional national human rights institutions project on inclusion, the right to health and sexual orientation and gender identity*. Retrieved from: https://un.info.np/Net/NeoDocs/View/2862; Blue Diamond Society. (2020). *Universal Periodic Review of Nepal 37th Working Group Session Joint stakeholder submission*.

111   Mitini Nepal. (2021). *Health care and mental health for LGBTI*. Retrieved from: https://mitininepal.org.np/healthcare-and-mental-wellness-for-lgbti/

112   UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (2020). *Report on conversion therapy*. United Nations. Retrieved from: https://www.ohchr.org/en/calls-for-input/report-conversion-therapy.

113   Ibid.

114   Mitini Nepal. (2021). *Health care and mental health for LGBTI*. Retrieved from: https://mitininepal.org.np/healthcare-and-mental-wellness-for-lgbti/

needs remains a major barrier.[115] Despite the availability of HIV prevention and care in 26 districts of Nepal, the lack of quality and stigma-free public health services, including sexual reproductive health services, inhibits positive health and well-being outcomes for the LGBTIQ+ community.[116]

3.5.4   WHAT NEEDS TO CHANGE?

- Legislation prohibiting discrimination and unequal provision in healthcare support/services based on sexual or gender identity must be implemented and adhered to within the healthcare sector.

- The legal and policy context needs to be strengthened to ensure the well-being and equal treatment of LGBTIQ+ people within healthcare settings.

- Health facilities must strictly enforce the Public Health Act of 2008, which mandates confidentiality and states that patients shall not be discriminated against on the basis of their SOGIESC.

- All healthcare providers, particularly those providing services for sexually transmitted infections and HIV-related health, should be required to undertake anti-discrimination, inclusion, trans-competent and LGBTIQ+ sensitivity training to ensure that members of LGBTIQ+ communities feel safe and are treated with dignity.

- The National Mental Health Strategy and Action Plan 2020 by the Ministry of Health and Population must include specialized protocols for LGBTIQ+ people to ensure non-discrimination and increase their access to mental health services.

- Practices of conversion therapy should be explicitly banned. Since Nepal does not have any legislation prohibiting the practice, this process must include the following components, which are based on global recommendations from the IESOGI:

  » "Clearly defining the prohibited practices."

  » "Establishing punishments for non-compliance and investigating respective claims."

  » "Creating mechanisms to provide access to all forms of reparation to victims, including the right to rehabilitation."

  » "Adopt and facilitate healthcare and other services related to the exploration, free development and/or affirmation of sexual orientation and/or gender identity."

  » "Foster dialogue with key stakeholders, including medical and health professional organizations, faith-based organizations, educational institutions, and community-based organizations, to raise awareness about the human rights violations connected to practices of 'conversion therapy.'"[117]

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115   AidsDataHub. (2021). *The cost of stigma: Nepal [Country Brief]. Our right to health: investing in the transformation of healthcare for transgender people.* Retrieved from: https://www.aidsdatahub.org/sites/default/files/resource/aptn-cost-stigma-2021-nepal.pdf

116   Ibid.

117   UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (2020). *Report on conversion therapy*. United Nations. Retrieved from: https://www.ohchr.org/en/calls-for-input/report-conversion-therapy.

4 | SOGIESC-BASED VIOLENCE: FORMS, EXPERIENCE AND PREVALENCE

4.1 EXPERIENCES OF SOGIESC-BASED VIOLENCE

Respondents in the research study were asked about a wide range of violent experiences, including physical, emotional, sexual, and/or economic forms of violence. Respondents were asked to report on their experiences of violence in their lifetime, along with experiences of violence in the past 12 months. The prevalence of violence across the time frames is detailed below in **TABLES 4, 6, 8** and **10**. Also **TABLES 3, 5, 7, 9** and **11** show a breakdown of the prevalence of violence disaggregated by SOGIESC (as defined in the survey). Please note that figures for non-binary, intersex men, intersex women and questioning and queer are based on low base numbers (less than 20 respondents) and should be interpreted with caution. Annex 8 includes a provincial breakdown of prevalence of SOGIESC-based violence.

The results of the survey indicate that four in five respondents (81%, n=958) reported having experienced at least one form of violence in their lifetime. Emotional violence was the most prevalent form of violence, reported by 71 per cent of respondents (n=848). Furthermore, 46 per cent (n=538) reported experiencing physical violence, 46 per cent (n=539) reported experiencing sexual violence and 40 per cent (n=470) reported experiencing economic violence. See **FIGURE 3** and **FIGURE 4**.

Figure 3   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME
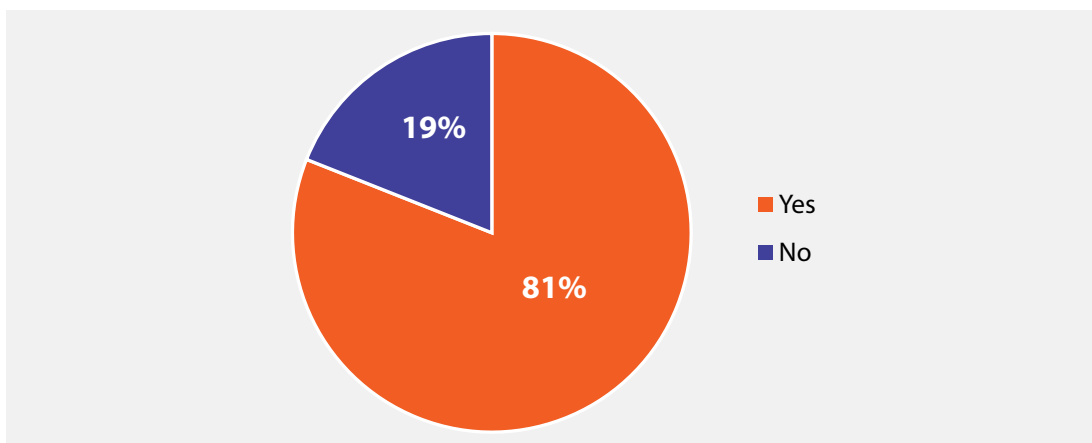
Figure 4   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY TYPE

Table 3   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY SOGIESC

SOGIESC Category	Sub-Group	% of respondents who reported experiencing any type violence in their lifetime
Gender Identity	Non-binary (n=5)	100%
	Trans woman (n=253)	94%
	Third gender (n=141)	87%
	Trans man (n=197)	83%
	Woman (cis) (n=168)	74%
	Man (cis) (n=362)	72%
	Questioning/queer (n=16)	69%
Sexual Orientation	Heterosexual (n=554)	87%
	Gay (n=264)	81%
	Lesbian (n=161)	76%
	Bisexual (n=155)	68%
Sex Characteristics	Intersex woman (n=11)	91%
	Intersex man (n=6)	67%

Base: Respondents who experienced at least one type of violence in their lifetime.

4.1.1   PHYSICAL VIOLENCE

As **TABLE 4** suggests, respondents in the national survey reported experiencing various forms of physical violence throughout their life, with physical violence in the form of being "pushed or shoved" representing the most common experience. Being "slapped" was the second most prevalent form of physical violence reported by LGBTIQ+ respondents (23%, n=267).

Table 4   PREVALENCE OF PHYSICAL VIOLENCE

Type of Physical Violence	In my lifetime* (n=1,181)	In the past 12 months** (n within each row)
Pushed you or shoved you (n=414)	35%	57%
Slapped you (n=267)	23%	46%
Beat you with a fist or a hard object, or kicked you (n=215)	18%	48%
Tried to suffocate you or strangle you (n=116)	10%	51%
Beat your head against something (n=115)	10%	49%
Cut or stabbed you, or shot at you (n=49)	4%	49%

***Base:* All respondents.

****Base:* Respondents who experienced each type of physical violence in their lifetime.

Physical violence was most prevalent among trans women and third gender people, with 66 per cent (n=168) and 63 per cent (n=89) reporting these experiences respectively. Additionally, 41 per cent (n=81) of trans men experienced at least one form of physical violence in their lifetime. In the survey, 42 per cent (n=111) of gay people reported being subjected to physical violence, while 39 per cent (n=62) of lesbians reported such experiences.

Table 5 PERCENTAGE OF RESPONDENTS WHO EXPERIENCED PHYSICAL VIOLENCE IN THEIR LIFETIME BY SOGIESC

SOGIESC Category	Sub-Group	% of respondents who reported experiencing any type violence in their lifetime
Gender Identity	Trans woman (n=253)	66%
	Third gender (n=141)	63%
	Trans man (n=197)	41%
	Non-binary (n=5)	40%
	Woman (cis) (n=168)	39%
	Questioning/queer (n=16)	31%
	Man (cis) (n=362)	29%
Sexual Orientation	Heterosexual (n=554)	55%
	Gay (n=264)	42%
	Lesbian (n=161)	39%
	Bisexual (n=155)	26%
Sex Characteristics	Intersex man (n=6)	33%
	Intersex woman (n=11)	27%

Base: Respondents who experienced each type of physical violence in their lifetime.

In addition to the national survey, many of the participants in the FGDs and interviews shared experiences of being beaten and physically abused throughout their lives, with perpetrators ranging from family and/or community members to teachers and/or fellow students at school. One focus group participant noted that they *"faced many problems within my family. My brothers physically tortured me"* (FGD-05-trans women-Madhesh Province). In another instance, the family of a lesbian were *"planning to beat me. They were also planning to kill me and accuse my partner of murder, so I decided to run away and managed to escape"* (IDI-03-lesbian-Bagmati Province).

While data on risk factors of physical violence are limited, a key risk factor increasing the likelihood of experiencing physical violence across LGBTIQ+ communities is participation in sex work. Data suggest that barriers to education and employment can mean people across LGBTIQ+ communities *"face many problems to sustain economically… so they participate in sex work"* (IDI-01-gay man-Bagmati Province). Particularly, *"many trans women are involved in sex work because of unemployment"* (IDI-07-trans man-Koshi Province). As such, the data points to a link between sustained structural discrimination and stigma driving trans women into sex work. In one FGD with trans women from Gandaki Province, it was mentioned that: *"All of us present here are engaged in sex work. Some of us dance for money, but the majority of us are sex workers"* (FGD-06-trans women-Gandaki Province). Another trans woman from the FGD shared that:

> *When we are abandoned by our families, we move to the cities. As we often lack formal education or job qualifications, we have no other option than to engage in sex work. Unfortunately, in this line of work, we often face various types of physical, mental, sexual and emotional violence, and even experience rape."*

Another participant from the same FGD shared:

> *If we ask the client for pre-payment, they refuse to give it, and as a result we've been raped by 10 to 12 people. Like my friend said before, we regularly have [to] check in on all our friends to see if they have returned from work or not. One of our friends was raped and murdered by five or six people."*

These FGDs with trans women engaged in sex work suggested **"we are living a life full of risk"** (FGD-6-trans women-Gandaki Province). One group participant shared that a client hit her with his car after she refused to have sex with him: **"Now, I cannot feel my left leg or walk properly"** (FGD-6-trans women-Gandaki Province). Some participants also felt that the assumption that all LGBTIQ+ people are sex workers is a harmful stereotype across Nepali society, further perpetuating and increasing their vulnerability to violence. One participant noted:

> **" Just because someone is walking on the street does not mean they are involved in sex work. One time I was walking down the street, minding my business. A police officer thought I was involved in some illegal activities and beat me very badly."**
>
> *(IDI-08-trans woman- Lumbini Province)*

While these qualitative accounts suggest a clear link between sex work and violence, not all acts of physical violence are connected to sex work. Many other risk factors increase vulnerabilities. Only six per cent (n=65) of survey respondents noted they work in the sex industry, while 81 per cent (n=958) of the sample reported having experienced at least one form of violence.[118]

4.1.2 SEXUAL VIOLENCE

As **TABLE 6** highlights, the most common form of sexual violence experienced by all respondents was being made to feel uncomfortable by a sexually suggestive action, such as kissing, touching or hugging (38%, n=444). This was followed by 26 per cent (n=309) who reported experiencing forced intercourse or sexual acts. Eighteen per cent (n=207) reported being threatened with violent sexual acts (like rape, forced pregnancy, etc.), with 55 per cent (of the 207) experiencing this in the past 12 months. One focus group participant shared that revealing their sexual orientation as gay to their friends led to sexual abuse: **"When my friends came to know that I belong to this [LGBTIQ+] community, I was sexually abused by my friends"** (FGD-01-gay men-Bagmati Province).

Table 6 **PREVALENCE OF SEXUAL VIOLENCE**

Type of Sexual Violence	In my lifetime* (n=1,181)	In the past 12 months** (n within each row)
Touched, hugged or kissed you when it wasn't welcomed, or made sexually suggestive actions that made you feel uncomfortable (n=444)	38%	60%
Forced intercourse or sexual acts you did not want[119] (n=309)	26%	47%
Threatened you with violent sexual acts (like rape, forced pregnancy, etc.) in a way that really frightened you (n=207)	18%	55%

__Base:__ All respondents.

**__Base:__ Respondents who experienced each type of sexual violence in their lifetime.*

TABLE 7 suggests that sexual violence was highest among trans women (65%, n=165) and third gender people (65%, n=91). Additionally, over half of gay people (52%, n=136) and 44 per cent of

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118   This could be an underrepresentation, as respondents may not have felt comfortable sharing their occupation for fear of reprisals, stigma and discrimination.

119   Sexual intercourse/acts mean forced oral, anal or vaginal penetration.

intersex people (n=4) reported experiencing sexual violence. The data also suggest that prevalence of sexual violence was higher among cis men (39%, n=140) than cis women (32%, n=57). This trend was evident among all different types of sexual violence.

Table 7 PERCENTAGE OF RESPONDENTS WHO EXPERIENCED SEXUAL VIOLENCE IN THEIR LIFETIME BY SOGIESC

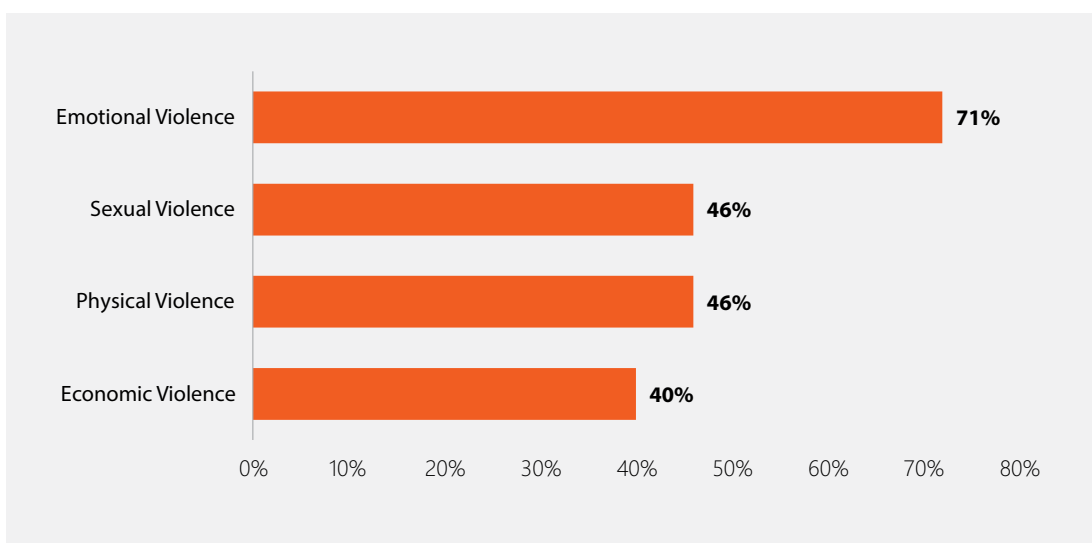| SOGIESC Category	Sub-Group	% of respondents who reported experiencing any type violence in their lifetime
Gender Identity	Trans woman (n=253)	65%
	Third gender (n=141)	65%
	Non-binary (n=5)	60%
	Questioning/queer (n=16)	44%
	Man (cis) (n=362)	39%
	Woman (cis) (n=168)	32%
	Trans man (n=197)	21%
Sexual Orientation	Gay (n=264)	52%
	Heterosexual (n=554)	49%
	Bisexual (n=155)	33%
	Lesbian (n=161)	24%
Sex Characteristics	Intersex woman (n=11)	27%
	Intersex man (n=6)	17%

Base: Respondents who experienced each type of sexual violence in their lifetime.

The qualitative participants shared stories about different incidents, with a few noting that the perpetrators instigated sexual violence after first exhibiting deceitful behaviour. A participant from the IDIs shared that *"someone called me saying 'I have a problem and I need counselling.' After I met them, their friends were looking for a boy to rape together"* (IDI-01-gay man-Bagmati Province). Another participant shared that she was convinced to stay in a hostel where she was *"abused by that person. That person even blackmailed me by threatening to expose my gender identity to other people"* (IDI-02-trans woman-Madhesh Province). As highlighted previously, LGBTIQ + people engaged in sex work are extremely vulnerable to violence, which is further exacerbated by their lack of access to justice due to the legal ambiguity of sex work. One trans woman engaged in sex work shared that *"two men took us away at night, saying they would pay us Rs. 4,000 ($36 USD). When we reached, seven boys were there who abused us sexually and paid us nothing"* (IDI-02-trans woman-Madhesh Province).

4.1.3 EMOTIONAL VIOLENCE

Two-thirds of all respondents (66%, n=784) reported having been "insulted or made to feel bad about themselves" in their lifetime, with 68 per cent (of the 784) experiencing this in the past 12 months. Separately, 26 per cent (n=304) of survey respondents revealed that they experienced someone threatening to disclose their identity (if still private), while 33 per cent (n=386) reported being scared or intimidated by someone on purpose.

Online emotional abuse was also a key issue, with one-quarter of respondents who experienced emotional violence (25%, n=297) reporting that they also experienced "offensive, abusive, violent,

threatening, explicit online content" directed at them.[120] Worryingly, among those who reported these experiences, 73 per cent (of the 297) said that they had this experience in the past 12 months, suggesting a rising trend in online violence against LGBTIQ+ communities in Nepal. Prevalence of online emotional abuse was a significant topic of discussion among the IDIs, with one participant sharing that **"on the social media sites, people make judgments about my sexual orientation, and they send me abusive messages"** (IDI-09-bisexual woman-Bagmati Province).

Table 8   PREVALENCE OF EMOTIONAL VIOLENCE

Type of Emotional Violence	In my lifetime* (n=1,181)	In the past 12 months** (n within each row)
Insulted you or made you feel bad about yourself (n=784)	66%	68%
Scared or intimidated you on purpose (n=386)	33%	62%
Threatened to reveal your identity, if still private (n=304)	26%	53%
Directed offensive, abusive, violent, threatening, explicit online content towards you (n=297)	25%	73%

__Base:__ All respondents.

**__Base:__ Respondents who experienced each type of emotional violence in their lifetime.*

Prevalence of emotional violence was high among all LGBTIQ+ sub-groups (see **TABLE 9**). For instance, 77 per cent (n=152) of trans men surveyed reported having experienced at least one form of emotional violence in their lifetime, while 86 per cent of trans women reported such experiences. Seventy per cent (n=185) of gay people reported experiencing a form of emotional violence in contrast to 65 per cent (n=104) of lesbians. Similarly, 91 per cent (n=10) of intersex women surveyed and 100 per cent (n=5) of non-binary people reported having experienced a form of emotional violence. Qualitative research also indicated that emotional violence remains pervasive across the LGBTIQ+ communities. One interviewee shared that they had experienced emotional violence **"everywhere, from school to college to the work place"** (IDI-01-gay man-Bagmati Province).

Table 9   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED EMOTIONAL VIOLENCE IN THEIR LIFETIME BY SOGIESC

SOGIESC Category	Sub-Group	% of respondents who reported experiencing any type violence in their lifetime*
Gender Identity	Non-binary (n=5)	100%
	Trans woman (n=253)	86%
	Third gender (n=141)	79%
	Trans man (n=197)	77%
	Woman (cis) (n=168)	63%
	Questioning/queer (n=16)	63%
	Man (cis) (n=362)	61%

120   Online abuse is any type of abuse that happens on the internet. It can happen across any device that is connected to the web, like computers, tablets and mobile phones, and it can happen anywhere online, such as on social media, please text messaging and messaging apps, emails, online chats, etc. For a framework, please see Posetti, J., Shabbir, N. (2022). *The chilling: A global study of online violence against women journalists*. International Center for Journalists. Retrieved from: https://www.icfj.org/our-work/icfj-unesco-global-study-online-violence-against-women-journalists.

Sexual Orientation	Heterosexual (n=554)	79%
	Gay (n=264)	70%
	Lesbian (n=161)	65%
	Bisexual (n=155)	57%
Sex Characteristics	Intersex woman (n=11)	91%
	Intersex man (n=6)	50%

Base: Respondents who experienced each type of emotional violence in their lifetime.

The data also suggest that experiences of emotional violence were often coupled with acts of physical violence. A significant proportion of interviewees mentioned the relationship between derogatory slurs and physical violence, with one participant sharing that *"my friend was walking on the street, [and] some drunkard people verbally abused them, saying 'chhakka.' When my friend asked who they are calling 'chhakka,' those drunkards threw stones and beat them"* (IDI-01-gay man-Bagmati Province). Similarly, another participant noted that *"when some of my friends from the LGBTIQ+ community were visiting the temple, they were abused with different words, like 'chhakka' and 'hijada,' and they were beaten"* (IDI-04-lesbian-Bagmati Province).

One FGD with trans women led to a discussion about cycles of abuse from an early age, starting with *"mental torture… and when it does not have any effect, then they start giving us physical torture"* (FGD-06-trans women-Gandaki Province). Another participant shared that *"in school, the boys would exclude us, saying we have girly behaviour. When we go to the girls' group, then the teacher tells us to stay in the boys' group. We are discriminated against, even by teachers."*

4.1.4 ECONOMIC VIOLENCE

TABLE 10 outlines the various forms of economic violence experienced by LGBTIQ+ people, with data suggesting that being prohibited from getting a job or earning money was the most common experience of economic violence among survey respondents (21%, n=249).

Table 10 PREVALENCE OF ECONOMIC VIOLENCE

Type of Economic Violence	In my lifetime* (n=1,181)	In the past 12 months** (n within each row)
Prohibited from getting a job, going to work, trading or earning money (n=249)	21%	61%
Refused money for day-to-day necessities, e.g. food, clothes, medicine, etc. (n=238)	20%	68%
Earnings taken against will (n=141)	12%	57%
Deprived of inheritance of family property (n=129)	11%	64%

Base: All respondents.

**Base: Respondents who experienced each type of economic violence in their lifetime.*

Economic violence was most common among people who identified as third gender (53%, n=75) and trans women (51%, n=129), followed by trans men (23%, n=46). A trans man shared that *"there have been times I was denied a job because people would say that I did not look like a woman"* (IDI-07-trans man-Koshi Province). This suggests that gender nonconforming people experience increased marginalization and social barriers, particularly when seeking employment, threatening their economic safety and well-being.

SOGIESC Category	Sub-Group	% of respondents who reported experiencing any type violence in their lifetime
Gender Identity	Third gender (n=141)	53%
	Trans woman (n=253)	51%
	Trans man (n=197)	44%
	Non-binary (n=5)	44%
	Woman (cis) (n=168)	35%
	Man (cis) (n=362)	27%
	Questioning/queer (n=16)	13%
Sexual Orientation	Heterosexual (n=554)	50%
	Gay (n=264)	34%
	Lesbian (n=161)	31%
	Bisexual (n=155)	23%
Sex Characteristics	Intersex woman (n=11)	36%
	Intersex man (n=6)	17%

Base: *Respondents who experienced each type of economic violence in their lifetime.*

In general, discrimination in employment was a key issue emphasized across the study, with one participant highlighting that *"although there are skilled LGBTIQ+ and they have the potential, they are not recruited"* (IDI-05-bisexual man-Sudurpashchim Province). When seeking employment, some participants shared concerns that being open about their sexual orientation could hinder their employment prospects. One gay man shared that he was dismissed from a job based on a complaint his employer received from a customer about the victim-survivor's SOGIESC. The person shared that he consequently felt he could not be open about his sexual orientation at work, noting: *"I am unable to be open in public… I have a fear that I would be fired from another job as well"* (IDI-06-gay man-Gandaki Province).

A lesbian in a FGD expressed that *"we usually aren't given work because people think that we could influence people to become like us and could deform society"* (FGD-04-lesbians-Lumbini Province). Similarly, a Dalit gay person noted: *"As a Dalit, it is very difficult for me to go anywhere and even rent a room. After people find out that I am a Dalit LGBTIQ+ man, I am not given a job"* (IDI-01-gay man-Bagmati Province). Caste-based experiences of violence were discussed by another participant who suggested: *"I believe the violence is escalated by caste and ethnicity. High caste people*[121] *try to dominate lower caste people"* (IDI-05- bisexual man-Sudurpashchim Province).

Another significant theme that emerged from the IDIs and survey responses was the prevalence of family members withdrawing financial support due to their child's SOGIESC. Eleven per cent (n=129) of those who experienced economic violence in their lifetime had been deprived of inheritance of family property and 20 per cent (n=238) had been refused money for day-to-day necessities. Another trend concerned financial cut-off by family members after finding out their SOGIESC:

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121   In Nepal's Hindu caste structure, "high caste" generally refers to Brahmins and Chhetris, while "low caste" refers to Dalits. Caste-based discrimination has been legally abolished in Nepal.

" *After becoming aware about my sexual orientation, my family members shared that their economic condition is not good. As a result, they said they would not provide financial support for my education; instead, they would need me to get married."*

(IDI-03- lesbian-Lumbini Province)

Another participant shared that a lack of financial support almost led her to suicide*:*

" *[My] financial condition is not so good. I didn't have any job. I was not educated. Money is needed in all aspects of life, so I attempted to commit suicide. I was alone, without family and community."*

(IDI-02-trans woman-Madhesh Province)

The following page features a human interest story by a trans woman called "K." In it, she reflects on the violence she has experienced throughout her life, particularly during her school years, as well as her relationship with her family and journey to becoming a proud trans woman and advocate.

BOX 1   **LETTER TO MY YOUNGER SELF: REFLECTIONS OF A TRANS WOMAN**

Dear K,

School is tough right now. I know you feel alone when your "friends" do not include you to play on their sports teams. I know **you feel harassed** when they throw your bag away or when they **hit you on the head**. I know you feel uncomfortable when you go to sit down after standing up to answer a question in class, only to find they quickly placed a pen on your seat. And those teachers **do not pay the same attention to you** as they do to your friends. I know that not all your friends treat you this way and that although some of them support you, you still feel alone.

Those "friends" use bad words like *"chhakka"* or *"hijada"* and this will **not be the last time you hear them.** You will have many experiences ahead of you. You will walk down the street and a police officer will think you are involved in some illegal activities and **beat you very badly.** Another time, two people will **forcefully take you** without your consent. You will ask a police officer to help you and rescue you, only to hear him refuse, saying: *"Who told you to go there? Our duty is only to help normal people. We don't have any responsibility towards chhakka or hijada."*

This will **not have been your first experience of violence.** You'll first meet a boy in 8th standard, and you'll receive a proposal from him. He'll tell you he is bisexual, and you will go home and explore what this means because you never learnt it at school. You will explore what your own identity is and come to know you are attracted to males. Fast forward to 10th standard: the same boy will invite you to his hostel and you'll only go because you loved him, and his one word lured you there. He will force himself on you and physically abuse you in the moment and will then later **blackmail you with threats to expose your sexual orientation.**

But you will never need to worry about disclosing your sexual orientation to your family. They will come to accept your sexual orientation and later, your gender identity on their own. The first phase will be rejection, next tolerance until finally, **they accept you.** You will be open about your sexual orientation everywhere, including on social media. You will not feel as though you need to hide it or even show it. We believe being open is our quality, power and strength. It is not our

weakness. K, I can now **proudly represent myself as a trans woman** and I am happy about it.

Uncle is also a trans woman. Maybe uncle does not want to disclose his gender identity, so most of the time, even in our childhood, he dresses like a male and occasionally he dresses like a female. Seeing our uncle when we were children made us realize that we wanted to be a female. **Our family is very helpful these days**; even when others ask about our identity, they give good responses and are always ready to help us with anything we need. All our brothers, sisters, family members and neighbours are also ready to help.

K, you will have many experiences ahead of you. You will become an established makeup artist while also doing other things that you love. Remember, as a child you did not want to be a burden to anyone. Well, you will be independent and support others. You will become a **PrEP champion,** spreading awareness among actual friends. You will **feel secure, encouraged and safe** because of HIV prevention programmes. You will even go on to inspire others in many ways, including by appearing on a reality TV show. Many people will message you and support you.

K, it does not matter where you have come from, what your gender identity is, or what kind of work you do. What matters is your self-confidence, and this will inspire other people as well. They will look at you and say, "If they can do it, then why can't I too?"

Yours warmly,

K

4.2   RISK AND PROTECTIVE FACTORS ON AN INDIVIDUAL LEVEL

Risk factors are conditions or characteristics that can increase the likelihood of an LGBTIQ+ person experiencing violence, while protective factors are conditions or characteristics that can *reduce* the risk of LGBTIQ+ individuals experiencing violence. In the context of Nepal and in line with scope of this study, these factors include socio-economic status (including income and educational attainment), disability and caste/ethnicity.

Educational Attainment

TABLE 12 suggests that LGBTIQ+ respondents with lower levels of education are more likely to report experiencing SOGIESC-based violence. For example, respondents with no formal education reported the highest prevalence of at least one type of violence in their lifetime (86%, n=108), while LGBTIQ+ respondents who had a bachelor's degree or above reported experiencing the lowest levels of any type of violence in their lifetime. Various studies have confirmed this dynamic between low levels of educational attainment and increased vulnerability to violence more generally.[122]

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122   Behrman, J. A., Peterman, A. & Palermo, T. (2017). Does keeping adolescent girls in school protect against sexual violence? Quasi experimental evidence from east and southern Africa. *Journal of Adolescent Health, 60*(2), 184-190.

Table 12 **PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY EDUCATION**

Education	% of those who experienced violence (n within each row)*
No formal education (n=126)	86%
Basic (grades 1-8) (n=282)	86%
Secondary (SLC) (n=276)	82%
Higher secondary (grades 14.22) (n=326)	79%
Graduate (Bachelors) (n=140)	72%
Post-graduate (beyond Bachelors) (n=24)	71%

__Base:__ All respondents who experienced at least one form of violence.

As highlighted in the previous section, discrimination and violence in educational settings can act as a barrier to LGBTIQ+ people in attaining higher education. Across respondents who experienced emotional violence, three per cent (n=28) reported their teachers as the perpetrators, with two per cent (n=4) having experienced it from their co-pupils. In terms of physical violence, three per cent (n=16) of respondents reported their teacher as the perpetrator.

There is a co-relationship between education and income levels. In most cases, lower educational attainment increases the likelihood of having a lower income, and both factors can increase vulnerability to violence.

Income

The highest prevalence of any type of violence in a lifetime was recorded among LGBTIQ+ respondents who reported having no income or those with low incomes (below NPR 10,000 monthly – see **TABLE 13**). In contrast, LGBTIQ+ respondents with higher incomes (NPR 30,000+ monthly) were the least likely to experience any type of violence in their lifetime. This was a general trend. As income levels increased across respondents, there was a continuous decline in the prevalence of violence, signified by a 10 percentage-point drop in experiences of violence between the no income and highest income groups. While there can be myriad reasons to explain this dynamic, one explanation for this may be that people who are earning no income or little income may find themselves working under duress and within unequal power dynamics, increasing their vulnerability to violence. Some LGBTIQ+ respondents may also report having no income due to economic violence, such as discriminatory hiring practices and being prohibited from getting a job, going to work, trading or earning money, as explored in section 4.1.4.

Having low income may also lead to higher dependence on a violent intimate partner and reduce the likelihood of some victims-survivors reporting their experiences, which would mitigate further risks. Indeed, those LGBTIQ+ respondents who reported having no income were the least likely to report their experiences of violence to a potential support system (35%, n=4.2). This is in line with other research[123] on GBV that suggests having low income is associated with increased risk of IPV and that women in low-income relationships were less likely to leave abusive partners and more likely to experience ongoing abuse without contacting a support system.

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123   Jacobson, J. M., & Eberle, J. (2008). Intimate partner violence and women's physical and mental health: The role of financial strain. *Violence Against Women, 14*(6), 684-701.

Table 13   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY MONTHLY INCOME

Income (in NPR)[124]	% of those who experienced violence (n within each row)*
No income (n=377)	83%
1 to 9,999 (n=4.2)	83%
10,000 to 19,999 (n=321)	80%
20,000 to 29,999 (n=157)	78%
30,000 to 39,999 (n=63)	73%
40,000+ (n=45)	73%

__Base:__ All respondents who experienced at least one form of violence.

Disability Status

The risk of violence and victimization was amplified for LGBTIQ+ people who had some form of disability compared to LGBTIQ+ people who did not have a disability. As **TABLE 14** suggests, 93 per cent (n=348) of LGBTIQ+ people with a disability reported experiencing at least one form of violence, as opposed to 76 per cent (n=613) of those with no disability. This is in line with synthesized findings from other studies, albeit in different socio-political contexts, that suggests disability can increase vulnerabilities to violence amongst LGBTIQ+ people.[125] However, further evidence collection is needed to examine the intersection between disability and experiences of violence among specific LGBTIQ+ sub-groups. This is based on the study showing no significant differences in the prevalence of violence when disaggregated by SOGIESC and disability.

Table 14   PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY DISABILITY FACTOR

Disability Factor	% of those who experienced violence (n within each row)*
LGBTIQ+ people with disability (n=374)	93%
LGBTIQ+ people with no disability (n=807)	76%

__Base:__ All respondents who experienced at least one form of violence.

Multiple forms of discrimination were an evident lived reality for many LGBTIQ+ respondents, with data from the survey suggesting that LGBTIQ+ people with disabilities were reportedly more likely to have a lower income than those without a disability (35%, n=4.2 vs. 31%, n=4.2 respectively).

Income and educational attainment can act as both a risk and protective factor for LGBTIQ+ people with disabilities. LGBTIQ+ respondents with disabilities who reported having low levels of education were more likely to report experiencing a form of violence, compared to LGBTIQ+ respondents without a disability (41%, n=4.2 vs. 34%, n=209). However, those who earned higher incomes and reported having a disability reported less incidents of violence in their lifetime, suggesting that financial security is a protective factor for LGBTIQ+ livelihoods.

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124   USD$1 equals roughly 132 Nepali Rupees.

125   Rose, J. M., & Roberts, N. A. (2019). The intersection of disability and LGBTQIA+ identities: A systematic review. *Journal of Homosexuality, 66*(12), 1647-1680.

Caste/Ethnicity

Despite the abolition of caste-based discrimination in 1963 and laws that criminalize caste-based discrimination, such as the Caste-Based Discrimination and Untouchability (Offence and Punishment) Act, 2011 (amended in 2018), discrimination and violence based on caste/ethnicity is still prevalent in Nepal.[126] A report noted: *"the caste system is a social stratification system based on perceived ritual impurity. Caste is hierarchical, persistent, hereditary, rooted in concepts of perceived ritual pollution and impurity, and it segregates society by putting restrictions [on] individuals, such as on occupation and whom one can marry. There are 125 reported caste/ethnic groups in Nepal according the census of 2011, which can be classified into a few broad categories: those perceived as high caste Hindus (Brahmin and Chhetri), other [indigenous] groups (Janajati) and low caste groups (Dalit)."*[127] Research suggests that discrimination based on their SOGIESC and caste/ethnicity can lead to intersecting forms of discrimination that exacerbate the vulnerability of these individuals to violence.[128]

Evidence[129] also suggests that LGBTIQ+ people considered lower caste are more likely to experience discrimination and violence from both within and outside their communities. While Nepal has made some progress in addressing caste-based discrimination, reports[130] suggest that people belonging to Dalit and Muslim castes/ethnicities and minority religious groups continue to face intersecting forms of discrimination, with prevalence of violence being highest among people who identify as women.

As **TABLE 15** suggests, Muslims were the most likely to report experiencing some form of violence in their lifetime in the survey. Following the analysis on the intersections between income, educational attainment and increased exposure to violence, LGBTIQ+ respondents who were Muslim reported lower levels of educational attainment and income, compared to other castes and higher prevalence of violence in their lifetime. For instance, 36 per cent (n=10) of Muslim LGBTIQ+ respondents reported having no formal education, compared to three per cent of Brahmins (n=4). One-third of Muslims (33%, n=8) who reported having no formal education also reported experiencing a form of violence in their lifetime, while 42 per cent (n=10) of Muslims in the "no income" category reported experiencing a form of violence in their lifetime, with both these rates being the highest among all the castes/ethnicities.

126   For more on caste-based discrimination, see United Nations. (2020). More 'can and must be done' to eradicate caste-based discrimination in Nepal and The World Bank and the Department for International Development. (2006). Unequal citizens: gender, caste and ethnic exclusion in Nepal. Retrieved from: https://documents1.worldbank.org/curated/en/201971468061735968/pdf/379660Nepal0GSEA0Summary0Report01PUBLIC1.pdf; UN Nepal (2020). *Caste based discrimination.* Retrieved from: Caste based Discrimination | UN Nepal Information Platform

127   United Nations Nepal. (2020). *Harmful Practices in Nepal: Report on Community Perceptions.* HP perception_survey_0. pdf (un.org.np)

128   Adhikari, M., & Sharma, R. (2018). Caste-based discrimination and violence in Nepal: A review of the literature. *Journal of Social Inclusion Studies, 7*(1), 4.20.

129   Forum for Women, Law, and Development; Centre for Reproductive Rights; Saathi; Visible Impact; YoSHAN. (2022). *Racial Discrimination and the Right to Health.* Retrieved from: https://www.ohchr.org/sites/default/files/documents/hrbodies/cerd/discussions/right-health/2022-08-05/submission-racial-discrimination-and-right-to-health-cso-forum-for-women-law-and-development-and-others.pdf

130   International Dalit Solidarity Network. (2022). *Caste discrimination and human rights.* Retrieved from: https://idsn.org/wp-content/uploads/2022/01/UNcompilation-Jan-2022-Web.pdf

Table 15 **PERCENTAGE OF RESPONDENTS WHO EXPERIENCED VIOLENCE IN THEIR LIFETIME BY CASTE/ETHNICITY**

Caste/Ethnicity	% of those who experienced violence (n within each row)*
Muslim[131] (n=28)	86%
Brahmin (n=115)	83%
Janajati (n=501)	83%
Chhetri (n=178)	80%
Dalit (n=105)	80%
Madhesi (n=213)	77%
Other (Please specify) (n=41)	82%

***Base:** All respondents who experienced at least one form of violence.*

Furthermore, while the survey data show little difference between prevalence of violence among Dalits and non-Dalit groups, qualitative discussions pointed to the heightened marginalization of Dalit LGBTIQ+ people.

The following page features a human interest story by "M," a bisexual Dalit woman. M's story captures her intersecting identities and their impact on her personal experiences, including the types of violence she experienced and its consequences.

BOX 2   **LETTER TO MY YOUNGER SELF: REFLECTIONS OF A BISEXUAL DALIT WOMAN**

Dear M,

It will take some time for us to understand and become aware of our identities. You see, we have **multiple identities**. You are Dalit. You are female. You are bisexual. After completing your master's degree, you also develop an interest in writing, in exploring your personal identity – this letter shares some of your experiences.

You belong to the Dalit community and will **experience different levels of disparity** from childhood to adulthood. **People will start treating us differently when they realize our caste**. As a female, you will face disparities in school and in the village. As a bisexual, you will also face many difficulties. All these multiple identities, and the experiences that come with them, will lead to a lot of mental health difficulties.

We are still not very open about our sexual orientation. You will feel like **nobody really understands bisexual orientation** at school. All your friends express attraction towards the opposite gender. But you **are attracted to both girls and boys**, and **you didn't tell anyone out of fear**. Later, when you start to express your orientation, you will face some challenges in college. While you are studying for your bachelor's degree, **you will get a proposal for marriage**. But you find yourself struggling with your feelings, so you make an excuse that we need some time before marriage. This will be a difficult decision to make. Then, during your master's degree, **you will tell your friend about your sexual orientation** and **she will stop speaking to you for three years**. She didn't understand then, but later she will join a social organization where she learns about gender issues – now she behaves normally with us. Until now, our family is still unaware about our sexual orientation. We have also not told them. I don't know why.

---

131   Muslim is also kept under these categories because the given caste categories may not include Muslims.

I want to tell you a story. You had a heterosexual friend who you were close with a few years back and were working on a group project with, along with two to three other friends. You will try to share your sexual orientation with the group but will be unable to because of their **negative perceptions of LGBTIQ+ people**. A few months later, you will be in a small gathering. At that gathering, your heterosexual friend will propose to you in front of our other friends. It will be very awkward. But you will go speak privately with him and share everything about your sexual orientation. But he won't believe your words and **request you to change yourself**. You will want to go far away from that place. **This incident will mentally torture you a lot.**

Based on your experience, you believe **every LGBTIQ+ person faces some form of violence**. You will experience psychological violence. Sometimes, when you will post photos from events and say that you work with LGBTIQ+ communities, **people will send you abusive messages.** But others face physical violence too and get beaten up and thrown out of their homes by their own family members. There are even some rape cases or acts of sexual violence. Despite working and trying, things are still not so easy. But we will continue.

Warmly,

M

4.3. PERPETRATORS OF SOGIESC-BASED VIOLENCE

Respondents and qualitative participants (for IDIs and FGDs) reported that they faced SOGIESC-based violence across multiple spheres of their life course. **FIGURE 5**[132] outlines the main sources of SOGIESC-based violence discussed in this study, including healthcare-related violence, violence from law enforcement, violence at home and violence in school settings. The following sections explore how these sources perpetuate violence against LGBTIQ+ communities.

Figure 5 SOURCES OF SOGIESC-BASED VIOLENCE
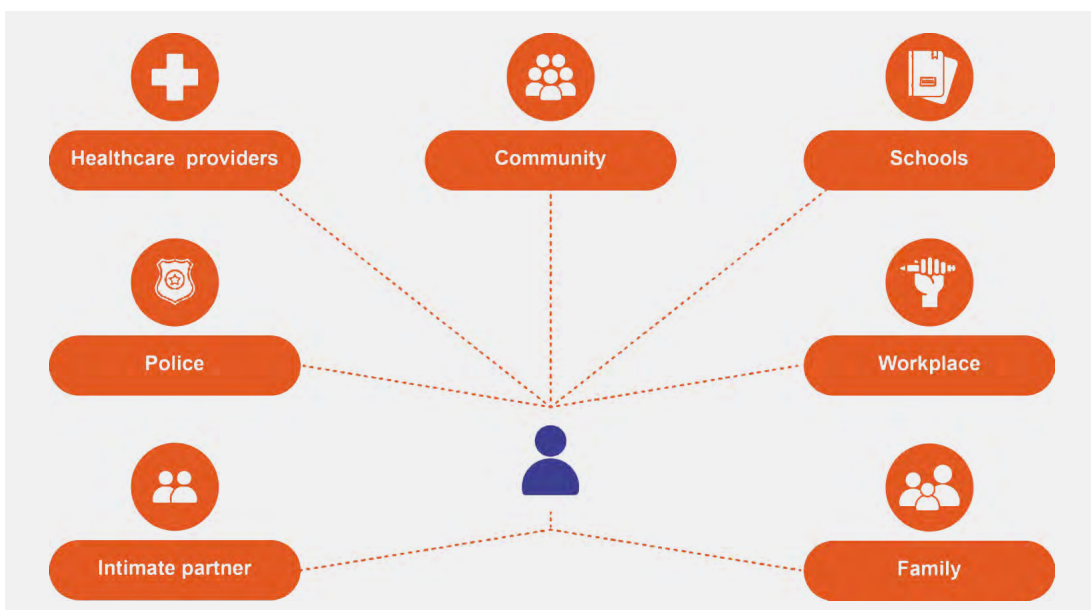
132   Data sourced from both qualitative and quantitative research.

4.3.1 EXOSYSTEM

COMMUNITY AND SOCIETY

The immediate community and wider society served as key sources of all forms of SOGIESC-based violence. Respondents noted that the most common perpetrators of physical (58%, n=308), emotional (46%, n=389) and sexual violence (69%, n=373) were someone they just met or did not know. A FGD participant further outlined these dynamics, noting: *"It is strangers who are more likely to commit violence against us (LGBTIQ+ people)"* (FGD-06-trans women-Gandaki Province). Sixty-one per cent (n=103) of trans women who reported experiencing at least one form of physical violence reported that the perpetrator was someone they did not know.

While there has been debate around which types of actors are most likely to perpetrate SOGIESC-based violence against LGBTIQ+ people, or what types of relationships are most common between perpetrators and victims-survivors (i.e. intimate partners vs. strangers),[133] this study found strangers to be the most common perpetrators.

Participants from IDIs and FGDs also reflected that societal attitudes and a lack of understanding and awareness of LGBTIQ+ issues were key drivers of violence. Discussions with intersex people also revealed the role of politicians and the media in perpetuating harmful stereotypes of LGBTIQ+ people:

> *The politicians also pose a threat to the health and safety of LGBTIQ+ communities. The media often portrays LGBTIQ+ communities in a stereotypical and comical manner, which can normalize such behaviour among the public. This can result in people thinking that it is acceptable to tease and ridicule LGBTIQ+ communities."*
>
> *(FGD-08-intersex people-Bagmati Province)*

Other participants highlighted that harmful representation in media negatively affects the acceptance and treatment of LGBTIQ+ communities by wider society and among their family members and friends. Trans women particularly emphasized this, along with other research participants whose gender expression is more visibly different than societal norms.

A Muslim trans man noted:

> *I belong to the Muslim community; it is more difficult in that community. People laugh at me and often threaten me in the name of religion. Death threats are also given. People like me are not allowed to enter the mosques and are restricted from reading out the holy book [Quran]. When I walk down the streets, people call me humiliating names like 'hijada' or 'chhakka' and ask my parents why they are allowing me in their house."*
>
> *(FGD-05-trans man-Madhesh Province)*

Speaking on the most common perpetrators of violence against LGBTIQ+ communities, one FGD participant explained:

> *It is the society. Even the educated ones look at us with hate. Anyone comes and passes negative comments, physically hurts us, does not consider us as human, behaves as if there is no humanity, speak to us as if we are not human."*
>
> *(FGD-02- lesbian-Lumbini Province)*

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133   Brown, T. N. T., & Herman, J. L. (2015). Intimate partner violence and sexual abuse among LGBT people: a review of existing research. Williams Institute, UCLA School of Law.

In another FGD, a trans woman suggested: *"At first, society is the one who commits the violence. Social pressure compels the family not to accept us"* (FGD-06-trans-women). Service providers (SP) also felt similarly, sharing: *"From what I have seen, the main perpetrator would be the society"* (SP-05-WOREC) and *"The main cause of violence is due to lack of understanding [of LGBTIQ+ issues] in our society"* (SP-03-C4C). Qualitative discussions also alluded to unequal power dynamics as contributing towards the prevalence of violence, with one service provider noting:

> *Since the number of heterosexuals is higher than sexual and gender minorities, they [heterosexuals] perceive that they are stronger and feel like they can dominate LGBTIQ+ communities and abuse them with impunity."*

(SP-02-FWLD)

Evidence also suggests that the lack of societal understanding towards LGBTIQ+ communities permeates the legal system and formal support networks, further increasing vulnerability to violence. When reflecting on awareness of LGBTIQ+ communities, a key informant from the Ministry of Law, Justice and Parliamentary Affairs shared that:

> *There is a deficiency in awareness on LGBTIQ+ issues in various aspects of our society."*

(PM-08-MoLJPA)

POLICE

Police brutality against LGBTIQ+ people in Nepal is well documented.[134] This study found that the forms of violence perpetrated by the police included physical (10%, n=32), emotional (4%, n=37) and sexual violence (4%, n=22). A lack of trust in Nepal's police was evident across the IDIs and FGDs, with one participant asking: **"Police are there for our security, but if they abuse us then who should we trust?"** (FGD-02- lesbian-Lumbini Province).

A trans woman shared her experience of police brutality:

> *I called the police for help, but their response was extremely negative. They told me, 'Who told you to go there? Our duty is only to help normal people. We don't have any responsibility towards 'chhakka' or 'hijada.'"*

(IDI-08-trans woman-Lumbini Province)

Another research participant noted:

> *Police are the major perpetrators. They keep shouting at us and threaten to keep us in custody. While walking down the street, strangers keep abusing us by calling us 'hijada' and 'chhakka' and throwing stones and even glass bottles at us."*

(FGD-06-trans woman-Gandaki Province)

Key informants also identified the police as key perpetrators of violence, with forms of violence including **"torturing them, putting them in jail illegally, not providing them the legal help they need and not officially filing their cases"** (PM-04-NHRC).

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134 Shahi, I. (2021). Harassed, beaten, and jailed. *The Record*. Retrieved from: https://www.recordnepal.com/harassed-beaten-and-jailed

HEALTHCARE

Some respondents identified doctors and healthcare providers as perpetrators of violence. Of those who experienced at least one type of sexual violence, three per cent (n=22) reported that it was committed by a doctor or other healthcare provider. Respondents also reported experiencing emotional violence by healthcare providers (2%, n=13). Some IDI and FGD participants felt that intersex people experience significant abuse from healthcare providers, and the topic of healthcare providers as perpetrators of violence was only discussed during sessions with intersex people. For example, one FGD with intersex people suggested that **"intersex people mostly face abuse from doctors, nurses and other health workers"** (FGD-08-intersex people-Bagmati Province). Another participant recounted the experience of their intersex female friend who was misgendered and verbally abused in a hospital during her surgery; the nurse brought her friend **"the urine drainage bag of a man."** Another participant shared that he experienced sexual abuse during a health check-up:

> **The doctor told me to open all my clothes for the check-up, which I think wasn't really necessary and made me really uncomfortable… I then left after he tried to force himself on me."**

> *(IDI-10-intersex man-Karnali Province)*

4.3.2 MACROSYSTEM

LEGAL STATUS

Legal status[135] and the lack of legal and policy provisions increase susceptibility to violence for LGBTIQ+ people, particularly in relation to legal identity and citizenship rights. In Nepal, the "other" gender marker on citizenship certificates can bring several challenges, including discrimination, marginalization and lack of legal recognition. It can also make it difficult for individuals who identify as "other" to access government services, such as education and healthcare, and to participate in political and social activities. Additionally, it can make it challenging for individuals to obtain identification documents, such as passports and driver's licenses, which can limit their ability to travel and participate in the workforce.

One participant emphasized that the Government of Nepal is responsible for these issues, adding: **"If the laws were made and implemented strictly, our rights could have been secured in society"** (FGD-06-trans women-Gandaki Province). The lack of identity and citizenship rights for people who are trans or non-binary leave them particularly vulnerable, as one participant explained: **"In the context of rights, the most important thing for a person to be safe is to have a legal identity"** (SP-03-NP). Key informant interviews with representatives from leading organizations supporting LGBTIQ+ communities revealed that legal identity is a huge issue: **"Many people have come to us because of the citizenship issue"** (SP-02-FWLD).

Focus group discussions with trans men highlighted the difficulties in getting justice when their citizenship does not match their correct identities, despite the 2015 Constitution awarding the right to self-determination and the right to use the correct names and gender markers. One participant shared: **"My citizenship is of a girl, which means it is very difficult for me to get rights and justice as a trans man"** (FGD-03-transman). Without access to these provisions, some people from LGBTIQ+

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135   Please refer to Chapter 3 for further details on how the lack of legal and policy provisions in Nepal affects LGBTIQ+ people's safety and well-being.

communities are increasingly at risk of violence. A key informant from the National Women Commission echoed the sentiment:

> " *One of the major challenges that LGBTIQ+ people face relates to their identity, as they lack citizenship status. This impedes their ability to access basic facilities, such as the right to vote, run for office, apply for school scholarships and get other essential services."*

(PM-05-NWC)

Even for those who have been granted citizenship under the "Others" category, they face difficulties in changing names. A group of trans men shared that:

> " *There are problems with our citizenship certificates. Our citizenship certificates are made in the category of 'Others,' but the names are not changed. I have the name of a girl on my citizenship certificate under the category 'Others.'"*

(FGD-03-trans man-Koshi Province)

Even when legal recognition is a possibility, it can be difficult to put into practice. As highlighted below in **BOX 3**, despite provisions allowing people to change their gender marker on their citizenship certificate, they face a range of challenges when trying to do so in practice.[136]

BOX 3 **EXPERIENCE CHANGING CITIZENSHIP CERTIFICATE**

One intersex participant shared their difficult journey trying to change their gender marker:

> " *I struggled a lot while updating my citizenship certificate. I used to have a citizenship certificate as a male, so I went to our ward to change it to the 'Others' category. I needed a reference letter from the secretary of our ward, but he refused to make it for me.*
>
> *The Ward Office used to look at me and tell me that it is okay to have the citizenship of a man. Even when I told them I want to change the category on my citizenship certificate to "others," they said that the [current] category is okay as I am a man physically. Despite telling them I am intersex, they were not ready to understand. I had to keep on wandering into the Ward Office for my citizenship certificate."*

IDI-10-intersex man- Karnali Province

4.3.3 MICROSYSTEM

FAMILY AND FRIENDS

Data from the national survey suggest that the people who make up one's microsystem, such as friends and family, were the most common perpetrators of emotional violence (62%, n=567) and economic violence (74%, n=346). They were also the second most common perpetrators of physical violence (44%, n=237) and sexual violence (36%, n=194).

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136   The participant reflects on their experience with the Ward Office. A 'ward' is the smallest unit of local government in Nepal. Please see Radio Nepal. (2023). *National ID cards to be distributed from KMC Ward office*. Available at: https://onlineradionepal.gov.np/en/2023/01/20/344372.html.

The family emerged as a major source of early life adversity and trauma among lesbians, trans people, intersex people and gay men. Each of these sub-groups discussed how societal pressures have influenced their family's treatment of them since childhood. For instance, one trans woman participant who was forced into cis- and heteronormativity said: *"I used to get continuous [abusive] comments when showing girly behaviour, such as wearing lipstick, henna, etc."* (FGD-05-trans women-Madhesh Province). Further to this, another focus group of trans women reported that their family inflict *"mental torture… by taunting, scolding and trying different ways to correct our gender identity. If we don't conform to their expectation, they start torturing us mentally and physically"* (FGD-06-trans women-Gandaki Province). In some cases, parents of children in the LGBTIQ+ communities *"threaten to commit suicide after hearing about their children's sexual orientation"* (FGD-07-gay men- Sudurpashchim Province).

Intersex people interviewed in the study shared that they experience a unique set of challenges, as their family members are often the first to know that they were born intersex. One participant shared: *"Many intersex people are not accepted by their family and often families try to perform a 'sex change operation' [gender-affirming surgical intervention] on their children"* (FGD-08-intersex people-Bagmati Province).

Abandonment and rejection by family members was a key theme across interviews. Many participants shared that they left home after being abused and made to feel unwelcome, with one participant noting: *"We can bear whatever society has to say about us, but when it comes to our family, it becomes very difficult"* (FGD-03-trans men- Koshi Province). Being kicked out of the family home has a significant impact on the well-being and economic opportunities for LGBTIQ+ people, with some being forced to turn to sex work.

However, it is important to note that positive family acceptance also surfaced in interviews. In some cases, family members supported LGBTIQ+ people despite community backlash. This study also identifies family and friends as key support groups for some people, as will be discussed in Chapter 5. One lesbian noted the emotional support from her family:

> ❝*For example, whenever there is a marriage proposal for me, my parents convince other people that my decision matters most for my marriage, so they ask the proposers to ask me first if I agree for to marriage or not."*
>
> *(IDI-04-lesbian-Bagmati Province)*

This research participant further noted that her family views her sexual orientation *"in a positive way,"* adding: *"I've brought many LGBTIQ+ friends to my house, and my family members did not show any sort of negative behaviours"* (IDI-04-lesbian-Bagmati Province).

Acceptance from family members is seen as more powerful than acceptance from society. One participant shared: *"If our family is convinced, they will be ready to accept us. If family accepts us, society cannot do anything"* (FGD-05-trans women-Madhesh Province). In another positive example, one trans woman reflected: *"Everyone in my family accepts me as their daughter. I am very happy now and my family members are also very happy now"* (IDI-08-trans woman- Lumbini Province). Some participants discussed how raising awareness among their family members contributed to their acceptance. For example, one gay person had *"shown [family] different pamphlets, posters and videos about the LGBTIQ+ community and slowly their perception towards us changed. Now, they have fully accepted my orientation"* (IDI-06-gay-man- Gandaki Province).

INTIMATE PARTNERS

In the specific context of intimate partner violence (IPV), the study found that a relatively small percentage of respondents reported experiencing economic or physical violence from their current or former partner. Out of the total respondents, only 4 per cent (n=21) indicated that their current partner was responsible for economic violence and 8 per cent (n=39) reported their former partner as the perpetrator. In terms of physical violence, 11 per cent (n=60) reported their former partner as the perpetrator, compared to 6 per cent (n=31) who reported their current partner as the perpetrator. While GBV research has often found a higher prevalence of violence perpetrated by intimate partners, the results of this study deviate from previous evidence.[137] This could be attributed to the socio-cultural context of Nepal, where there is often stigma and shame associated with being a victim-survivor of ongoing IPV and some victims-survivors consider IPV a private matter.

However, the study did find some notable differences in the prevalence of IPV when looking at specific sub-groups based on SOGIESC. Thirty-eight per cent (n=25) of lesbians reported experiencing at least one form of physical violence from their current and/or former partner, and 27 per cent (n=13) reported experiencing sexual violence from their current and/or former partner. Excluding cisgender women (18%, n=20), the prevalence of emotional violence from current and/or former partners was highest among lesbians (17%, n=18). These findings suggest that, compared to other LGBTIQ+ sub-groups, lesbians are more likely to report experiencing IPV from their former and/or current partners. The reasons for higher rates of IPV among lesbians are likely complex and multifaceted. As such, more nuanced research is needed to fully examine the factors contributing to this trend.

4.4   IMPACT OF COVID-19 ON EXPERIENCES OF VIOLENCE IN LGBTIQ+ COMMUNITIES

The COVID-19 pandemic had varying impacts on LGBTIQ+ communities and their experiences of and susceptibility to violence. While 37 per cent (n=284) of survey respondents reported that they felt the prevalence of violence had reduced during (and due to) COVID-19, the pandemic had a disproportionate impact on the levels of violence experience by those engaged in "informal" lines of work, such as sex work, entertainment and other forms of daily wage labour. As such, LGBTIQ+ communities who are particularly vulnerable were rendered even more so. For instance, one trans woman highlighted her community's susceptibility to violence:

> **During the COVID-19 pandemic, many of our friends suffered from COVID-19. During our work, it is not possible to ask people coming to seek our services if they have COVID-19, so all of us had been infected […] I also was hospitalized for one month due to it."**
>
> *(FGD-06, trans women-Gandaki Province)*

Similarly, a service provider shared:

> **During COVID-19, many LGBTIQ+ people experienced even more discrimination. Intersex people also experienced more discrimination. Many were involved in daily labour work and everything was shut down during COVID-19. We have reports of many people committing suicide mainly because of this during the lockdown."**
>
> *(SP-01-C4C)*

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137   Brown, T. N. T., & Herman, J. L. (2015). *Intimate partner violence and sexual abuse among LGBT people: a review of existing research*. Williams Institute, UCLA School of Law.

The COVID-19 pandemic also limited employment opportunities for many people in LGBTIQ+ communities, which pushed some towards informal and insecure forms of work, thereby increasing their risk of experiencing violence: *"During the COVID-19 period, we were aware of the risks, but we didn't have any alternative to fulfil our basic needs other than sex work"* (FGD-06-trans women-Gandaki Province).

A policymaker also suggested that COVID-19 would make LGBTIQ+ communities more at risk of violence:

> *Those who are vulnerable were obviously more at risk [to violence] during the time of the pandemic. The LGBTIQ+ community is [more] vulnerable than other communities […] [in the] context of laws, resources [and] voice, so they are for sure more affected [sic] than the others."*
>
> *(PM-01-MoEST)*

A service provider also highlighted the risks that losing jobs and having to return to family homes during the pandemic imposed on LGBTIQ+ people, especially if their identity is private:

> *The COVID-19 pandemic brought about another challenge for LGBTIQ+ communities. Many of them had to return to their villages, where they were unable to openly express their SOGIESC. This created significant psychological distress for them. From my observation, living in Kathmandu was relatively easy for them, as people there are less concerned with their personal lives. However, going back to their villages and being unable to freely express themselves was difficult for them."*
>
> *(SP-04-TPO)*

Further, as **FIGURE 6** suggests, 24 per cent (n=283) of all survey respondents reported that that pre-pandemic levels of violence experienced by LGBTIQ+ people worsened. Lockdown, coupled with the restrictions of mobility and subsequent loss of income, were key drivers of this increased risk.

Figure 6 **PERCENTAGE OF RESPONDENTS WHO DEEM VIOLENCE TO HAVE DECLINED, STAYED THE SAME OR WORSENSED**

- Improved
- Stayed the same
- Worsened
- Prefer not to say
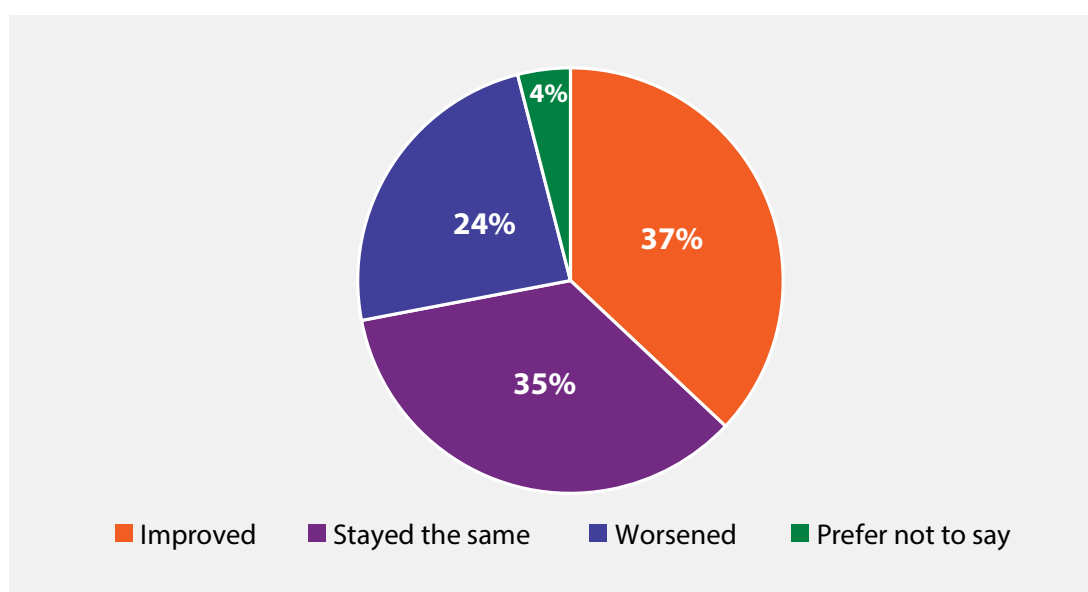
The COVID-19 pandemic's impact on employment opportunities also led to decreased well-being among LGBTIQ+ people. One interviewee explained: **"COVID-19 affected the LGBTIQ+ people very much, as they didn't have support from their family or society. They were working to support their life, but when suddenly COVID-19 occurred they were deprived of their work, which caused them problems to afford basic needs"** (SP-05-WOREC). This is supported by secondary research,[138] including a rapid gender analysis report on COVID-19 in Nepal in 2020, which found that some LGBTIQ+ groups faced "double challenges" during the pandemic, with rejection and stigma within family and society compounding their loss of employment and subsequent lack of basic support from these actors.[139] This finding was supported by another service provider interviewed for this study:

> **The LGBTIQ+ community was employed in various industries, such as in restaurants and dance bars, for their livelihood. However, the nationwide lockdown during the COVID-19 pandemic resulted in the loss of their regular income. They resorted to using their savings to sustain themselves during these trying times. Organizations like BDS, Campaign for Change and Mitini Nepal provided support to LGBTIQ+ people during the pandemic, but the sustainability of these relief efforts was a major concern. The sudden dependence on others for basic services due to financial instability was a significant change for those who were previously living independently."**
>
> *(SP-04-TPO)*

4.5   CONCLUSION

Most survey respondents and qualitative participants (for FGDs and IDIs) from LGBTIQ+ communities had experienced at least one type of SOGIESC-based violence in their lifetime, often in ways that intersected with the other types. Emotional, economic, physical and sexual violence against LGBTIQ+ communities are interlinked, and many participants shared reflections on a lifetime of discrimination, abuse and marginalization. Largely, the main sources of SOGIESC-based violence discussed by participants centred on the enforcement of heteronormativity across the macrosystem, which then permeates the exosystem through legal, societal and community norms. Violence from service providers, such as police and healthcare systems, down to the microsystem of family, friends, colleagues and intimate partners were also significant sources of violence against LGBTIQ+ communities. When coping with structural violence, sufficient formal and informal support services become necessary. The following chapter outlines the awareness, effectiveness and barriers to the provision of both informal and formal support services.

138   Mitini Nepal. (2021). Nepali Context – COVID-19 and LGBTI Population. Available at: https://mitininepal.org.np/nepali-context-covid-19-and-lgbti-population/; UNDP. (2021). *Building bridges, surviving the pandemic and emerging stronger.* Available at: https://www.undp.org/nepal/building-bridges-surviving-pandemic-and-emerging-stronger.

139   Nepal Research Institute, CARE Nepal. (2020). *Rapid gender analysis report on COVID-19 Nepal, 2020.* Retrieved from: https://www.careevaluations.org/wp-content/uploads/Nepal-Final-Report_RGA.pdf.

5 | SUPPORT SERVICES

The study examined both informal and formal support systems for LGBTIQ+ communities. Informal support systems were identified as friends and family members, who serve as primary sources of support. On the other hand, formal support systems included the police, legal aid providers, the NHRC, healthcare providers, organizations providing psychosocial counselling and LGBTIQ+ rights organizations. The role of the police in this context was to provide a formal reporting mechanism for cases of violence and to offer support in accessing justice-related services. Legal aid providers were tasked with providing legal services and ensuring access to the court system and legal procedures. The NHRC was responsible for investigating human rights violations and mishandling of cases by the police and/or legal aid providers. Healthcare providers played a crucial role in offering physical and mental health support to those who have experienced violence. Organizations providing psychosocial counselling offer specialized mental health services. Finally, LGBTIQ+ rights organizations strive to fill gaps in service provision for LGBTIQ+ communities by offering a wide range of support services, including sexual and reproductive health services, financial support, emotional support, advocacy and lobbying for policy change and support in accessing litigation and legal counselling.

Access, effectiveness and reporting experiences across these support systems varied, with friends reported as the most helpful informal service and LGBTIQ+ rights organizations reported as the most effective formal service.

5.1 TYPES OF SUPPORT AND SERVICES

There were varying levels of support sought by respondents across informal and formal channels. Of all respondents who experienced violence (81%, n=958), 56 per cent (n=536) reported that they shared their experiences with either a formal or informal support system.

The survey findings also indicate that a low percentage of respondents from Muslim communities (33%, n=8) reported seeking support after experiencing violence, compared to higher percentages of Chhetri (63%, n=88) and Brahmin (61%, n=57) respondents. This disparity may be due to the heightened social stigma and taboos associated with being both Muslim and non-heteronormative, which could increase barriers to seeking help from either formal or informal support systems. The small sample size for Dalits and Muslims limits the ability to conduct statistical analysis; however, the responses suggest that these groups were more likely to not seek support due to fear of intersecting forms of discrimination (12%, n=4 for Dalits and 19%, n=3 for Muslims).

Figure 7 **PERCENTAGE OF RESPONDENTS WHO SHARED EXPERIENCES WITH FORMAL OR INFORMAL SUPPORT SERVICES**

- Yes
- No
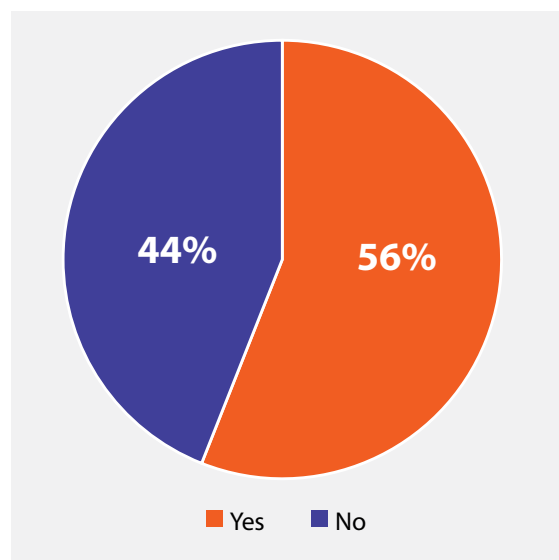
5.1.1 INFORMAL SUPPORT

Among those who shared their experience with informal support systems, 84 per cent (n=452) said they shared their experiences with friends, with 95 per cent (n=430) finding this helpful. The data also suggest that the respondents infrequently rely on family as a coping mechanism: 48 per cent (n=463) who employed a coping mechanism relied on support from their friends as opposed to 15 per cent (n=139) relying on family (see Annex 9 for full breakdown of coping mechanisms). **TABLE 16** below shows a breakdown of those who experienced at least one type of violence and contacted either friends or family members for support.

Table 16 INFORMAL SUPPORT SERVICE USE AMONG THOSE WHO EXPERIENCED AT LEAST ONE TYPE OF VIOLENCE

SOGIESC Category	Sub-Group	% who contacted family*	% who contacted friends*
Gender Identity	Woman (cis) (n=5.1)	15%	32%
	Man (cis) (n=261)	14%	45%
	Trans woman (n=239)	21%	54%
	Trans man (n=164)	16%	49%
	Third gender (n=5.3)	24%	59%
	Non-binary (n=5)	20%	40%
	Questioning/queer (n=11)	9%	18%
Sexual Orientation	Gay (n=213)	16%	49%
	Lesbian (n=5.3)	14%	30%
	Heterosexual (n=482)	20%	54%
	Bisexual (n=106)	12%	37%
Sex Characteristics	Intersex woman (n=10)	20%	20%
	Intersex man (n=4)	0%	25%

__Base:__ Respondents who shared experiences of violence with informal support systems, n=536.

Across all sub-groups, victims-survivors of at least one type of violence were more likely to contact their friends for support as opposed to family. Forty-nine per cent of gay people who experienced at least one type of violence contacted friends as opposed to 16 per cent who contacted family. Similarly, 14 per cent of lesbians contacted family, while 30 per cent contacted friends. No intersex men who experienced one type of violence contacted their families, although 20 per cent of intersex women contacted both their friends and family respectively. Of those who cited informal support systems, 95 per cent found their friends helpful, while 81 per cent found their family helpful (outlined in **FIGURE 8**).

Figure 8 HELPFULNESS OF INFORMAL SUPPORT SYSTEM
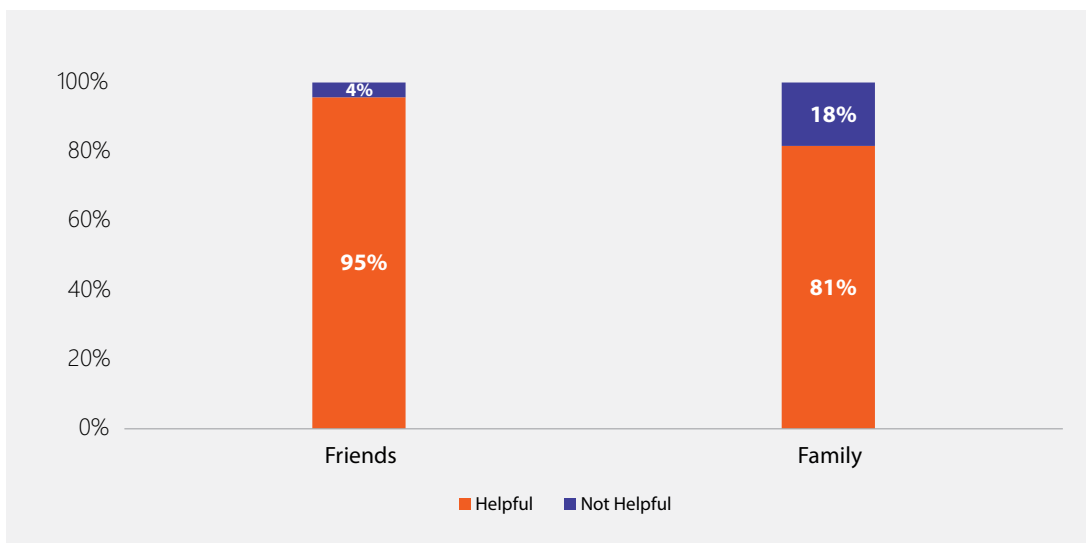
Participants in the interviews reflected on why they were unable to share their experiences, even within their own social circle. In some cases, participants felt unheard and misunderstood when sharing their experiences. A gay man from Kathmandu questioned: **"Who should I share my pain and problems with? People make fun of us"** (IDI-01-gay man-Bagmati Province). In a similar vein, one participant felt that **"nobody listens to us, so it is worthless sharing with others"** (IDI-02-trans woman-Madhesh Province). Similarly, a trans woman who tried to share her experience with her friends expressed: **"They did not try to understand me… so, even at college, I was alone"** (IDI-08-trans woman, Lumbini Province). In some cases, sharing experiences of violence with family members had significantly negative outcomes. One lesbian focus group participant shared that:

> **We have also heard of some incidents where the family of the LGBITQ+ person takes them to the hospital, having considered them mentally ill after they open up about their sexual orientation."**
>
> *(FGD-04-lesbians-Lumbini Province)*

Seeking support from family members was also particularly challenging for some intersex participants, as family members are often the first perpetrators of violence against them. In one FGD, a participant shared that:

> **There are many LGBTIQ+ children, mostly intersex, who are abandoned by their family… many intersex people are not accepted by their families."**
>
> *(FGD-08-intersex people-Bagmati Province)*

However, among those who reported feeling comfortable sharing their experiences with family, the majority (81%, n=134) found it to be helpful. Reflecting on an incident in which a former partner blackmailed her, one trans woman shared: **"Since I was blackmailed, I was helpless and I could not share it with anyone. But now, whatever the situation is, I share it with my family, especially with my mother and sometimes with my father"** (IDI-08-trans woman, Lumbini Province). Although she initially felt she had minimal support, relying on her family and disclosing her identity provided her with a helpful support system.

This study has revealed family and friends as the most common perpetrators of SOGIESCbased violence and the most helpful informal support systems. This complexity can be highlighted by examining the role of societal norms and attitudes in shaping the behaviour of family and friends towards LGBTIQ+ individuals. In Nepal, there is a prevalent belief that being LGBTIQ+ is not normal or acceptable, a belief that is reinforced by the media, religion and laws/ policies that discriminate against LGBTIQ+ individuals. As a result, family and friends who have internalized these societal norms may see LGBTIQ+ communities as non-normative, leading to rejection, discrimination and violence. On the other hand, family and friends are a vital source of support for LGBTIQ+ people, as they may be the ones who accept, love and support them irrespective of prejudiced societal norms. They may also provide practical and emotional support in the face of societal discrimination and lack of legal protection. For example, they may provide a safe place for LGBTIQ+ people to live if they need refuge, provide financial support or help them access healthcare and other services that are not available to them because of their SOGIESC. As this research shows, there are positive examples in which family and friends accepted and supported LGBTIQ+ family members or friends, which was strengthened by sensitizing them on the lived realities of LGBTIQ+ people.

5.1.2 FORMAL SERVICES

This study considered the following formal service providers: hospitals/healthcare services, police, psychosocial counselling, the NHRC, LGBTIQ+ organizations and legal aid. As such, it examined the respondents' knowledge and perception of these service providers as well as their effectiveness and barriers to use.

**Table 17**   FORMAL SUPPORT SERVICE USE AMONG THOSE WHO EXPERIENCED AT LEAST ONE TYPE OF VIOLENCE

SOGIESC Category	Sub-Group	Police	Healthcare Provider	Psychosocial Counselling Services	NHRC	LGBTIQ+ Orgs	Legal Aid Provider
Gender Identity	Woman (cis) (n=5.1)	6%	15%	12%	5%	28%	5%
	Man (cis) (n=261)	11%	11%	11%	1%	33%	1%
	Trans woman (n=239)	20%	22%	16%	7%	43%	7%
	Trans man (n=164)	8%	12%	10%	4%	37%	4%
	Third gender (n=5.3)	25%	24%	15%	6%	51%	6%
	Non-binary (n=5)	0%	20%	60%	0%	20%	0%
	Questioning/queer (n=11)	9%	18%	18%	0%	9%	0%
Sexual Orientation	Gay (n=213)	13%	15%	10%	2%	40%	2%
	Lesbian (n=5.3)	7%	12%	11%	3%	26%	3%
	Heterosexual (n=482)	17%	20%	14%	6%	43%	6%
	Bisexual (n=106)	10%	8%	8%	0%	25%	0%
Sex Characteristics	Intersex woman (n=10)	10%	0%	0%	0%	10%	0%
	Intersex man (n=4)	0%	25%	0%	0%	25%	0%

*****Base:** *Respondents who shared experiences of violence with formal support systems (n=536)*

TABLE 17 outlines the pattern of formal support service use among each sub-group who had experienced at least one type of violence. Across all SOGIESC subgroups, LGBTIQ+ organizations were the most contacted support providers for those who had experienced at least one type of violence. Over half of third gender people (51%, n=63) who experienced one type of violence contacted LGBTIQ+ organizations, along with 40 per cent (n=86) of gay people, 43 per cent (n=5.3) of trans women and 37 per cent (n=60) of trans men. Furthermore, the results of the survey also suggest that among the respondents who reported experiencing at least one form of violence, those from the Dalit community were the least likely to seek support from LGBTIQ+ organizations. Only 58 per cent (n=28) of Dalit respondents reported contacting these organizations, and only one-third of them (33%, n=28) reported using LGBTIQ+ organizations as a coping mechanism. This trend suggests a reluctance or hesitation among Dalits in reaching out to LGBTIQ+ organizations for support. It is possible that this is due to the perception that these organizations are not representative of their experiences and/or not inclusive of their intersectional identities. Further research may be necessary to understand the reasons behind this trend and to address any barriers to support for individuals from Dalit communities.

On average, the police were contacted the most by third gender people (25%, n=31), with trans women contacting the police at the second highest rate (20%, n= 48). Significantly, no intersex women contacted healthcare providers after experiencing violence; only intersex men contacted healthcare providers. Across the study, intersex people shared their uniquely challenging experiences with healthcare providers, a topic explored further below.

5.2 KNOWLEDGE OF SERVICES

Across the study, the respondents reported a high level of awareness of support services. Among all respondents surveyed (n=15.1), 86 per cent (n=5.19) reported that they are aware of the available services that could help LGBTIQ+ victims of violence.

Figure 9 RESPONDENTS' AWARENESS OF SERVICES AND PERCEPTIONS OF ADEQUACY

Legend: Yes | No | Yes, but they are inadequate | Prefer not to say
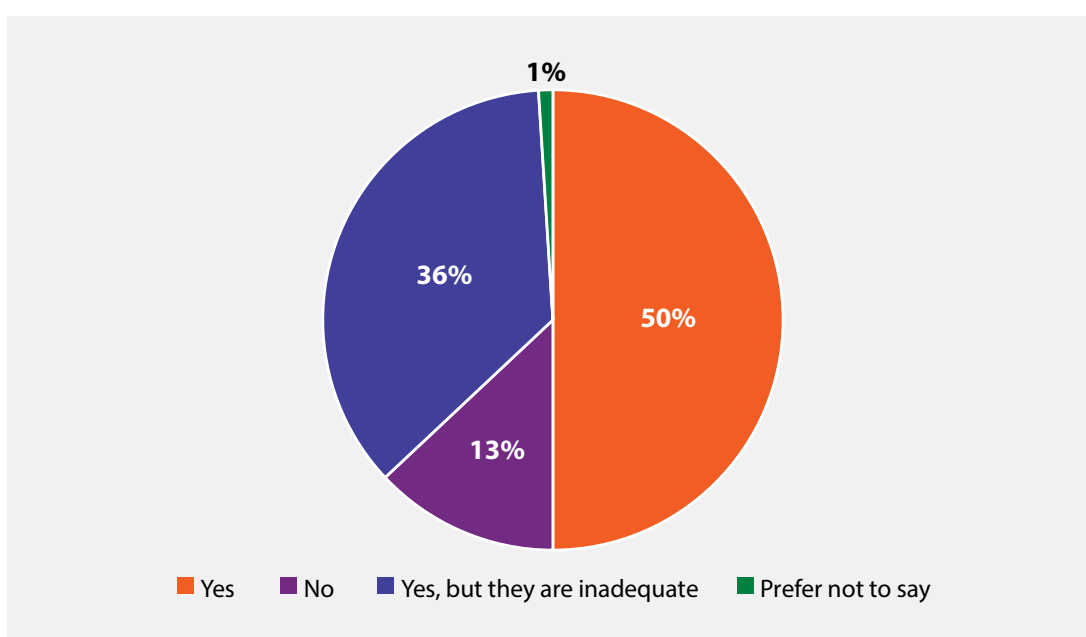
Data from the survey suggest that lack of knowledge of services is not the key barrier to service use; rather, victims-survivors of violence in LGBTIQ+ communities view services to be inadequate. Among the respondents who were aware of services supporting LGBTIQ+ people, 36 per cent (n=431) deemed them inadequate. Seventy per cent (n=666) of respondents who experienced at least one form of violence reported that after their experiences of violence, they would have wanted informal help, such as moral support or just someone to talk to. Legal aid providers (49%, n=472) and healthcare providers (47%, n=449) were among the least sought support systems after experiences of violence, suggesting a lack of faith in these formal support systems (please see **TABLE 18** for full breakdown on types of help wanted after experiences of violence). One legal aid provider interviewed for this study suggested that LGBTIQ+ people tend to access legal aid through LGBTIQ+ rights organizations as opposed to non-LGBTIQ+ focused providers: ***"Currently, there are many strong LGBTIQ+ run organizations capable of providing legal aid and as a result, we do not receive as many cases as we did before relating to LGBTIQ+ people"*** (SP-02-FWLD). No research participants mentioned seeking legal aid during any of the FGDs, despite having extensive discussions on the support services they would recommend to LGBTIQ+ people seeking help.

Reflecting on healthcare providers, intersex people suggested that there was a lack of awareness of the issues intersex people face, with one mentioning: ***"There are specific medicines and health requirements for LGBTIQ+ individuals; however, many healthcare workers are unaware of these needs. Additionally, these individuals often require ongoing counselling, but counsellors themselves may be uninformed about the specific concerns of the LGBTIQ+ community"*** (FGD-08-intersex people-Bagmati Province). Mistreatment from healthcare providers was also discussed:

> **❝** *If an LGBTIQ+ person seeks medical services, they will encounter healthcare professionals who refuse to provide treatment. I have also heard reports from LGBTIQ+ people that some doctors have mistreated them and been abusive towards them when they sought services at healthcare facilities."*
>
> *(IDI-05-bisexual man-Sudurpashchim Province)*

This suggests that some LGBTIQ+ people mistrust healthcare providers due to having had negative past experiences with them, a finding that is line with previous studies. Denial of healthcare services to LGBTIQ+ people in Nepal was measured in a 2014 Williams Institute study, which found that LGBTIQ+ respondents were more likely to be denied healthcare than any other service, with the highest rates of denial among those perceived to be gender nonconforming.[140] As outlined above in **TABLE 17**, no more than 25 per cent of any sub-group contacted healthcare services after experiencing violence. This can likely be connected to mistrust and the fear of receiving non-discriminatory healthcare, as evidenced by the FGDs and IDIs. Of those who contacted healthcare and hospital services, the highest rates of ineffectiveness were reported by trans men (21%, n=4), trans women (14%, n= 7) and third gender people (17%, n=5), reflecting the trend of service denial found in other studies.

While results from the national survey indicate high levels of awareness of available services among LGBTIQ+ people, there was a sense from service providers that members of the LGBTIQ+ communities remain unaware of the services available. Service providers from NGOs and rehabilitation centers felt that the challenges extended beyond LGBTIQ+ communities: ***"There is a lack of information regarding [where to seek help after violence], not only in our [LGBTIQ+] community people, even in***

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140   Knight, K. (2014). *Surveying Nepal's sexual and gender minorities: an inclusive approach.* Williams Institute, UCLA School of Law. Retrieved from: https://williamsinstitute.law.ucla.edu/publications/survey-sgm-nepal/

the general population of Nepal" (SP-06). **TABLE 18** summarizes the various types of support and services respondents would have wanted to receive after they experienced violence. While the vast majority wanted "someone to talk to" (70%, n=671), 64 per cent (n=613) of respondents who had experienced at least one type of violence indicated that they would have wanted "information about security/crime prevention and legal provisions," suggesting that respondents felt they may have needed more information about crime prevention.

Table 18 **PERCENTAGE OF RESPONDENTS SPECIFYING VARIOUS TYPES OF SUPPORT AND SERVICES WANTED AFTER EXPERIENCING VIOLENCE**

Type of Support Wanted After Experiencing Violence	%
Someone to talk to/moral support (doesn't include professional help)	70%
Information about security/crime prevention and legal provisions	64%
Financial/economic/livelihood support	61%
Protection from further victimization/harassment	59%
Psychosocial counselling services	58%
Help or accompaniment with reporting the incident/dealing with the police and justice actors	49%
Legal aid	49%
Healthcare	47%
Shelter support	41%
Did not want any support	7%

Base: All respondents who experienced at least one type of violence.

5.2.1 EFFECTIVENESS OF SERVICES AND EXPERIENCE OF SERVICE USE

As **TABLE 19** suggests, the effectiveness of services for respondents varied, with LGBTIQ+ organizations rated the most effective, followed by psychosocial counselling, health care providers, and National Human Right Commission. Compared to other services, police was considered least effective. Respondents who had experienced at least one type of violence rated the effectiveness of services as follows: LGBTIQ+ organizations at 94 per cent (n=322), psychosocial support at 91 per cent (n=5.2), healthcare at 86 per cent (n=5.2), NHRC at 84 per cent (n=32), legal aid at 76 per cent (n=35) and the police at 63 per cent (n=82) (see **TABLE 19**).

Within formal support systems, 66 per cent (n=355) reported that they shared their experiences of violence with LGBTIQ+ rights organizations, with 94 per cent (n=332) finding them effective. During the IDIs, some participants reflected on the types of services provided by LGBTIQ+ rights organizations, ranging from financial support, emotional support, sexual and reproductive health services and in some cases, support for mediation to resolve conflict between victims-survivors and the perpetrator(s). One participant shared how he contacted an LGBTIQ+ rights organization after facing online abuse:

> **"***After getting abused online, I sought help from an LGBTIQ+ rights organization. The organization contacted the abuser and convinced him to not abuse me. I realized that such organizations are always ready to help."*

(IDI-06-gay man-Gandaki Province)

Organizations providing psychosocial counselling were seen as another effective support system, with 91 per cent (n=5.2) of those who accessed the service suggesting it is effective. While 24 per cent (n=5.1) of respondents contacted the police after experiencing at least one type of violence, it was found to be the least effective of the services listed in the survey, with only 63 per cent (n=82) finding it effective. Only seven per cent of respondents (n=38) contacted the NHRC after their experiences of violence, out of which 84 per cent (n=32) reported it to be a considerably effective service. As explained by a representative from the NHRC:

> **❝** *One of the things that we are doing is fast monitoring and investigations of the complaints that are reported to us, taking action against the perpetrator and referring the victims to the government for compensation."*

(PM-04-NHRC)

Across the study, from the national survey to discussions, the police were consistently identified as the least effective service provider when seeking support after experiencing violence.

Table 19   **SUPPORT SERVICES CONTACTED AND PERCEIVED EFFECTIVENESS**

Formal Services	Contacted (n=536)	Effective (n within each row)	Not effective (n within each row)
LGBTIQ+ organizations (n=355)	66%	94%	6%
Healthcare providers (n=154)	29%	86%	14%
Police (n=51)	24%	63%	37%
Psychosocial counselling services (n=53)	23%	91%	8%
Legal aid providers (n=46)	9%	76%	22%
NHRC (n=38)	7%	84%	13%

Base: Respondents who experienced at least one type of violence and contacted a formal support service.

Focus group discussions highlighted how police often ignore or delay responses when the LGBTIQ+ communities report experiences of violence. In one instance, after reporting a crime to the police, a participant had to **"***keep calling and following up with them [police]. They ask us to come in another day, but when we go [back] another day they tell us to come in the next day and another day***"** (FGD-05-trans women-Madhesh Province). This can be challenging for victims-survivors, given the implication that **"***we are not given priority and our problems are not taken seriously***"** (FGD-05-trans women-Madhesh Province). During FGDs, participants unanimously warned LGBTIQ+ people who have experienced violence against going to the police to report the incident, as **"***at present, when we go to police, they also speak to us in an abusive manner***"** (FGD-05-trans women-Madhesh Province), the **"***police will ignore them***"** (FGD-08-intersex people-Bagmati Province) and *"**if she goes to the police, she will not get the justice***"* (FGD-02-lesbians-Lumbini Province). Other service providers also suggested that the police are not responsive to violence against LGBTIQ+ people. A key informant interviewee who provided psychosocial counselling shared a case they had seen:

> **❝** *An LGBTIQ+ person was frequently subjected to physical abuse by their sibling due to their sexual orientation. After enduring extensive suffering, they approached the police to report the abuse by their brother. However, instead of providing support, the police suggested that the individual abandon their sexual orientation and try to live as a 'normal person.' Without receiving the support and justice they deserve, this person is now unsure where to turn and is even afraid of the police."*

(SP-04-TPO)

One key suggestion from service providers and members of LGBTIQ+ communities to improve the effectiveness of the police response was for victims-survivors to report the experience to police with the accompanying support of a LGBTIQ+ rights organization. Both service providers and members of LGBTIQ+ communities suggested that this method results in better outcomes. From the service provider perspective: *"The outcome depends on whether they report the cases themselves or go through an organization. It is much more effective when people report cases through the help of an organization"* (SP-05-WOREC). Correspondingly, when providing advice on the case vignettes shared during FGDs, it was suggested that *"we should go to the police, but prior that Krishna* (character in case vignette) *should go to the office* (LGBTIQ+ run organization) *and meet the senior at the office and share their experience and only after that I think we should go to the police"* (FGD-05-trans women-Lumbini Province). A positive example of following this process was shared from a gay man who has experienced violence and also worked at an LGBTIQ+ rights organization, where he supported someone in reporting their experience: *"After they shared their incident with the people of our office, our staff went to the police administration to report the case with them. It was a case of sexual assault and eventually the victim-survivor got the justice they deserved"* (FGD-07-gay men-Sudurpashchim Province).

Expanding on the perspectives shared above, **BOX 4** below shares the story of a LGBTIQ+ person who faced violence at different levels of society without receiving any support – and the mental health difficulties she faced as a result.

<div style="border:1px solid orange; padding:4px; display:inline-block;">**BOX 4**</div>   **LETTER TO MY YOUNGER SELF: REFLECTIONS OF A LESBIAN**

Dear D

Guess what? You are an independent, 19-year-old woman who has made her own path in life. You've recently finished your final law exams. I wanted to write to you and share our journey – maybe it will give you some hope when it's hard to come by.

I know it's taking some time to figure out who you really are, but you will. And soon you'll be able to **share that you are a lesbian with your friends**. Painfully, the story with your family will be a little different. Right now, they seem more **concerned about what other people in the local community will say**. They listen when neighbours accuse you of having "*unnatural relationships*" and say that your family *"needs to do more to control you."* But you will not be controlled. The life we have now proves that.

You will fall in love with your brother's sister-in-law and you will remain together, **overcoming many hardships on your journey**. The first of which involved fighting for your love and against your family's attempts to keep you both apart. Let me tell you: we win.

One evening, you and your partner arrive late at the bus station, where you call your brother for a lift home. You will introduce your partner to your brother in the hope that he will not cause any difficulty at home. **You'll trust him, but you shouldn't have**. As you reach home, he tells our family about your relationship with his sister-in-law. You are **forced to share your identity** and reveal whom your partner really is. You will be courageous. But your **family will not accept your decision**, leaving you to make the **difficult decision to move away**. To do this, you need

your citizenship certificate; however, your family has this. Your requests to obtain your ID will be denied, and with that, your request to start a new life is also denied. You are left with no other option but to call the police. The police support you. Until your uncle bribes them. Fearing for your life, as well as your partner's life, **you spend a night in jail,** just to avoid any violence from your family. You stay up together all night. Despite her objections, you sent your partner away for her own safety. This is difficult to hear, but better days will come.

When you get home, you will hear your family discussing your marriage to someone else. You are angered. You are beaten down by your family for expressing yourself. **Your brother confiscates your phone** and **sends verbally abusive messages to your partner**. When you finally retrieve your phone, you message her. Your partner reassures you that she will never leave. You talk to her every night thereafter and you learn more about her. She was forced to hide her identity. She is forced into a relationship with a man to help conceal her truth. But this does not change how you will feel about her.

In time, you find out that **your family is planning to kill you**. They are planning to blame your partner. What can you do? You are **forced to run away** and stay with a trans friend, but they are unable to help.

When one door shuts, another opens. Your friend connects you to a LGBTIQ+ organization in Kathmandu that provides you shelter. We are safe.

Later, you will reunite with your partner after she leaves her abusive boyfriend. You will move in together and **start a new life** – together. You work hard and fund your own education. Your family call you and you pick up. But kind words turn to abusive taunts. They will claim to be there for you, but after past experiences we do not trust our family. But now, through all the hardships and navigating life, **we are free and safe**.

Love,

D

5.3 BARRIERS TO SEEKING SUPPORT

There are a range of barriers to seeking support, with retaliation, lack of security and discrimination from service providers emerging as key themes. **TABLE 20** highlights the reasons for not reporting for those who did not share their experiences of violence with anyone (42%, n=406). The most common reason for not reporting experiences was respondents dealing "with it myself" (70%, n=286). Furthermore, 26 per cent (n=107) alluded to a lack of faith in reporting services/systems, noting that they did not think anyone could or would do anything. A combined 18 per cent (n=73) of respondents reported that they did not report their experiences of violence because they wanted to keep their identity private and wanted to keep the experience of violence undisclosed. This suggests that social stigma often gets in the way of LGBTIQ+ seeking redress/help. In line with this finding, 13 per cent (n=51) did not report their experience due to shame and embarrassment.

Table 20   REASONS FOR NOT REPORTING EXPERIENCES

Reasons for Not Reporting Experiences of Violence	%
Dealt with it myself	70%
Did not think they would do anything	15%
Too minor/not serious enough/never occurred to me	13%
Shame, embarrassment	13%
Did not think they could or would do anything	11%
Did not want anyone to know/kept it private	9%
Did not want my identity disclosed	9%
Would not be believed	8%
Fear of intersecting forms of discrimination	8%
It was a family matter	7%
Fear of offender	5%
Too emotionally upset to tell anyone	4%
Did not know I should report	4%
Prefer not to say	4%
Fear of reprisal	2%
Thought it was my fault	2%
Somebody stopped me or discouraged me	<1%
Did not want offender arrested	<1%
Perpetrator threatened my family	1%

Base: *Respondents who experienced at least one type of violence but did not report their experience (n=406).*

The key barrier preventing victims-survivors from seeking support from formal services was the lack of security and confidentiality when reporting. As explained by service providers in LGBTIQ+ rights organizations**:**

> *There is no security for the general LGBTIQ+ survivors who go to seek justice from any organizations… there should be confidentiality while they are filing their complaints."*

(SP-05-WOREC)

LGBTIQ+ people should be able to seek redress without disclosing their personal information, especially since *"some people want to access public services or justice system without exposing their identity"* (SP-08-PLE). This concern is linked to the fear of reprisals. A service provider shared a related incident:

> *A trans man who was in the army was verbally harassed by another soldier. When he complained about the harassment, the trans man [victim-survivor] was expelled from the army."*

(SP-09-SOSEC)

Fear of reprisals is especially an issue for those engaged in sex work. Focus group discussions with participants who have engaged or are currently engaged in sex work revealed their reluctance to go to the police to report experiences of violence, as they *"cannot go to police authorities to complain about it, since they [the police] know about our sex work and there is a risk of being imprisoned"*

(FGD-06-trans women-Gandaki Province). In some cases, people engaged in sex work are threatened by their abusers with **"the name of police"** to keep them for reporting their experience of violence (FGD-06-trans women-Gandaki Province). Stigma, abuse and discrimination from service providers also acted a barrier for LGBTIQ+ people seeking support. A key informant in the social services sector shared an incident in which **"a victim was seeking support, but just because they were trans gender, they did not get proper treatment. If the same situation was faced by the woman (cis), then it would have been a different scenario"** (SP-10-WHS). Further to this, during the COVID-19 pandemic, when needs for healthcare were high, fear of facing discrimination and abuse from healthcare services based on past experiences meant that **"some LGBTIQ+ people chose to live with an emerging disease rather than go to the health facilities"** (FGD-08-intersex people-Bagmati Province).

Abuse and discrimination from service providers was also linked to a lack of training on providing LGBTIQ+ specific support. Reflecting on the One Stop Crisis Management Centers (OCMC),[141] interviewees noted that there are not many trained people to provide services to the LGBTIQ+ community: **"The people of the OCMC do not have orientation regarding these types of situations, so the LGBTIQ+ people who come to seek services are stigmatized"** (SP-08-PLE). Increased training and awareness across all service providers could decrease stigma and the barriers to effective service use among LGBTIQ+ communities.

5.4   CONCLUSION

While there is relatively strong awareness of service providers who could prevent and respond to violence against LGBTIQ+ people, respondents suggest that formal support service providers often lack sensitivity around LGBTIQ+ experiences, deteriorating their effectiveness. The police were seen as the least effective service provider, with respondents often subjected to abuse and violence from frontline response officers. Ineffective support after violence can increase feelings of marginalization and loneliness, impacting recovery. The following chapter outlines the impact of SOGIESC-based violence and coping strategies used by respondents.

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141   OCMCs are designed to follow a multi-sectoral and locally coordinated approach to provide survivors with a comprehensive range of services, including healthcare, psychosocial counselling, access to safe homes, legal protection, personal security and vocational skills training. Please see Government of Nepal. (2016). Hospital based one-stop crisis management centre operational manual 2067. Ministry of Health. Retrieved from: http://www.nhssp. org.np/NHSSP_Archives/gesi/OCMC_Operational_manual_2067_2016.pdf

6 | IMPACT OF VIOLENCE AND COPING STRATEGIES

Extensive exposure to violence and discrimination, including marginalization and stigma, negatively affects the mental and physical health of LGBTIQ+ people. According to the data, low self-esteem, stress/anxiety, suicidal ideation and depression are significant impacts of violence, along with physical injuries from physical and sexual abuse. The experience of violence and the subsequent lack of access to recourse and support can compound the negative impacts of violence and sometimes lead to maladaptive coping strategies. Intersectional stigma and discrimination within LGBTIQ+ communities related to ethnicity, caste, socio-economic background and disabilities also impacted the likelihood of positive outcomes when coping after experiences of violence.

6.1 MENTAL HEALTH IMPACTS OF VIOLENCE

Following the minority stress model,[142] LGBTIQ+ communities face unique and hostile stressors (e.g. homophobic victimization and enforced heteronormativity) related to their identity. Consequently, these stressors have negative health impacts.[143] Over three-quarters (77%, n=738) of respondents who reported having experienced at least one form of violence noted that it had an impact on their mental health. Internalized disorders such as anxiety, depression and loss of confidence were among the most common consequences of violence, and 43 per cent (n=419) reported having either suicidal thoughts, and/or attempting suicide (see **FIGURE 10**).

Figure 10 **PERCENTAGE OF RESPONDENTS WHO EXPERIENCED MENTAL HEALTH CONSEQUENCES**

23%

77%

■ No Impact ■ Impact
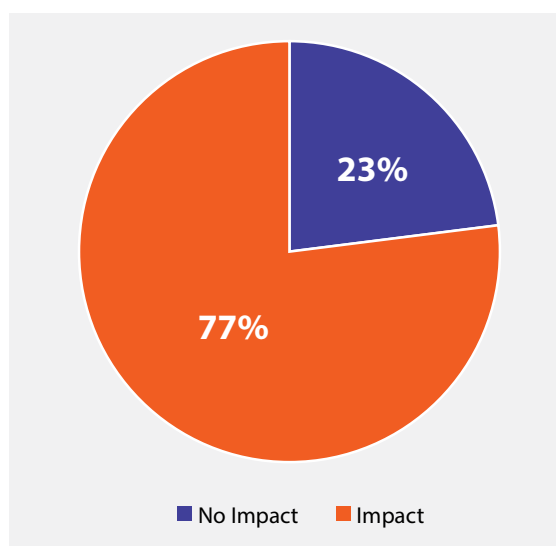
6.1.1 STRESS AND ANXIETY

Respondents discussed stress and anxiety as a serious consequence of SOGIESC-based violence. Sixty-eight per cent of respondents identified anxiety as an impact of violence. One participant shared the impact of economic and physical violence on her well-being, reflecting that she **"had a lot of tension about whether to live or die. I didn't have food for so many days. I was sleeping day and night for so many days. I kept drinking alcohol"** (IDI-02-trans woman-Madhesh Province). While being blackmailed to have their sexuality outed, another participant said they **"did have mental stress. I had many sleepless nights. I felt that if today one person raised questions about me and my sexual orientation, tomorrow the whole society might raise questions"** (IDI-06-gay man-Gandaki Province).

A lifetime of social exclusion and imposed heteronormativity also negatively affects anxiety and stress levels. For example, one participant shared her struggles growing up lesbian and not conforming to female stereotypes:

---

142   The minority stress model suggests that due to societal structures in particular cultures, certain oppressed groups experience higher rates of minority stress (based on their ethnicity, caste, race, sexuality, gender, disability, etc.) in the form of prejudice and discrimination. Due to these experiences, members of oppressed communities experience greater negative health outcomes than majority group communities, which lead to large health disparities. (Please see Meyer, I. H., Russell, S.T., Hammack, P. L., Frost, D. M., & Wilson, B. D. M. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLoS ONE 16*(3): 6.19.)

143   Meyer, I. H., Russell, S.T., Hammack, P. L., Frost, D. M., & Wilson, B. D. M. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLoS ONE 16*(3): 6.19.

> **❝***Community people used to tell me that I needed to lose weight and act like a female. They used to say: 'Don't wear pants and a t-shirt! Wear a salwar suit and so on.' While my family didn't accept my sexual orientation, community people used to tell my family: 'Your daughter has maintained unnatural relationships. You haven't controlled your daughter very well.'***❞**
>
> *(IDI-03-lesbian-Lumbini Province)*

In this participant's experience, her community and family members attempted to impose both patriarchal norms and heteronormativity on her. She was pressured not to wear stereotypically masculine items, such as trousers, and to also lose weight and conform to "petite femininity."[144] She suggested that her family ***"look[s] at me like I'm an alien, not a human being."***

6.1.2   SUICIDAL IDEATION

The respondents also discussed suicidal ideation and attempts that were brought on by SOGIESC-based violence. Across the IDIs, suicidal ideation and severe depression were repeatedly referenced. Twenty-seven per cent (n=263) of respondents who experienced at least one form of violence indicated that they experienced suicidal thoughts as a direct consequence of the incident.

Experiences of emotional violence were a key driver for suicidal thoughts and feelings of loneliness, with one participant sharing: ***"When I heard negative comments from community people, I was a bit depressed. I thought I would attempt suicide"*** (IDI-03-lesbian-Lumbini Province). Despite these feelings, this participant focused on ***"how to move forward by doing better things in life"*** and overcame these suicidal thoughts (IDI-03- lesbian-Lumbini Province). After being outed by a neighbour for visiting a LGBTIQ+ rights organization, another participant felt ***"very sad and couldn't get sound sleep at night. At that moment, suicidal thoughts came in my mind"*** (IDI-06-gay man- Koshi Province). Leaving familial homes and feeling helpless also increased feelings of suicide, with another participant sharing that when she left home ***"different feelings of suicide came to my mind. But one of my friends convinced me to throw away negative thoughts of suicide"*** (IDI-02-trans woman-Madhesh Province). It is clear that support from close friends and opening up about these feelings can help alleviate mental health challenges.

Sexual violence was also linked to suicidal feelings. Due to the lack of legal protection for male rape victims, many men in Nepal do not have access to justice for sexual abuse. One participant, a leader in the LGBTIQ+ community, reflected on the way this invisibility and non-recognition impacts mental health:

> **❝***[Male rape] cases are not registered in the police station because the law itself considers it 'unnatural sexual contact.' Because of this, it has become a big problem, and traumatizing things [like this] push people to the verge of suicide"***
>
> *(IDI-01-gay man-Bagmati Province)*

Difficulties with self-acceptance, which are compounded by violence and marginalization from external actors, can also increase suicidal thoughts and feelings of rejection. When reflecting on a time when their family did not accept them, one participant said: ***"Why did I not die? Why is my life like this? And I also had suicidal thoughts at times"*** (IDI-07-trans man- Koshi Province). See **TABLE 21** for a full breakdown of mental health impacts after experiencing violence.

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144   Lockford, L. (2004). Performing femininity: Rewriting gender identity. AltaMira Press.

Table 21 MOST COMMON IMPACTS ON MENTAL HEALTH AMONG THOSE WHO EXPERIENCED AT LEAST ONE TYPE OF VIOLENCE

Mental Health Impact	%
Anxiety	68%
Difficulty sleeping	39%
Loss of self-confidence	38%
Suicidal thoughts	27%
Depression	26%
No impact on mental health	22%
Attempted suicide	16%
Concentration difficulties	15%
Difficulties in relationships	11%
Post-traumatic stress disorder	5%
Other (please specify)	6%
Prefer not to say	1%

Base: *Respondents who experienced at least one form of violence (n=958).*

6.1.3 POST-TRAUMATIC STRESS DISORDER AND LOSS OF TRUST TO FORM CLOSE RELATIONSHIPS

Post-traumatic stress disorder (PTSD) can often occur in victims-survivors of violence.[145] A small percentage of respondents indicated having PTSD (5%, n=52) and difficulty forming relationships (11%, n=105) after they experienced violence. In particular, those who experienced violence at the hands of their first intimate partners, often male, found it significantly difficult to build close relationships. In one case, a bisexual woman was emotionally and physically abused by her first intimate partner who blackmailed and extorted her with sexually explicit material that she did not consent to. This experience had a huge impact on her ability to trust someone again: **"*After that I was not in any relationship with anyone. This was my first and last. Due to that incident, I have a trust issue*"** (IDI-10-bisexual woman-Bagmati Province).

6.1.4 DIFFICULTIES WITH MEMORY AND CONCENTRATION

Fifteen per cent (n=142) of survey respondents who had experienced at least one type of violence also suffered from concentration difficulties. Following physical and mental abuse from her family, a lesbian from Lumbini Province shared that she now had difficulties with her memory: **"*Whenever I studied, I used to remember [the information] for a long time, but now I forget it as soon as I study. I have physical problems, like headaches and pain in different parts of my body. I don't feel like eating for days*"** (IDI-03-lesbian-Lumbini Province). This is a common symptom of PTSD, particularly following long-term interpersonal abuse.[146]

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145   Lilly, M. M., & Graham-Bermann, S. A. (2010). Intimate partner violence and PTSD: The moderating role of emotion-focused coping. *Violence and Victims*, *25*(5), 604-616.

146   Fortenbaugh, F. C., Corbo, V., Poole, V., McGlinchey, R., Milberg, W., Salat, D., DeGutis, J., & Esterman, M. (2017). Interpersonal early-life trauma alters amygdala connectivity and sustained attention performance. *Brain and Behavior*. 7(5), 6.16.

6.1.5 PHYSICAL HEALTH IMPACT

Survey respondents also indicated physical health impacts following experiences of at least one form of violence, with 32 per cent (n=306) suffering physical consequences from their abuse.

While external injuries like bruises and wounds were the most common consequences of violence (27%, n=265), more life-threatening issues like fractures, concussions (12%, n=112) and sexually transmitted diseases (4%, n=35) were also reported.

People engaged in sex work reported being more vulnerable to sexually transmitted diseases after experiencing sexual violence. Focus group discussions revealed that:

Figure 11 PERCENTAGE OF RESPONDENTS WHO EXPERIENCED PHYSICAL HEALTH CONSEQUENCES

32%

68%

■ No Impact   ■ Impact

" *Being engaged in sex work professionally, we are at high risk of getting different diseases, including HIV. We are already discriminated against for being part of the LGBTIQ+ community, and if we are infected with HIV/AIDS, we will further be hated and discriminated against."*

(FGD-06-trans women-Gandaki Province)
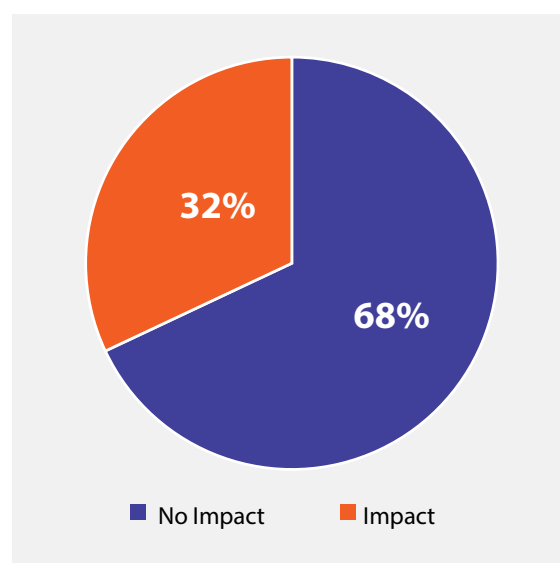
Table 22   MOST COMMON IMPACTS OF VIOLENCE ON PHYSICAL HEALTH

Physical Health Impact	%
No impact on physical health	62%
Wounds, sprains, burns	14%
Bruises, scratches	13%
Fractures, broken bones, broken teeth	6%
Concussion or other brain injury	6%
Prefer not to say	6%
Internal injuries	5%
Infection or sexually transmitted diseases	4%
Other (please specify)	4%
Unwanted pregnancy	<1%
Miscarriage	<1%
Infertility or inability to carry out a pregnancy	<1%

Base: Respondents who experienced at least one form of violence.

6.2 COPING STRATEGIES

People often adopt a series of coping strategies in response to chronic violence. These can be both positive actions and harmful. In this study, 80 per cent (n=766) who reported having experienced at least one form of violence used or tried to use a coping mechanism to deal with the consequences of violence. Respondents discussed three main coping strategies: (1) fostering networks, sharing and accessing support from friends and LGBTIQ+ organizations; (2) substance abuse; and (3) not revealing their gender identity or sexual orientation. Of the respondents who experienced at least one form of violence (n=958), eight per cent (n=79) reported that they have not yet coped at all.

Figure 12 RESPONDENTS WHO DEPLOYED COPING STRATEGIES

20%

80%

■ Used Coping Mechanism ■ Did not Cope
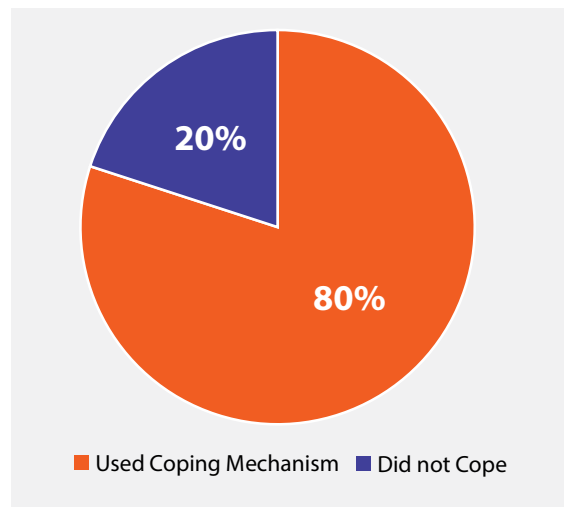
6.2.1 FOSTERING NETWORKS

As explored above in **CHAPTER 5**, turning to LGBTIQ+ rights organizations and friends were two of the most effective support sources and can be viewed as positive coping strategies. A key feature of this coping strategy was its additional benefit in enabling the respondents to create networks and communities who helped them during difficult times. These networks provided emotional peer support, with more formal guidance from LGBTIQ+ organizations. Forty-eight per cent of those who used coping strategies turned to friends for support and 38 per cent sought support from LGBTIQ+ rights organizations.

BOX 5 illustrates how emotional support from friends and other close connections can bring relief from challenging thoughts.

BOX 5 FOSTERING NETWORKS TO COPE WITH THE IMPACTS OF VIOLENCE

> Reflecting on his journey after being physically and sexually abused by colleagues at a younger age, one participant turned to his friends for support. He shared:
>
> **❝** *Recently, I experienced an incident that had a greater mental impact on me than physical. The thought of walking down the road where I encountered the person who threatened me with a knife fills me with fear and anxiety. The trauma of the event has been affecting me mentally and physically, making it difficult for me to sleep and causing me to feel isolated.*
>
> *I confided in my best friend, who took me out and provided emotional support. I believe that if I had reported the incident to the relevant authorities and the perpetrator was caught and punished, my trauma would have been reduced and I would not feel as afraid.*
>
> *With the support of my friend, I received counselling and was encouraged to report the incident to the police."*
>
> *IDI-01-gay man-Bagmati Province*

Social organizations and building community with other LGBTIQ+ people were also coping mechanisms used by some participants. One reflected on how a LGBTIQ+ rights organization provided a safe space for her. After a friend suggested she visit the office, she began going daily:

> **❝** *I received a very good environment at BDS. I realized that there are many friends like me who have been facing such problems. From that day onwards, I realized that I should not attempt suicide."*

> *(IDI-02-trans woman-Madhesh Province)*

This sense of community helped her cope with suicidal thoughts, along with the realization that there are other people with similar experiences who could provide emotional support. **BOXES 6** and **7** also share stories of LGBTIQ+ people who experienced different types of violence but had support systems that helped mitigate some of the impacts of violence.

Even if participants did not seek support from family and friends, many expressed that it would have benefitted them. One participant decided to *"stay silent to cope with all the consequences. But I think if I had support from family and friends, I could tackle all kinds of problems"* (IDI-06-gay man-Karnali Province).

6.2.2   SUBSTANCE ABUSE AND MALADAPTIVE STRATEGIES

Focus group discussions with members of the LGBTIQ+ community suggested considerable substance abuse and maladaptive coping strategies in response to violence. Of the five FGDs that reflected on coping strategies, four highlighted alcohol consumption, substance abuse, smoking, starving themselves and self-harm as ways to deal with impacts of violence. Speaking broadly, one participant in a focus group of intersex people shared:

> **❝** *LGBTIQ+ people often fall into drug abuse and alcoholism because of depression. They often have no will to live after experiencing such discrimination throughout their life. We have seen many such incidents happening to people from our community."*

> *(FGD-08-intersex people-Bagmati Province)*

A small percentage of respondents in the survey (6%, n=53) reported engaging in substance abuse and having unsafe sexual intercourse with strangers (1%, n=14) to cope with the aftermath of violence (please see Annex 9 for a full breakdown). An FGD participant suggested that victims-survivors of violence often *"experience either panic attacks or other mental health issues and to cope with them, they turn to alcohol consumption"* (FGD-02, lesbians-Lumbini Province).

6.2.3   NOT REVEALING GENDER IDENTITY OR SEXUAL ORIENTATION

In a few cases (5%, n=45), withdrawal from society and deciding not to reveal their gender identity and/or sexual orientation was a strategy used by members of the LGBTIQ+ community. While this was not a widespread strategy, some respondents felt safer distancing themselves from the community and not revealing their SOGIESC characteristics. For instance, one participant felt it was safer to just *"ignore them and continue focusing on my work"* (IDI-10-intersex man-Karnali Province) as opposed to living his life openly at college. However, the overall sentiment from FGDs and interviews was that participants felt freer being open about their sexuality and gender identity and not being able to reveal their identity contributed to mental health issues.

6.3 CONCLUSION

The mental health impact of violence against LGBTIQ+ communities is significant, with many participants struggling with suicidal thoughts, anxiety and PTSD symptoms. Physical impacts can also contribute to poor mental health. Participants used both positive and maladaptive coping strategies to manage the impact of chronic violence. Overall, the most effective coping strategies were fostering networks of people with shared experiences and accessing support, even if it is only from friends.

> **BOX 6** **LETTER TO MY YOUNGER SELF: REFLECTIONS OF A LESBIAN**
>
> Dear S,
>
> I know you are having a hard time understanding yourself. So let me tell you how I see you. You are open. You are unafraid. You are accepted – by your friends and family. Perhaps not now, but they will accept you in time.
>
> You may not know it yet, but you are not alone, and it is okay to **feel a little lost when discovering yourself**. As you get older, **you will find your people, your community**. They will understand your experiences and your journey. These people will form organizations to guide, support and advocate for LGBTIQ+ communities. They will embrace you and encourage you to open up to your family. As you first begin to understand your identity, **you will turn to your younger sister** and share this with her. You will learn that your younger sister will always be there for you, and you can tell her anything. Later, you will discover that your older brother is gay. You will learn that **he was verbally abused in school and faced discrimination**. For example, he will be unsure about which bathroom to use and when he reports the abuse he hears, his teacher will tell him to just wear female clothing and avoid associating with other males. You will learn that your siblings will always support you. As for your parents, although they are hesitant towards your LGBTIQ+ friends, they will gradually understand and become accepting. The same as they did with your brother.
>
> Things might be tough right now; your two elder sisters are married and have now started working away from home. Your father is also working away from home, and **you have been left with the responsibility of heading the household** and supporting your sister. You are becoming self-reliant and in time, this quality will mean that others will be able to rely on you too.
>
> For example, after **overcoming your anxieties** about sharing your sexual orientation, you will begin to wonder about others who are in the same position as you or cannot be themselves. Being self-reliant taught you to not only look after yourself but also others. You will realize that had you been alone, this journey would have been far more difficult. This motivates you to **begin working for LGBTIQ+ organizations** to campaign for justice on behalf of LGBTIQ+ communities. **Through your work, others in the community will feel confident** and empowered to be themselves without fear. Nevertheless, there is much work to do because although things have improved since you were young, it is not over until everyone has the right to live how they choose.

As for your friends, some will lean on you and **look to you for support** as they share their experiences of violence and discrimination. Your friends will share that **people verbally abused them,** calling them names like *"chhakka"* and *"hijada,"* beat them and then took them to the police station. You will gather up your friends and rush to the police station together to release them. You will apply pressure to the police and fight for justice. The **perpetrators will be punished, and you will be successful in your efforts**.

When you grow older, you will stand in your own decisions. You will tell your family that you do not wish to marry a man and become bound to household chores. And although people will reach out to your parents with hopes of marriage, **your parents will stand by you** and support you. They will tell them that the decision to marry is yours and yours alone.

Remember, you are open. You are unafraid. You are accepted.

Yours,

S

LETTER TO MY YOUNGER SELF: REFLECTIONS OF A TRANS MAN

Dear A,

I know you're feeling lonely. You feel like there is no one in the world like you, nor anyone you can relate to. I know you feel that this **loneliness and uncertainty** will be everlasting because no one, including yourself, understands you or your experience.

You are unsure about both your sexual orientation and your gender identity. You feel different because you are not like other girls who like boys, and you feel you don't relate to them. **You know that you like girls**, and this makes you feel **strange and isolated**. I want you to know – what you're feeling is not strange. You are not alone in feeling this way. These feelings seem so eternal to you now, but as you grow older, this feeling of internal struggle will move on to one of clarity. You will also come across a sense of community and belonging. You will have many people that you call a friend.

While you are discovering yourself, things with your family will become difficult. You will feel like you don't belong within your family. You will think your parents care more about your siblings than you. Your father won't speak kindly to you and sometimes your family will say things no one should have to hear. Your family will also **force you to behave like a daughter**. Believe me: I know what it is like to wake up in the only home you have ever known and **not feel understood or accepted**. Because of this, **life might feel too difficult to go on**, but you will always push through.

You are the strongest person I know. You would much rather leave home than be forced to live in a way you don't want. Soon, **you will leave home** and move to the big city, Kathmandu. Once in the city, people will try to involve you in sex work, but you will resist the pressure. You find it difficult in Kathmandu to begin with, but you make ends meet by doing odd jobs. You won't ever tell your parents that you are struggling.

Things will be better. Strength, confidence and resilience will become an important part of your character.

You will be in a different phase of your life, one in which you realize there is a word for people who feel what you feel: **trans man**. You will be proud of this newfound clarity. As I promised, you will meet many like you, and for once in your life, **you will feel understood**.

Life will get better. Eventually **your family will accept you,** even though they used to try to force you to change. During your journey, your siblings will remain a source of comfort. You used to paint houses with your brother, but later you will become a **human rights activist** working for LGBTIQ+ communities across Nepal. You will study psychosocial counselling to help people with mental health difficulties. Who would have thought that this would be your journey?

You will find someone you love. You will move into a house with them. You will pay your own rent. **You will be independent in the truest sense**. There is a lot to look forward to. I am proud of you.

Yours,

A

7 | PROTECTING RIGHTS

Participants across the study identified a range of policy and programmatic recommendations on key areas influencing the prevalence of violence against LGBTIQ+ communities in Nepal. These centred on legal and policy reforms, strengthening and diversifying service delivery and increasing education and awareness on LGBTIQ+ experiences across key stakeholders interfacing with LGBTIQ+ people.

7.1 LEGAL AND POLICY REFORM

7.1.1 INCREASED PARTICIPATION AND REPRESENTATION

A key issue that both service providers and policymakers identified as driving violence against LGBTIQ+ communities is the lack of representation and participation of LGBTIQ+ communities at the decision-making level. Key informants suggested that at present, laws and policies are developed without inclusion or consideration of the impact they have on the LGBTIQ+ communities and the *"major problem here is participation"* (PM-01-MoEST). A representative from the Ministry of Education, Science and Technology (MoEST) further recommended:

> " *The Nepali government should work in collaboration and coordination with LGBTIQ+ people to reach the grassroots level. They should also involve organizations that advocate for the rights of the LGBTIQ+ community to better understand the challenges faced by LGBTIQ+ people."*
>
> *(PM-01-MoEST)*

Another policymaker noted:

> " *It is imperative that LGBTIQ+ people are given opportunities to be involved in political parties. Their involvement should not be limited to social issues but should also extend to political issues. LGBTIQ+ communities should be encouraged to participate in politics so that their representation among politicians increases and their issues can be more effectively advocated for at the national level."*
>
> *(PM-08-MoLJPA)*

The above viewpoint proposes that discussions regarding legal and policy matters should be inclusive of and guided by individuals with first-hand experiences and an in-depth understanding of the crucial challenges and risk factors affecting LGBTIQ+ communities. Service providers echoed this same sentiment, including one who stated: *"If there is our representation, then our voices will be heard. If there is no participation, then automatically our voices will not be heard"* (SP-10-HWS). Along with fostering dialogues and awareness related to LGBTIQ+ rights in society, the participants also recommended that quotas be instituted for LGBTIQ+ representation within parliament. A policymaker suggested: *"There should be reserved seats for LGBTIQ+ people, just like there are for other group categories"* (PM-07-NBA). This would ensure that the perspectives of LGBTIQ+ communities are incorporated into legal and policy discussions.

7.1.2 IMPLEMENTING RIGHTS

The KIIs suggested that policymakers have considerable levels of awareness and recognition of the rights afforded to LGBTIQ+ communities, with a few policymakers pointing out the progressiveness of the 2015 Constitution. For example, a representative from the Ministry of Law and Justice and Parliamentary Affairs suggested the *"greatest achievement"* of the present constitution was the "*issuance of citizenship on the basis of identity"* (PM-08-MoLJPA).

Despite some policymakers acknowledging the relatively progressive rights afforded within the 2015 Constitution, there are concerns about their operationalization. Indeed, one noted: "*It's not possible for things to change with only the constitution guaranteeing rights… There is a need for specific laws that protect LGBTIQ+ people"* (PM-04-NHRC). The consensus across policymakers was that the 2015 Constitution was a step in the right direction, but there is still work to be done to ensure it is upheld. One policymaker reflected: *"Although there has been improvement compared to the past, there are still gaps in implementation by the government"* (PM-02-LJHRC). This echoes sentiments shared by LGBTIQ+ communities that the government does not adequately understand the challenges they face and does not prioritize protecting their rights.

While appreciating the progress Nepal has made, another policymaker shared:

> ❝*LGBTIQ+ communities have faced a long struggle for recognition and acceptance. Although their existence has been acknowledged, their issues have only recently received attention from the government. The inclusion of LGBTIQ+ rights in the constitution is a significant accomplishment, but the next step is to educate and raise awareness among the government and ensure that the provisions of the constitution are reflected in laws and policies. While I believe that progress is being made, the journey towards equality and acceptance is far from over. I also believe that advocacy efforts in this regard need to be further strengthened."*
>
> *(PM- 08-MoLJPA)*

The rights afforded to LGBTIQ+ communities in the 2015 Constitution are not yet fully implemented. To ensure that LGBTIQ+ communities are actively protected, policymakers recommended introducing laws that focus on LGBTIQ+ issues. By specifically enumerating the rights of LGBTIQ+ communities in the context of the violence they face, *"it will be easier to advocate for their rights"* (PM-04-NHRC). Reflecting on the existence of specialized laws for domestic violence, one policymaker suggested that specific provisions to protect LGBTIQ+ people should also be added: *"Our nation has many laws that address violence against women. There should be laws for violence against trans and other LGBTIQ+ people too"* (PM-06-MoWCSC).

As discussed in the section on barriers to seeking support, the lack of legal protection to address violence against LGBTIQ+ communities, particularly from the police, has been a significant challenge. With limited legal protection, there are insufficient rights to redress and justice, which can then also have adverse effects on the mental health of a survivor, as evidenced in Chapter 6.

Considering the society-wide marginalization of LGBTIQ+ people, it was noted that LGBTIQ+ people must *"fight at different levels for their identity, from their parents, siblings, community, society and state, so what they need is a strong mechanism and legal provision"* (PM-04-NHRC). Additionally, legal recognition can also shift societal perceptions that contribute to violence against the LGBTIQ+ community at the macro-level.

7.2 EDUCATION AND AWARENESS

7.2.1 INCREASED EDUCATION AND AWARENESS

The gap in awareness among some policymakers on the lived experiences of LGBTIQ+ communities contributes to the lack of legal protection. One policymaker shared: *"It is more about [changing] the mindset of policymakers and society than legal gaps. They should accept this diversity… education can do this"* (PM-01-MoEST). Correspondingly, another policymaker argued that most policymakers *"try to avoid dealing with these issues due to lack of knowledge on this subject"* (PM-06-MoWSC). Another policymaker suggested:

> ❝ *I'm involved in the policymaking process and have the ability to shape policies. However, I'm not even fully informed about the various issues faced by the diverse sub-groups within the LGBTIQ+ community and how these issues can be addressed through legislation."*
>
> *(PM-08-MoLJPA)*

As noted throughout this study, this lack of knowledge is pervasive throughout society. A representative from the MoEST advocated for changes in school curricula, along with increased formal training and sensitization across service delivery. The representative shared:

> ❝ *We are focusing on three main areas of work. Firstly, promoting the idea of equality as a core value throughout the educational curriculum, from primary school to higher education. Secondly, we will be providing training and capacity-building programmes. And thirdly, we will be advocating for these causes. These efforts are being carried out by the Ministry of Education, Science and Technology and will continue to be a priority in the future to reinforce these initiatives."*
>
> *(PM-01-MoEST)*

As the quote above suggests, working across these three levels is key. Improvements in the education sector and the inclusion of LGBTIQ+ history and experiences in the curricula can help shift heteronormative norms instilled in society from a young age. Further training and advocacy can help shift negative generational attitudes that increase the likelihood of violence against LGBTIQ+ communities. Evidence also suggests that service providers working on preventing and responding to violence against LGBTIQ+ people need further education and training as they were reported to *"not have enough knowledge or awareness regarding the type of violence LGBTIQ+ people go through"* (SP-10-HWS).

Another significant gap remains in understanding diversity within LGBTIQ+ communities and the layers of discrimination they face. Across the KIIs, there was an acknowledgement that *"policymakers are not informed in detail about the diverse groups within LGBTIQ+ community"* (PM-08-MoLJPA). Another policymaker shared this perspective: *"In my opinion, we talk very generally about the LGBTIQ+ community and do not talk about the diversity and different sub-groups within it as much"* (PM-06-MoWCSC). As such, increased education on the LGBTIQ+ community and the impact of intersectionality (in terms of caste/ethnicity, disabilities and socio-economic status) on increasing vulnerability to violence is needed to mitigate risks.

7.3   SUPPORT SERVICES

7.3.1   DIVERSIFY AND STRENGTHEN SUPPORT SERVICES

Across interviews with members of LGBTIQ+ communities and service providers, it was recognized that an LGBTIQ+ friendly environment needs to be created across all formal support services, particularly the police and healthcare system.

7.3.2   POLICE

A range of recommendations was made to improve the effectiveness of violence prevention and response against the LGBTIQ+ community, focusing predominately on confidentiality and creating safe spaces. As highlighted above in Chapter 6, fear of reprisals was identified as a key barrier to reporting violence, indicating that the research participants did not have faith in confidentiality when reporting. Various service providers supported this: *"To refine these services, confidentiality is the most important [factor], which the police administration often lacks"* (SP-05-WOREC) and *"There should be confidentiality and safeguarding policies"* (SP-02-FWLD).

Creating a safe and supportive environment in which victims-survivors of violence within the LGBTIQ+ communities feel comfortable reporting their experiences can potentially reduce the likelihood of violence occurring. This is because members of LGBTIQ+ communities are often targeted for violence due to their marginalized status in society and the power dynamics at play. Perpetrators may believe that LGBTIQ+ people are less likely to report the violence they experience or receive justice for it, which can embolden them to commit acts of violence with a reduced fear of consequences. Providing a safe and encouraging space for individuals to report their experiences may increase the likelihood that these incidents are reported, leading to a greater chance of holding perpetrators accountable and preventing future acts of violence. It can also provide a sense of support and empowerment for victims-survivors who may have previously felt isolated or powerless. Additionally, it was recommended that *"it is important that police be trained to handle cases of violence in a sensitive and respectful manner while maintaining the confidentiality and privacy of those affected"* (SP-01-CFC).

7.3.3   HEALTHCARE SERVICES

Healthcare services were also recommended to implement LGBTIQ+ friendly policies and spaces. As outlined throughout this study, some participants have felt discriminated against in service responses after experiencing violence. Specifically, some participants reported that they avoided accessing healthcare due to anticipating stigma and inappropriate questioning. Regarding their experiences with healthcare, one participant shared:

> **"***We often face difficulties due to our sexual orientation and gender identity, and on top of that, the policies and services available to us are not always inclusive, making it challenging to access the resources we need."*
>
> *(IDI-07-trans man-Koshi Province)*

This was particularly apparent during the COVID-19 pandemic when there were heightened difficulties in accessing healthcare. One participant noted: **"There were long lines of men and women, and it was difficult for our friends to access those facilities"** (IDI-07-trans man-Koshi Province).

Ultimately, the perspectives shared by service providers and policymakers suggest that raising awareness of LGBTIQ+ rights and issues and improving inclusive education on the prevalence of violence against LGBTIQ+ communities can contribute to a more favourable legal and support-seeking environment.

8 | POLICY RECOMMENDATIONS & AREAS FOR FURTHER RESEARCH

8.1 OVERVIEW

Below are evidence-based recommendations for key stakeholders, including policymakers, healthcare organizations, advocacy organizations and development partners. These insights play a crucial role in providing a multi-sector response to preventing and responding to violence against LGBTIQ+ communities in Nepal.

Legal and Policy Reform

Criminalize rape and other forms of sexual violence against LGBTIQ+ people. This will require amending the National Penal (Code) Act, 2017 to make its legal provisions more inclusive of all individuals based on SOGIESC. For instance, section 219 of the National Penal (Code) Act, 2017 limits rape to an act imposed by "men" on "women" or "girls," specifying "men" as perpetrators and "women" and "girls" as victims-survivors. The Act should include terms that are inclusive of all SOGIESC. These terms should be developed in consultation with LGBTIQ+ organizations and advocates. It will also require amending the definition of rape in section 219 (2C) to include all forms of penetration in any orifice or any part of the body. Furthermore, all laws, policies and mechanisms intended to address violence – including the Domestic Violence Act, 2009; the Human Trafficking and Transportation Act, 2007; and the Crime Victim Protection Act, 2018 – should be amended to incorporate LGBTIQ+ inclusive provisions.

Recognize the rights of people who identify as trans women, trans men, third gender, intersex men, intersex women and non-binary to citizenship so that every individual's right to identity can be guaranteed. This will require the issuance and enforcement of a government directive explicitly stating that trans men, trans women, third gender, intersex men, intersex women and non-binary people have the right to change their legal gender marker and names as they prefer across all relevant identification documents based solely on self-identification and without proof of medical intervention. Similarly, it would be equally important to address the challenges faced by trans men, trans women, third gender, intersex men, intersex women and non-binary people during the acquisition of citizenship documents for the first time.

Guarantee LGBTIQ+ people the right to marriage equality. This will require amending section 67 of the National Civil (Code) Act, 2017 to recognize marriage as between *all* people, irrespective of SOGIESC. Furthermore, laws and regulations must ensure that LGBTIQ+ people can exercise equal rights in all matters relating to their families, including vital registration for adoption, their children's citizenship, parental responsibility or authority, divorce, inheritance, property partition, property transfer to spouses/partners and visa rights/entry permits. Similarly, laws should include SOGIESC-inclusive terms such as "parent" in place of "mother" or "father" and "spouse" in place of "husband" and "wife."

Service Provision

Enhance the capacity of duty bearers and service providers to effectively address violence against LGBTIQ+ people. It is crucial to strengthen their capacity on the experiences and rights of LGBTIQ+ individuals. Such capacity-building initiatives must include measures to promote social norm change and address discriminatory attitudes and behaviours towards LGBTIQ+ people. To achieve these goals, policymakers and service providers must be made aware of specific issues faced by LGBTIQ+ communities and the relevant rights frameworks that can address these issues, and they must also engage in productive dialogues with LGBTIQ+ advocacy organizations. This requires providing a

platform that facilitates meaningful engagement between policymakers, service providers and LGBTIQ+ communities, allowing for a better understanding of the concerns and needs of LGBTIQ+ communities. By working together on initiatives aimed at increasing awareness of LGBTIQ+ rights and issues, all stakeholders can contribute to a more effective response to violence against LGBTIQ+ individuals.

Ensure that GBV prevention and response programmes and policies for LGBTIQ+ people address the intersecting risk factors of violence, particularly in relation to caste/ethnicity, socio-economic status and disability. The findings of the study underline the need for a nuanced understanding of the complex risk factors and intersecting forms of discrimination that increase LGBTIQ+ people's vulnerability to violence. Policymakers and service providers should recognize the interplay of socio-economic status, disability and caste/ethnicity in developing more targeted and effective interventions to address the challenges faced by LGBTIQ+ people and reduce their risk of violence. As the data indicate, it is also essential for all key stakeholders including the government, justice sector, service providers, development partners, research agencies and civil society organizations to support further research that provides an in-depth understanding of the ways in which intersectional factors can increase the likelihood of violence against LGBTIQ+ communities and how these factors can be addressed through GBV response and prevention programmes.

Ensure effective and appropriate police responses to violence against LGBTIQ+ people. To effectively address violence against LGBTIQ+ individuals, programmes and interventions tailored specifically to their needs must be developed and regularly evaluated. The Nepal Police must also increase awareness and knowledge of this issue and designate officers who are trained to serve as initial contact points for LGBTIQ+ victims-survivors. Content on the experiences and rights of LGTIBQ+ people should be integrated into the mandated training courses of the Nepal Police. It is also essential to prioritize and guarantee the confidentiality of LGBTIQ+ people who report acts of violence.

Ensure effective and appropriate healthcare delivery for LGBTIQ+ people. The Public Health Act of 2008, which requires confidentiality and prohibits discrimination based on sexual or gender identity, must be strictly upheld. Healthcare providers must undergo training to ensure that LGBTIQ+ patients are treated with dignity and respect. Mental health policies and plans must include specific protocols for the LGBTIQ+ community to ensure non-discrimination and increase access to mental healthcare. Healthcare facilities should also develop policies and spaces that are sensitive, responsive and ensure confidentiality for LGBTIQ+ individuals.

Ensure that LGBTIQ+ people can access support services for victims-survivors of gender-based violence. Additional research and analysis beyond the present study are needed to establish the extent to which current support services, such as shelters, counselling, financial aid and legal assistance, are readily available to victims-survivors of GBV who identify as LGBTIQ+. It is imperative to determine if existing services can be adapted to better suit their specific needs or whether it would be more practical to establish new, more targeted services.

Education

Establish safe school environments for LGBTIQ+ students. This will require the development of anti-bullying policies that specifically address the risks faced by LGBTIQ+ students and confidential reporting mechanisms and procedures. Furthermore, it is important to enhance the capacity of teachers and other staff to effectively respond to violence against LGBTIQ+ students.

Integrate SOGIESC topics into the national school curriculum. This will entail the development of new, inclusive and sensitive content on LGBTIQ+ people and the removal of stigmatizing content. This will need to be accompanied by training and capacity development for teachers to effectively deliver education about sexual and gender diversity.

LGBTIQ+ Rights Organizations

Recognize the essential liaison role played by LGBTIQ+ organizations. LGBTIQ+ people in the study reported more effective outcomes in reporting violence and seeking support when they received assistance from these organizations. To improve services, it is necessary for institutions such as the police and healthcare service providers to formally establish and strengthen their connections with LGBTIQ+ rights organizations.

Ensure the representation and participation of LGBTIQ+ people and their organizations in the development of all laws, policies and decision-making that affect their lives. Their full engagement will be especially important in relation to the specific reforms recommended in this study.

Ensure adequate and sustained funding to LGBTIQ+ organizations. LGBTIQ+ organizations are a lifeline to the members of their community. They provide information, guidance and emotional support; help LGBTIQ+ people navigate often-hostile service systems; and amplify voices that often go unheard. Further progress in realizing the rights of LGBTIQ+ people depend on the strength of these organizations.

9 | ANNEXES

9.1 ANNEX A: BIBLIOGRAPHY

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9.2   ANNEX 1: RESEARCH SUB-QUESTIONS

	RESEARCH SUB-QUESTIONS
OBJECTIVE I	What are your experiences of violence [including prevalence, magnitude, types and forms of violence, within your lifetime or the past 12 months]?
	What are the types of violence faced by LGBTIQ+ people due to their identity at birth [in the family, at school, in their community and society]?
	Who are the main perpetrators of such violence?
	What actions are taken by LGBTIQ+ people to report or address their experiences of violence?
	Was help sought from any organization after experiencing violence and what was the response?
	Was help sought from justice-related organizations (e.g. police, courts) after experiencing violence and what was the response?
	Was help sought from peers, friends and/or community members? (This is different from the question above, as this question tries to explore informal support)
	How aware are LGBTIQ+ people about organizations that provide support for those facing stigma and discrimination?
	What are some of the key determinants of violence?
	What are some of the direct and indirect consequences of violence?
	What are some of the coping strategies?
	How has COVID-19 exacerbated/intensified this experience of discrimination and violence?
OBJECTIVE II	What are the existing legal and policy frameworks on prevention and response to violence against LGBTIQ+ people?
	What, if any, are the gaps in existing legal and policy frameworks, in line with international and national normative frameworks?
OBJECTIVE III	What are the key recommendations to address gaps in legal and policy frameworks? Are there international good practices that we can draw on?
	What are the short- and medium-term recommendations/priority actions for relevant stakeholders, such as government organizations and development partners, to strengthen programmes/interventions on prevention and response to violence against LGBTIQ+ people?
	What might be some approaches/strategies to address the structural determinants of violence against LGBTIQ+ people?
	What might be new areas for research and evidence generation to support advocacy on advancing the rights of LGBTIQ+ people in Nepal?

9.3   ANNEX 2: NATIONAL SURVEY SAMPLE BY PROVINCE

Province	Woman (cis) (n=176)	Man (cis) (n=362)	Trans woman (n=253)	Trans man (n=197)	Intersex woman (n=11)	Intersex man (n=6)	Third gender (n=141)	Non-binary (n=5)	Questioning/ queer (n=16)	Gay (n=264)	Lesbian (n=161)	Heterosexual (n=554)	Bisexual (n=155)
Koshi Province	11%	14%	10%	10%	27%	33%	12%	0%	38%	14%	9%	11%	17%
Madhesh Province	20%	36%	27%	7%	27%	50%	22%	0%	0%	25%	27%	18%	40%
Bagmati Province	31%	27%	28%	38%	9%	0%	19%	100%	56%	33%	28%	29%	20%
Gandaki Province	7%	4%	8%	8%	9%	0%	4%	0%	0%	6%	7%	6%	3%
Lumbini Province	16%	13%	15%	19%	18%	17%	33%	0%	6%	14%	19%	20%	11%
Karnali Province	2%	0%	0%	4%	9%	0%	1%	0%	0%	0%	1%	2%	1%
Sudurpashchim Province	12%	6%	11%	15%	0%	0%	10%	0%	0%	6%	10%	13%	8%

9.4   ANNEX 3: TECHNICAL REFERENCE GROUP MEMBERS

Member	Professional Affiliation
Apekchya Rana Khatri (She/Her)	Programme Specialist, UNFPA
Badri Pun (He/Him)	President, Inclusive Forum Nepal
Binita Karki (She/Her)	Youth Programme Officer, UNDP
Pratimaya Pun (She/Her)	Executive Director, Inclusive Forum Nepal
Safal Lama (They/Them)	Indigenous Queer-Disability Rights Activist
Sarita K.C (She/Her)	Executive Director, Mitini Nepal
Shailee Chaudhary (She/They)	Madhesi and Queer Rights Advocate
Simran Sherchan (She/Her)	Head of Operations, Federation of Sexual and Gender Minorities

9.5   ANNEX 4: FGD SAMPLE

Sunsari District, Koshi Province – Trans men

Participant	Religion	Caste/ Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Janajati	No	20,000	38	Writer and teacher
2	Hindu	Brahmin	No	20,000	36	Business
3	Hindu	Janajati	No	10,000	24	Student
4	Hindu	Janajati	No	None	33	Social worker
5	Hindu	Dalit	No	20,000	45	Domestic workers
6	Hindu	Janajati	No	None	19	Student
7	Hindu	Janajati	No	None	27	Social worker

Dhanusha District, Madhesh Province – Trans women

Participant	Religion	Caste/ Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Madhesi	Yes	10,000	28	Part-time job
2	Hindu	Madhesi	No	50,000	45	Business
3	Hindu	Madhesi	No	10,000	28	Tailor
4	Hindu	Madhesi	No	20,000	48	Job holder
5	Hindu	Madhesi	No	10,000	40	Job holder
6	Hindu	Dalit	No	8,000	35	Farmer
7	Hindu	Dalit	No	10,000	30	Farmer

Chitwan District, Bagmati Province – Gay men

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Christian	Dalit	No	None	35	Unemployed
2	Buddhist	Janajati	No	15,000	26	Job holder
3	Buddhist	Janajati	No	None	25	Student
4	Hindu	Brahmin	No	None	22	Student
5	Hindu	Dalit	No	12,000	24	Job holder
6	Hindu	Brahman	No	25,000	27	Business
7	Hindu	Janajati	No	None	26	Unemployed

Kaski District, Gandaki Province – Trans women

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Dalit	Yes	15,000	30	Sex worker
2	Kirat	Janajati	No	20,000	41	Sex worker
3	Hindu	Dalit	No	10,000	29	Sex worker
4	Buddhist	Janajati	No	25,000	58	Job holder
5	Hindu	Janajati	No	20,000	32	Dancer
6	Hindu	Janajati	No	50,000	31	Prefer not to say
7	Hindu	Brahmin	No	20,000	35	Job holder

Rupandehi District, Lumbini Province – Lesbians

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Janajati	No	None	25	Housewife
2	Christian	Dalit	No	20,000	30	Tailor
3	Hindu	Dalit	No	20,000	28	Labourer
4	Hindu	Janajati	No	None	19	Student
5	Buddhist	Janajati	No	30,000	40	Job holder
6	Christian	Madhesi	No	12,000	24	Domestic worker
7	Hindu	Chhetri	No	15,000	21	Student (part-time work)

Surkhet District, Karnali Province – Lesbians

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Janajati	No	20,000	30	Farmer
2	Hindu	Janajati	No	None	25	Housewife
3	Hindu	Dalit	Yes	None	25	Unemployed
4	Christian	Dalit	No	25,000	24	Job holder
5	Hindu	Janajati	No	25,000	27	Job holder
6	Hindu	Janajati	No	None	20	Student
7	Hindu	Janajati	No	None	23	Student

Kailali District, Sudurpashchim Province – Gay men

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Brahmin	No	None	24	Agriculture
2	Hindu	Janajati	No	None	22	Student
3	Hindu	Janajati	No	18,000	23	Job holder
4	Hindu	Brahmin	No	17,000	25	Job holder
5	Hindu	Dalit	No	None	22	Student
6	Hindu	Janajati	No	20,000	26	Job holder
7	Hindu	Brahmin	No	None	21	Agriculture

Kathmandu District, Bagmati Province – Intersex men and two Intersex women

Participant	Religion	Caste/Ethnicity	Disability	Monthly Income	Age	Occupation
1	Hindu	Janajati	Yes	None	28	Prefer not to say
2	Hindu	Dalit	No	None	19	Student
3	Hindu	Dalit	No	20,000	40	Private business
4	Hindu	Janajati	No	15,000	24	Daily wage labourer
5	Hindu	Chhetri	No	None	21	Student

9.6   ANNEX 5: IDI SAMPLE

SOGIESC	Location	Residence	Religion	Ethnicity	Disability	Monthly Income	Age	Occupation
Gay	Bagmati Province	Urban	Hindu	Dalit	Yes	Prefer not to say	21	Student
Gay	Gandaki Province	Semi-Rural	Hindu	Dalit	No	Prefer not to say	21	Student
Lesbian	Bagmati Province	Urban	Muslim	Janajati	No	None	22	Unemployed
Lesbian	Bagmati Province	Semi-Rural	Christian	Brahmin	No	None	25	Unemployed
Trans man	Koshi Province	Urban	Buddhist	Janajati	No	25,000	39	Private business
Intersex man	Karnali Province	Semi-Rural	Hindu	Janajati	No	20,000	27	Farmer
Trans woman	Lumbini Province	Urban	Hindu	Janajati	No	50,000	21	Makeup artist, sex worker and dancer
Trans woman	Madhesh Province	Semi-Rural	Hindu	Madhesi	No	20,000	40	Private business
Bisexual man	Sudurpashchim Province	Semi-Rural	Hindu	Janajati	No	30,000	42	Private business
Bisexual woman	Bagmati Province	Urban	Christian	Dalit	No	30,000	29	Private business

9.7 ANNEX 6: SERVICE PROVIDER SAMPLE

KII	Organization	Sector	Location
1	Campaign for Change	Intersex Rights Advocacy	Bagmati Province
2	Forum for Women, Law and Development	Legal Services	Bagmati Province
3	Nepal Police	Law Enforcement	Bagmati Province
4	Transcultural Psychosocial Organization Nepal	Mental Health Counselling	Bagmati Province
4	Janakpur Health Hospital	Health/Medical (Private)	Madhesh Province
5	Women's Rehabilitation Centre Nepal	Social Work	Sudurpashchim Province
6	Mitini Nepal	LGBTIQ+/Gender Rights Advocacy	Bagmati Province
8	Private Legal Expert	Legal Services (Private)	Bagmati Province
9	Social Service Centre Nepal	Social Work	Karnali Province
10	Human Welfare Society	Community Service Delivery	Koshi Province

9.8 ANNEX 7: POLICYMAKER SAMPLE

KII	Organization
1	Ministry of Education, Science and Technology
2	Law, Justice and Human Rights Committee of the Federal Parliament
3	Convention on the Elimination of All Forms of Discrimination Against Women Committee
4	National Human Rights Commission of Nepal
5	National Women Commission
6	Ministry of Women, Children and Senior Citizens
7	Nepal Bar Association
8	Ministry of Law, Justice and Parliamentary Affairs

9.9 ANNEX 8: PREVALENCE OF VIOLENCE BY PROVINCE

Province	Total Sample (n=1,181)		Total Victims-Survivors (n=958)		Prevalence of Violence
	n	%	n	%	%
Koshi Province	146	12%	109	11%	75%
Madhesh Province	289	24%	210	22%	75%
Bagmati Province	343	30%	290	31%	85%
Gandaki Province	69	6%	63	7%	91%
Lumbini Province	204	17%	176	18%	86%
Karnali Province	15	1%	9	1%	60%
Sudurpashchim Province	115	10%	93	10%	81%

9.10 ANNEX 9: COPING MECHANISMS

Coping Mechanisms	%
Support from friends	48%
Support from LGBTIQ+ rights organizations	38%
Did not have to cope	18%
Accessing healthcare/medical services	17%
Accessing psychosocial counselling	16%
Support from family	15%
Accessing legal aid services	9%
Other (please specify)	9%
Haven't coped	8%
Not revealing my gender identity/sexual orientation	5%
Substance abuse	4%
Prefer not to say	2%
Having unsafe sexual intercourse with strangers	1%

Base: *Respondents who experienced at least one type of violence in their lifetime (n=958).*

9.11 ANNEX 10: LIST OF FIELD SUPERVISORS FOR THE FACE TO FACE SURVEY

FIELD SUPERVISORS

Aanik Rana Magar	Manila Neupane
Abdul Shah	Pareena Chaudhary
Anjali	Pradip Lamichane
Bindiya Gautam	Purnima Shrestha
Chalsbon Sijapati	Prerna Bista
Dev Narayan Chaudhary	Ram Baran Yadav
Dev Narayan Shrestha	Raju Thakali
Jeena Rana Magar	Satya Narayan Shah
Kajol Chaudhary	Sudeep Gautam
Karuna Nepal	Suraj Limbu
Laxmeshwor Yadav	

9.12 ANNEX 11: COMPUTER-ASSISTED TELEPHONE INTERVIEWING (CATI) TEAM

DATA SUPERVISORS

Kriti Chhetri

Sushma Adhikari

ENUMERATORS

Anoushka Shrestha	Ruby Thapaliya
Anuja Rajbhandari	Sakshi Bhaukajee
Barsha Maharjan	Sushmita Shakya
Karina Gopali	Shelisha Vaidya
Laxmi Regmi	Urusha Shakya
Nilesh Kushwaha	Ushnis Shakya
Pratikshya Bhattarai	

DATA ANALYSTS

Prinisha Baidya

Shreeti Kafle

Sneha Pandey