



# KASHMIRI WOMEN

The Burden of Conflict, Half Widowhood  
and its Psychological Health Effects



Isis-WICCE in conjunction with Jammu/Kashmir Voluntary Health and Development Association carried out a study on the 'impact of armed conflict on the Health of half widows in Kashmir- India'.

# KASHMIRI WOMEN:

The Burden of Conflict, Half Widowhood and its Psychological Health Effects



Isis-Women's International Cross-Cultural Exchange  
We Link Women Internationally

A Report by  
Isis-WICCE  
In collaboration with

Jammu/Kashmir Voluntary Health and Development Association



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THE WOMEN OF KASHMIR HAVE LED A LIFE OF RELENTLESS SUFFERING; A LIFE DICTATED BY THE PATRIARCHAL STRUCTURE OF KASHMIRI SOCIETY. THESE WOMEN HAVE NOT ONLY BEEN SUBJECTED TO VIOLENCE BY THE POLICE, BUT MANY HAVE ALSO EXPERIENCED INTENSE SUFFERING AT THE HANDS OF MILITANTS AS WELL AS INDIAN SECURITY FORCES.

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## Acronyms

AFSPA	Armed Forces Special Power Act
AK-47	Avtomat Kalashnikova 1947
APDP	Association of Parents of Disappeared Persons
DAA	Disturbed Area Act
FIR	First Information Report
GDP	Gross Domestic Product
HWs	Half widows
ISI	Inter Services Intelligence
Isis-WICCE	Isis-Women's International Cross Cultural Exchange
J&K	Jammu and Kashmir
JKCCS	Jammu Kashmir Coalition of Civil Society
LOC	Line of Control
MDO	Major Depressive Disorder
MDP's	Mothers of Disappeared Persons
MSF	Medecins Sans Frontiers
NMHP	National Mental Health Programme
POK	Pakistan Occupied Kashmir
PSA	Public Safety Act
PTSD	Post Traumatic Stress Disorder
UN	United Nations
WFP	World Food Programme

# EXECUTIVE SUMMARY

The Kashmir dispute dates way back to the colonial leadership in 1947 due to the partition of the Indian sub-continent along religious lines, which led to the formation of India and Pakistan. The India-Pakistan conflict over Kashmir has lingered on for six decades. Even though the two sides have made several efforts to resolve the issue through peace talks, international mediation, and by waging war, there has not been any significant progress towards peace.

According to official figures released in Jammu and Kashmir Assembly (2009); 47,000 people died and 3,400 disappeared since the start of the military intervention. It has also been reported that the disappearance of men has left about 1, 500 half widows in Kashmir. Women are labeled “half widows” because their husbands have disappeared but not yet declared dead. Such disappearances have been carried out by government forces, police and the military.

Due to the prolonged armed conflict, there has been gross violations of basic human rights, wide spread violence, killings, disappearances and abuse. This has caused lots of physical and mental torture. Likewise, the infrastructure was set ablaze and destroyed by the militants to restrict movement of troops. The armed forces also resorted to the destruction of private property, occupied land and orchards, educational institutions, health care facilities, and child care centres.

As a follow up of the Isis-WICCE International Exchange Institute where women human rights defenders from conflict settings meet to learn, share and strategise, Isis-WICCE in partnership with Jamme/Kashmir Association carried out a study on the ‘impact of armed conflict on the Health of half widows in Kashmir- India’. The study explored the mental, social and physical impact of violence on the health of the half widows, mothers and sisters whose husbands and male relatives had gone missing due to the conflict. Forty five women were randomly selected from the three districts of Srinagar, Baramulla and Kupwara of Kashmir valley, comprising of half widows (whose husbands are missing in custody), mothers of disappeared persons (whose sons are missing in custody), sisters (whose brothers are missing in custody) and daughters of the missing persons. The information was used to assess their physical and mental health and their experiences with violence. Out of these, 42% had husbands disappeared, 24% fathers were missing, 22% sons were missing and 11% close relatives (brothers or uncles) were missing.

## Key Findings

1. Violence experienced or witnessed: The 45 respondents interviewed had been beaten/kicked and had received gun butt injuries; 69.1% admitted that they had been deprived of medicine and 55.5% had



**45**  
**respondents interviewed**

**1, 500**  
**number of half widows in Kashmir**



**100%**  
**All respondents had received gun butt injuries**



experienced deprivation of both food and water.

2. **Mental Health:** The questions about mental health focused on respondents' feelings, emotions, thoughts, personal attention to self, behavior and attitude. Those affected by headaches (89%), poor appetite (82%), sleep badly (71%), easily frightened (40%), hands shake/tremble all the time (78%), feel nervous, tense or worried (80%), poor digestion (87%), trouble thinking clearly (84%), cry more than usual (89%), find difficulty in enjoying daily activities (91%), find difficulty in making decisions (89%), lost interest in life (91%), feel worthless (93%), suicidal feeling (91%), feel like killing someone (82%), feel tired all the time (87%), and those with uncomfortable feeling in their stomachs (76%).
3. **Level of depression:** 67% of the respondents reported that they did not care about what goes on around them, 53% felt that they had no purpose in life; 51% revealed that they were being treated unfairly; 53% felt that they were in unfamiliar situation and did not know what to do; 46% had lost hope, and 67% felt that there's little meaning in the things they do in their daily life.
4. **Somatic complaints:** It was also noted that the respondents had various pains which had not been attended to for a long time; 87% complained of backaches; 78% swellings of the limb; 93% felt pain in their joints; 71% had swellings on their abdomen or in the groin area; and 80% had difficulties in breathing.

## Health camp

In order to respond to the physical and psychosocial health problems observed during the study, three specialized health camps were organised in Srinagar, Baramulla and Kupwara districts. The Medical camp in Srinagar district was organized on 3rd Jan 2013, in Baramulla district on 7th Jan 2013 and in Kupwara district on 10th Jan 2013.

The 45 female respondents who were interviewed during the study together with their family members benefitted from the health camp.

The health camp consisted of a professional team which included doctors/specialists comprising of four Physicians (all male), three Gynecologists (Female) and three Psychiatrists (all male) assisted by 10 Paramedics (2 female and 8 male) and representatives of Association of Parents of Disappeared Persons (APDP) comprising of four members (2 male and 2 female). The doctors examined and treated 254 patients (185 women and 69 men). Most of them had at least 4-5 ailments which included: Thyroid, Stomach pain, Lower backache Diabetes, Dyspepsia, General weakness, Respiratory Tract infection, Hypertension, Anxiety disorders, Headache, Limb/Leg pain, Depression, Post Menopausal symptoms, Urinary Tract Infection, Restlessness, Hyper pigmentation, Heart Palpitations, Loss of appetite, Failure to thrive, PTSD, Arthritis, Sleep disorders, Body aches, Eye ailment, Skin lesions, Osteoporosis, Dysmenorrhoea, Stress, Knee aches, Memory Loss and Fracture.

**254**

**number of  
patients  
treated at the  
Health**

**185**

**patients were  
women**

# 1 CHAPTER

## INTRODUCTION AND BACKGROUND

### 1.1 Militarization in India

Many parts of South Asia are witnessing armed conflict, especially the various regions of India in particular. There are a range of reasons for the occurrence of this conflict. Apart from political and developmental factors, the influx of small arms and narcotics are considered the major reasons for this conflict. The armed conflicts in India are fought by different rebel groups with different goals, issues of contentions and strategy. The different causes of armed conflicts include:

- In Kashmir – territorial independence
- The conflict of the Northeastern regions is due to struggle for greater autonomy and reorganization of the state based on ethnicity.
- The conflict in the eastern and central India is based on the need to convert the capitalist system of governance into the communist system.

**The armed conflicts in India are fought by different rebel groups due to various contentions.**

Internal armed conflict has become the biggest national threat. As a result, India's military expenditure has grown steadily, increasing from 22 billion dollars in 2000 to 37 billion dollars in 2009. While India spends 37 billion dollars on militarism, which is equivalent to more than 2.6% of its GDP, it spends only 1.1% of its GDP on public healthcare. Figures from 2007 show that 128 million people lack access to an improved water source in India, and over 40% of India's huge population live on less than 1.25 dollars a day<sup>1</sup>.

# \$37b

**expenditure on  
militarism**

**and only**

# 1.1%

**of GDP is spent on  
healthcare**

1 WILPF (2010). Analysis of military spending.  
<http://www> downloaded on 3rd June 2013.

## 1.2 Jammu and Kashmir

Jammu and Kashmir is the northern most state of India. It is situated mostly in the Himalayan Mountains. Jammu and Kashmir share a border with the states of Himachal Pradesh and Punjab to the south and internationally with the People's Republic of China to the north and east and the Pakistan-administered territories of Azad Kashmir and Gilgit-Baltistan, to the west and northwest respectively.

Jammu and Kashmir territory is disputed among China, India and Pakistan. India which claims the territory refers to it as Indian-occupied Kashmir or Indian-held Kashmir. The regions under the control of Pakistan are referred to as Pakistan-occupied Kashmir.

Jammu and Kashmir is home to several valleys such as the Kashmir Valley and the main range of the Himalayas. Its economy is predominantly dependent on agriculture. Jammu and Kashmir has a Muslim majority population. Though Islam is practiced by about 67% of the population of the state, the state also has large communities of Buddhists, Hindus (inclusive of Megh Bhagats) and Sikhs. In totality, the Muslims constitute 67% of the population, the Hindus about 30%, the Buddhists 1%, and the Sikhs, 2% of the population.

## 1.3 History of Armed Conflict in Jammu and Kashmir

Conflict in Kashmir can be said to have been triggered off by the colonial leadership in 1947 that divided the sub-continent into India and Pakistan, on religious lines. During the partition, the Kashmiri population – with Muslim majority– was promised a choice of joining either India or Pakistan through a popular vote but this plebiscite never took place. Instead, partition was the start of a long history of conflict affecting roughly 8 million inhabitants of Kashmir<sup>2</sup>.

The state of Jammu and Kashmir, which lies strategically in the north-west of the subcontinent, bordering Afghanistan and China, was a princely state ruled by Maharaja Hari Singh under the paramountcy of British India. In geographical and legal terms, the Maharaja could have joined either of the two new dominions. Although urged by the Viceroy, Lord Mountbatten of Burma, to determine the future of his state before the transfer of power took place, Singh demurred. In October 1947, incursions by Pakistan took place leading to war. As a result, the state of Jammu and Kashmir remains divided between the two countries.

Both India and Pakistan have taken the command over Jammu and Kashmir as an essential cornerstone of their national identities and have fought several wars between 1947 and 2002. A demarcation line

<sup>2</sup> <http://jammukashmir.nic.in>



**percent of Kashmir valley population practice Islam**

**The State of Jammu and Kashmir has large communities of Buddhists, Hindus and Sikhs.**



**million inhabitants of Kashmir are affected by conflict.**

was originally established in January 1949 as a ceasefire line, following the end of the first Kashmir war between India and Pakistan. After the second encounter, the “Line of Control” (LOC) was re-established in July 1972, under the terms of the Simla Agreement, with minor variations on the earlier boundary. This LOC which passes through a mountainous region of about 5,000 meters high – still exists today. It separates the territory of around 2.2 million square kilometers into three parts. India controls the largest part and the rest is governed by Pakistan and China<sup>3</sup>.

Two-thirds of the former princely state (known as the Indian state of Jammu and Kashmir), comprising Jammu, the Kashmir Valley, and the sparsely populated Buddhist area of Ladakh are controlled by India; one-third of which

between Prime Minister Indira Gandhi of India and Zulfikar Ali Bhutto of Pakistan, it was agreed that neither country would seek to alter the cease-fire line in Kashmir, which was renamed as the Line of Control. But this arrangement was “unilateral, irrespective of mutual differences and legal interpretations”.

Prior to 1988, the conflict was mainly an inter-state affair between Pakistan and India. But due to government’s administrative failure and some disappointing Youth Policies of the Government, Kashmiri youth started agitating in 1988. This was the time when a regular militancy in the name of liberation movement started in the State. The low level war “militancy” between the liberation movement and the Indian army spiraled into a cycle of armed conflicts with

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**But due to government’s administrative failure and some disappointing Youth Policies of the Government, Kashmiri youth started agitating in 1988. This was the time when a regular militancy in the name of liberation movement started in the State.**

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is administered by Pakistan. The latter includes a narrow strip of land called Azad Kashmir and the Northern Areas, comprising the Gilgit Agency, Baltistan, and the former kingdoms of Hunza and Nagar. Attempts to resolve the dispute through political discussions were unsuccessful. In September 1965, war broke out again between Pakistan and India. The United Nations called for another cease-fire, and “peace” was restored once again following the Tashkent Declaration in 1966, by which both nations returned to their original positions along the demarcated line. After the 1971 war and the creation of independent Bangladesh, under the terms of the 1972 Simla Agreement

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<sup>3</sup> Ibid



**percentage  
of region  
administered by  
India**

the civilian population caught between the fighting parties.

India claims the entire state of Jammu and Kashmir and as of 2010, administers approximately 43% of the region, including most of Jammu, the Kashmir Valley, Ladakh, and the Siachen Glacier. India’s claims are contested by

Pakistan, which controls approximately 37% of Kashmir, namely Azad Kashmir and the northern areas of Gilgit and Baltistan.

India has officially stated that it believes that Kashmir is an integral part of India, though the Prime Minister of India, Manmohan Singh, stated after the 2010 Kashmir Unrest that his government is willing to grant autonomy within the purview of Indian constitution to Kashmir if there is consensus on this issue. Pakistan maintains that Kashmir is the “jugular vein of Pakistan” and a currently disputed territory whose final status must be determined by the people of Kashmir. China states that Aksai Chin is a part of China and does not recognize the addition of Aksai Chin to the Kashmir region. Certain Kashmiri independence groups believe that Kashmir should be independent of both India and Pakistan.

The armed conflict of Jammu and Kashmir is protracted in nature and is dependent on various factors for its prolonged existence. The artillery and logistics support to the insurgents has been provided by the Pakistani spy agency, Inter Services Intelligence (ISI). The militants have been using the land of Afghanistan to train its cadets. Afghanistan's youths have also been recruited as cadets. Other training centers are also found in the Pakistan Occupied Kashmir (POK)<sup>4</sup>.

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<sup>4</sup> Bashaarat Masood. Militant says got training from Pakistan Army. In: The Indian Express 3rd Oct 2011.

## 1.4 Effects of Kashmir Conflict on the Population

The India-Pakistan conflict over Kashmir has lingered for six decades. Even though sides have made several efforts to resolve the issue through peace talks, international mediation, and by fighting three wars (in 1947, 1965 and 1999), there has not been any significant progress towards peace.

Decades of violence and brutality have divided Hindu and Muslim communities, forcing over 400,000 people to flee their homes. The armed conflict today is not just limited to the Muslim-majorities in the Kashmir Valley, but has heavily affected relationships with other parts of Kashmir region, including Hindu, Jammu and Buddhist.

Military convoys and soldiers armed with AK-47 rifles on the streets are a common scene and so is the fear of unidentified gunmen and growing radicalization of the younger generation. The years 2009 and 2010 saw renewed violence as civilian unrest, street protests and violence ripped through the streets of Kashmir. It was the young people and women who were caught in the centre of it, and who made up the majority of the people who lost their lives<sup>5</sup>.

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<sup>5</sup> Indian Kashmir. <http://www.freedomhouse.org/report/reedom-world/2011/indian-kashmir>

**Pakistan maintains that Kashmir is the “jugular vein of Pakistan” and a currently disputed territory whose final status must be determined by the people of Kashmir**

**400,000 people fled their homes**

**The armed conflict today is not just limited to the Muslim-majorities in the Kashmir Valley but has affected others including Hindu, Jammu and Buddhist.**



Young people in Kashmir have grown up through 20 years of insurgency during which 47,000 people have died. Sadly for many of them, violence has become the norm. The Radicalization of young people has affected all communities deepening intolerance.

The armed conflict between terrorists and the military force in Kashmir started in 1989. A revolt for independence took place under the banner of Jammu and Kashmir Liberation Front. This revolt further developed into an insurgency involving as many as 140 militant groups seeking independence. However, their demand for independence was not very explicit. Certain groups were fighting for independence; few of them wanted to merge into Pakistan, while others wanted a more autonomous Kashmir within the Indian Territory. Few militant groups have also shown interest to join with Pakistan. Although these groups had different opinions on the fate of Jammu and Kashmir, they all supported the terror act carried out by the various groups. They were now convinced that they could only achieve their goal through the armed struggle. In response, the Indian government, since 1989, deployed many troops and paramilitary personnel with estimated numbers ranging from 150,000 to 500,000. The fight between Indian armed forces and the militant outfits caused several deaths including civilians and armed forces. An estimated number of deaths range up to 77,000 since 1989. As of November 2008, over “47,000 people have been killed in militancy related incidents in the past two decades in Jammu and Kashmir. These deaths

have included 20,647 militants, 7,000 police officers and special police officers and 20,000 civilians.”

Haley Dushchinski in his article titled “Destiny Effects: Militarization, State Power, and Punitive containment in Kashmir valley”, points out how militarization of everyday life eliminates those segments of the population identified as threats of the national order and as prisoners of state. Militarization in the name of national security is part of everyday life. The parameters of militarization in Jammu and Kashmir are established by a series of emergency provisions, mostly the Armed Forces Special Power Act (AFSPA) of 1990. (Duschinski 2009:701). The AFSPA, through the nature of power that it confers upon itself helps in establishing conditions of a legal civil power against the civilian population in Kashmir. The law is such that security forces can anytime enter the person’s house, shoot him and destroy his/her property. The life of the people is controlled by these forces as well as the state. This becomes an everyday affair and part of people’s life.

War and militarization also affect the landscape and this is evident in the case of Kashmir. The entire Kashmir valley is mapped by various stations of state violence such as cantonments, barracks, interrogation centers and lockups. For “Kashmirs”, their encounter with the military and paramilitary forces are the pervasive features of everyday life.



**years of  
insurgency**



**people have  
been killed  
in militancy  
related  
incidents in  
the past two  
decades in  
Jammu and  
Kashmir.**

## 1.5 Kashmiri Women

The women of Kashmir have led a life of relentless suffering; a life dictated by the patriarchal structure of Kashmiri society. These women have not only been subjected to violence by the police, but many have also experienced intense suffering at the hands of militants as well as Indian security forces. Rita Manchanda (1995), captures the situation and agony of Kashmiri women “women have been the worst hit in the war in Kashmir... They have been killed in crossfire, shot at in public demonstrations, blown up in grenade explosions or in shelling across the Line of Control (LoC) and have been raped by militants<sup>6</sup>.

Indian Security forces have transformed themselves from protectors of human rights to violators of human rights. In their overzealousness to quell militancy, these organizations have resorted to cruel and barbaric acts of violence against women; a method, they believe, works as a means to instill fear in the hearts and minds of Kashmiri populace<sup>7</sup>.

A study done by Medecins Sans Frontiers (MSF, 2005) reveals that Kashmiri women are among the worst sufferers of sexual violence in the world. It further mentions that since the beginning of the armed struggle in Kashmir in 1989, sexual violence has been routinely perpetrated on Kashmiri women, with 11.6 per cent of respondents saying they were victims of sexual abuse.

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<sup>6</sup> Rita Manchanda. Himal, Ma 1995.

<sup>7</sup> The major militant outfits involved in the high incidence of rape are Hizbul Mujahideen, Harkat-ul-Ansar and the Lashkar-e-Toiba. Amongst the security forces, the BSF, Rashtriya Rifles, CRPF and other paramilitary forces have been prominent in committing acts of violence against women.

## Missing Persons

Estimates put the number of missing persons at around 2000 of which 700 have been documented. The men and youth are generally arrested and the reasons at the time of the arrest are not disclosed. They are not presented before a magistrate while the places of detention are not disclosed to relatives or friends. Moreso, there is no access to a lawyer therefore these victims are not protected against torture and abuse.

Many of the different roles of men were forced upon women in the wake of their husbands becoming objects of political repression. These women moved out of their homes in search of their men. However, by doing so, they also emerged as “agents of political resistance”<sup>8</sup>. One such example is Parveen Ahangar who combed all the hospitals, administrative offices, interrogation centers and shrines in order to find her son Javed Ahangar, who had reportedly been picked by security forces. She even went to the extent of filing a writ of habeas corpus in court. Javed



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<sup>8</sup> Rita Manchanda, opcit

Ahangar's case is one of the many custodial disappearances. Parveen Ahangar's gallant efforts at finding her son did culminate in the establishment of the Association of Relatives of Disappeared Persons in Kashmir in 1994<sup>9</sup>. This organization brought together 300 families of missing individuals and has been able to file the documented cases in a petition in the Jammu and Kashmir High court.

The 1,417 cases of disappearances documented by APDP reveal a common pattern. The forces enter and search a house and take the eldest son, stating they need to question him. This son is never seen again. In most cases, wives and other family members who go looking for their loved ones are sent from one military base to another, one jail to another, each suggesting some clue at the next. Many times, officials, perhaps to give temporary hope to the family, even give a fixed date and time when they will allow a meeting, and ask the family to bring a fresh set of clothes for the 'missing' person. Later, they state that they do not have the person in their custody.

## Half Widows

At least 1,500 half widows have been reported in Kashmir. Women are labeled 'half widows' when their husbands have disappeared but not yet been declared dead. Half widows face various economic, social, and emotional

insecurities. It should be noted that most disappearances have occurred in rural areas, where women generally enjoy less economic and social independence to begin with. The absence of husbands thus renders them economically reliant, most often on their in-laws, with their property and custody rights undetermined. Further, the uncertain nature and duration of the absence opens women to scrutiny and policing by their society, as well as threats, extortion, and manipulation by those in external positions of power. For example, a class of 'messengers' has made a business out of taking money (up to hundreds of thousands of rupees) from families to convey (ostensible) information from the captors.

In their desperation, many half widows visit pirs, fakirs, darweshs ('holy men'), make offerings at Sufi shrines. Further, government officials themselves at times make direct demands of money or even sexual favours. Amidst this socioeconomic insecurity, women battle their emotional traumas while struggling on as single mothers, many of whose children also often show manifestations of trauma. These various insecurities are compounded rather than addressed by the legal and administrative remedies currently available to half widows. The punishing nature, including delays, costs, and harassments of the process of availing the remedies are deterrent enough for most. Even for the few half widows who persevere, justice and closure remain elusive<sup>10</sup>.

**It should be noted that most disappearances have occurred in rural areas, where women generally enjoy less economic and social independence to begin with.**

**... the husband is the sole bread winner in the family and his disappearance results in an abrupt paucity of income.**

9 Suchita Vemuri. Kashmir-drenched in women's tears. Women in Action, Volume No.2, 2001. <http://www.isiswomen.org/pub/wia/wiawcar/kashmir.htm>

10 Insallah Football. Half Widow, Half Wife? Responding to Gendered Violence in Kashmir, July 2011

## Economic Impact of the Conflict on Half Widows

Generally, the husband is the sole bread winner in the family and his disappearance results in an abrupt paucity of income. Therefore, the absence of husbands renders women economically vulnerable. In already socioeconomically weak families, the status of most families that have suffered disappearances are vulnerable and destitute.

Furthermore, several other potential sources of relief such as issuance of ration cards or transfer of husband's property or bank accounts have also been closed to half widows. This is because these processes either require death certificates, which the half widows do not have since their husbands are not officially recognized as deceased. Another alternative would be to involve government verification procedures, which mostly result in the inquiring officer noting the person is 'missing, often with the suspicion that he is an underground militant.

Most half widows are not educated to begin earning for her family. As a result her family becomes dependent on others, most often the husband's family given the cultural context where parents live in a joint family with their sons and daughters-in-law. In the in-laws' family, relationships often sour after the disappearance. As a result, the half widow and her children are seen as constant reminders of the family's loss and as additional mouths to feed. Furthermore, by Muslim law, if the son dies during his

father's lifetime, the father may, but is not required to give property to his son's heirs. While deciding matters of inheritance, the disappeared sons are often regarded as deceased and their children's inheritance is undetermined. The half widow thus often does not receive economic relief from this quarter either and remains solely responsible for supporting her children.

In several cases, half widows leave or are forced to leave the in-laws' home and move to their maternal homes which become the source of shelter and food. However, once again, the half widow and her children are seen as burdens; because culturally, a daughter is not supposed to live with her parents once she has been married off.

In cases where there is no family able or willing to support the half widow and her children, they are rendered homeless. The children may be put in an orphanage, for example, those run by the Jammu and Kashmir Yateem Trust. Some half widows resort to doing manual work while others turn to begging, and a few have been known to resort to prostitution. Government assistance for the family of the disappeared is extremely difficult to come by. In some of those few cases where ex gratia relief is granted, the relief can also become a source of contention within the family. In-laws often claim a stake in the relief, and their right to a share is supported by Muslim Personal Law, resulting in the half widow receiving only about one-eighth of the relief.

**The half widows are not educated to begin earning for their families.**

**... a debate rages within the society about whether the half widow should accept economic compensation at all because she isn't certain whether her husband will not be returning...**

Further, a debate rages within the society about whether the half widow should accept economic compensation at all because she isn't certain whether her husband will not be returning and she is accepting money from the very state actors who are responsible for her husband's disappearance in the first place. However, in APDP's experience, it is clear that if compensation is made easily available through a transparent process, most families would likely not shun it.

Most half widows often claim that they will not 'sell' their husbands for government compensation. This arises only when compensation and relief are predicated on abandoning their legal cases or other efforts to locate their husbands. Half widows are generally not opposed to receiving assistance. But while the stories of half widows are recorded by many, few bring them hope of any economic assistance, which is what they need most desperately<sup>11</sup>.

## Social Challenges.

The prolonged and indeterminate nature of the husbands' absence makes half widows vulnerable to several threats against their physical and mental well-being. While social networks have been crucial to most half widows for surviving their trauma, societal biases have at times further traumatized half widows.

Half widows often suffer further loss when they are separated from their children. Given the aforementioned tense dynamics in the in-laws' home, the in-laws at times choose to keep and raise their grandchildren, while turning out the half widow and providing no visitation rights. In other cases, the half widow's natal family takes her in only on the condition that her children remain with the in-laws or be sent to an orphanage. In other cases, children are divided between the half widow's parents and in-laws and she may never see one or some of her children.

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<sup>11</sup> Ibid.

Their forced status as 'single women' coupled with gender biases results in half widows facing social isolation, shame, and physical vulnerability. Half widows are at times senselessly blamed for their husbands' disappearances. For example, the women are told they are bad luck for the family or that they brought on the tragedy due to their bad character or deeds. Furthermore, they are often watched with suspicion: being 'without a man,' they are accused of trying to attract other men should they continue to dress as they did when married, or leave the house for work or everyday chores, or meet with lawyers or government officials.

Some half widows have also reported becoming targets of sexual violence from those viewing them as defenseless without a partner. Only a small fraction of half widows choose to remarry. Many half widows do not contemplate re-marrying, believing they will eventually receive some information about their husbands. Even more give up the option of remarrying on account of their children. There is a deeply held fear that a stepfather will never accept his wife's children or give them his best. And for those who want to remarry, social stigmas around remarriage remain strong, while religious interpretations of the rules around remarriage remain contested. The social taboos around remarriage are cultural rather than religious. Islam encourages widow remarriage. However, Sufi Islam in Kashmir has absorbed many dominant South Asian cultural values, including the disapproval of widow re-marrying. In Islamic law, there is no consensus around the marriage of women who are half widows, because there is no special provision for the phenomenon of enforced disappearances.



## 1.6 The Study Problem

Violence affects nearly everybody living in Kashmir. A population survey found a lifetime prevalence of traumatic events of 59% among the inhabitants of four districts of the Indian part of Kashmir. The most frequent traumatic events encountered were: firing and explosions (81%) and exposure to combat zones (74%). Traumatic events and the way people cope with them have a crucial role in the development of psychological distress and pathology such as anxiety disorders (including Post Traumatic Stress Disorder), and major depressive disorder.

The various socio-economic pressures that largely go unaddressed have had psychological effects on half widows. Most half widows report anxiety (often described in terms of “speeding up” or palpitations), sleep disorders, and lack of interest in everyday activities. Many half widows exhibit Post Traumatic Stress Disorder (PTSD) and anxiety attacks that may be often triggered by memories of the disappearance of loved ones. The families continue to harbor hope without recognizing that retaining such hope has taken toll on their own mental well-being. Half widows are known to self-medicate themselves by consuming easily available antidepressants which further result in health issues. In a vicious cycle, the worsening mental and physical health has adverse effects on their economic situation, which further worsens their vulnerability, entrenches their isolation and suffering as well as compromising their health and well-being.

The initial trauma of the disappearance, and the resultant economic hardships and social challenges combined, have lasting adverse effects on the lives of “half widows” as well as affecting their children. These children either grow up in the insecurity that shrouds the lives of half widows or away from their mothers in orphanages or in their grandparents’ homes. They carry the social stigma of being ‘fatherless’ in a society where the father’s rather than the mother’s name, status, and protection are crucial to a child’s identity. Many

half widows thus often lie to their children for years about their father’s fate, in an attempt to protect them from stigmatization.

Furthermore, the economic conditions force some of these children into child labour. Without any support system, these children exhibit various forms of trauma that is akin to that of their mothers. This trans-generational trauma also often goes unaddressed, especially in cases where children take the role of caregivers for their mothers and siblings. When the psychological condition of the half widow renders her unable to perform daily tasks and care for the family, often her oldest child becomes the de facto head of the family. Such interrupted childhoods, the social isolation of being ‘fatherless,’ and the memory of the injustice against their family, result in feelings of resentment, loneliness, and anger. Like half widows, their children are also labeled and spoken about, but little is done to ameliorate their condition<sup>12</sup>.

## 1.7 Objectives

- To document the effect of the conflict on the mental and physical health of women especially “half widows” in Kashmir.
- To provide specialized mental, reproductive and medical health care for women especially half widows.

## 1.8 Utility of the research

Highlight the psycho-social problems faced by women thus providing a basis for mapping out response strategies to improve their quality of life.

The data will be valuable for planners/programmers to design specific programs of intervention for their livelihood, their physical and psychological healing and for improving the general conditions of vulnerable women living in armed conflict situations.

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<sup>12</sup> Ibid.

# 2

## CHAPTER

## METHODOLOGY

### 2.1 Introduction:

The study was conducted in the three districts (Srinagar, Baramulla and Kupwara) of Indian Administered Kashmir Valley from November – December 2012. It was complemented with a health camp for the female respondents.

### 2.2 Conceptualization:

Isis-WICCE and J&K Voluntary Health Association had a series of online discussions in May 2012 which culminated in the development of the study concept and study questionnaire.

### 2.3 Sampling Procedure

A sample of 45 respondents randomly selected from an available authentic data at the APDP Office of the three districts of Srinagar, Baramulla and Kupwara, comprising of half widows (whose husbands are missing in custody), mothers of disappeared persons (whose sons are missing in custody), sisters (whose brothers are missing in custody) and daughters of the missing person, was used to assess their physical and mental health and their experiences with violence. For each district, 15 respondents were interviewed and an informed written consent was obtained from respondents for all interviews conducted.

# 03

**number of  
districts the study  
was conducted**

**Respondents included half widows,  
mothers of disappeared persons and  
sisters and daughters of the missing  
person**

# 15

**number of  
respondent  
interviewed  
from each  
district**

**Table 1: Sample of study**

	Respondent	District Srinagar	District Kupwara	District Baramulla	Total
1	Half widows (HWs)	7	4	8	19
2	Mothers of Disappeared Persons (MDP's)	7	7	4	18
3	Sisters of the Disappeared Person	1	3	2	6
4	Daughters of the disappeared person	-	1	1	2
		15	15	15	45

## 2.4 Data Collection Methods and Analysis

The data collection was based on quantitative methodology using a structured questionnaire in the form of interviews. The questionnaire was translated from English to Urdu and phonetic Kashmiri and piloted prior to full implementation.

The data presented was analyzed using Excel.

**HEALTH  
CAMP**

**FOR THE FEMALE RESPONDENTS WAS  
DONE TO COMPLIMENT THE STUDY**

# 3

## CHAPTER

## FINDINGS

### 3.1 Health Status in Jammu and Kashmir

In 1990, 1,762 patients registered at the Government Psychiatric Diseases Hospital in Srinagar – the only one of its kind to serve the valley’s entire population. According to the human rights group, Jammu Kashmir Coalition of Civil Society (JKCCS), by 2000 the number had surged to 38,696. In 2002, the figure rose to 48,000.

After the armed conflict, the hospital started to register high numbers of people with Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD) and other mental diseases like bipolar disorder, panic, phobia; general anxiety and sleep disorders which were completely unrecognized before 1990. According to records available in the lone Psychiatric hospital of Srinagar, many women live in “a state of disturbed bereavement”. Majority of female patients suffer from Major Depressive Disorders and almost 50% have Post Traumatic Stress Disorder.

Although receiving psychiatric treatment was a taboo in Kashmiri society, the recent years have seen an increase in the number of female patients. Moreover, the rate of suicides in Kashmir is higher at 15–20 per 100,000 per year.

# 50

**percent of female patients have Post Traumatic Stress Disorder**

In the year 2010, the State hospital recorded an alarming number of 100 cases in the month of May of “deliberate self-harm, serious attempts at suicide, and complete suicides. The most telling statistic is that out of these 100 cases, 83 were women and only 17 were men.

### 3.2 Respondents

A total of 45 respondents were interviewed in a quantitative survey from three districts, namely Srinagar, Kupwara and Baramulla districts. The minimum age of those interviewed was 24 years.

Table 2 below presents the different categories of the respondents.

**Table 2: respondents (N=45)**

Respondents	Srinagar district (N-15)		Kupwara district (N-15)		Baramulla district (N-15)		Total (N-45)	
	N	%	N	%	N	%	N	%
Half widows (HW's)	7	46.67	4	26.67	8	53.33	19	42.22
Mothers of Disappeared Persons (MDP's)	7	46.67	7	46.67	4	26.67	18	40
Sister of the Disappeared Person	1	6.67	3	20	2	13.33	6	13.33
Daughter of Disappeared Person	0		1	6.67	1	6.67	2	4.44

### 3.3 Trauma experience

**Table 3: Cause of loss of loved ones**

Cause of loss of loved ones	Relation	Srinagar	Kupwara	Baramulla	Total
Disappeared	Husband	7	4	8	19
	Parents	0	7	4	11
	Child(ren)	7	1	2	10
	Other relatives (brother/uncle)	1	3	1	5



According to the study, 42% of the respondents had their husbands missing, 24% Parents (father), 22% sons and 11% close relatives (brothers/uncles).

**Table 4: Experienced/witnessed violence (N =45)**

Forms of violence	No	%
Beating/ Kicking	45	100
Injury using knife/butt of guns	45	100
Deprivation of food /water	25	55.6
Deprivation of medicine	31	68.9
Gunshot injury	15	33.3
Stripping naked	1	2.22
Torture	42	93.3
Abduction	45	100

The respondents had experienced/witnessed similar levels of violence. 100% had been beaten/kicked, 100% received injury due to having been hit by the butt of the gun, 68.9% had been deprived of medicine, 93.3% had experienced/ witnessed torture, 55.6% had been deprived of food/water, while 33.3% had experienced/witnessed gunshot injury.

**Table 5: Perpetrators**

Group	Yes	%
Army	45	100
Para military forces	45	100
Police	38	84.4
Militia	4	8.89
Prisons officers	1	2.22
Others (specify)	1	2.22

According to the study, 100% admitted that the army and paramilitary were responsible for the disappearance of their male relatives, 84.4% believed it was the Police while 8.88% believed it was the militia. Prison Officers had the least attribution to the disappearances.

### 3.4 Mental Health Problems

Health is a key driver of development and one of the most important social service sectors having direct correlation with the welfare of the people. The study assessed the mental health level of the respondents relating to various dimensions like feelings, emotions, thoughts, personal attention to self, behavior and attitude.

**Table 6: Assessing mental health of respondents**

Signs/Symptoms	Srinagar		Kupwara		Baramulla		Total	
	N	%	N	%	N	%	N	%
Often has headaches	13	86.67	13	86.67	14	93.33	40	88.89
Poor appetite	15	100	10	66.67	12	80	37	82.22
Sleep badly	13	86.67	9	60	10	66.67	32	71.11
Easily frightened	5	33.33	10	66.67	3	20	18	40
Hands shake/tremble all the time	13	86.67	11	73.33	11	73.33	35	77.78
Feel nervous, tense or worried	15	100	9	60	12	80	36	80
Poor digestion	15	100	12	80	12	80	39	86.67
Have trouble thinking clearly	15	100	13	86.67	10	66.67	38	84.44
Cry more than usual	15	100	13	86.67	12	80	40	88.89
Find difficulty enjoying daily activities	15	100	13	86.67	13	86.67	41	91.11
Find difficulty in making decisions	15	100	12	80	13	86.67	40	88.89
Unable to play a useful part in your life	13	86.67	14	93.33	14	93.33	41	91.11
Have lost interest in things	15	100	13	86.67	13	86.67	41	91.11
Feelings of worthlessness	15	100	14	93.33	13	86.67	42	93.33

Signs/Symptoms	Srinagar		Kupwara		Baramulla		Total	
Have had the thought of ending your life in your mind	14	93.33	14	93.33	13	86.67	41	91.11
Feel like killing someone	13	86.67	14	93.33	10	66.67	37	82.22
Feel tired all the time	13	86.67	13	86.67	13	86.67	39	86.67
Have uncomfortable feelings in the stomach	12	80	10	66.67	12	80	34	75.56
Easily tired	12	80	13	86.67	13	86.67	38	84.44
The above conditions affect your daily work	15	100	13	86.67	14	93.33	42	93.33

On the overall, 93.33% of the respondents feel worthless, 91.11% find difficulty in enjoying daily activities, 91.11% lost interest in life, 91.11% have suicidal thoughts, 82.22% have had a thought of killing someone, 88.89% have headaches while 86.67% experience poor digestion and 86.67% feel tired all the time. Minority (40%) are easily frightened. From the questions put forward, it was discovered that respondents from Srinagar district are the ones greatly affected in their daily work with 100%. The responses from the respondents indicated that nearly all are undergoing stress and have many somatic complaints like anxiety, insomnia, depressive feelings or social dysfunction as a direct exposure, witness and self experiencing of killings and torture.

### 3.5 Somatic Complications

Respondents presented the following somatic complaints as experienced two weeks or more before the study.

**Table 7: Somatic Complaints (2 weeks or more)**

Complaints	Srinagar		Kupwara		Baramulla		Total	
	N	%	N	%	N	%	N	%
Backaches	15	100	12	80	12	80	39	86.67
Swellings of the limb	11	73.33	12	80	12	80	35	77.78
Pain in the joints	15	100	12	80	15	100	42	93.33
Swelling on the abdomen or in the groin area	10	66.67	10	66.67	12	80	32	71.11
Experience breathlessness	12	80	12	80	12	80	36	80



Majority of the respondents reported having pains in their joints; 100% in Srinagar, 100% in Baramulla and 80% in Kupwara. This was followed by respondents complaining of headaches, 100% in Srinagar, 80% in Baramulla and 80% in Kupwara. Those who complained of swellings in the abdomen and groin area were 66.67% in Srinagar, 80% in Baramulla and 66.67% in Kupwara.

**93%**

**of respondents feel worthless, 91.11% find difficulty in enjoying daily activities, 91.11% lost interest in life, 91.11% have suicidal thoughts, 82.22% have had a thought of killing someone, 88.89% have headaches while 86.67% experience poor digestion...**

# 4+

## CHAPTER

## HEALTH CAMP

### 4.1 Introduction

As discussed in the previous chapter, it was evident that the women who had any relation with the men that had gone missing due to the conflict in Kashmir, especially the half widows had mainly developed psychosomatic problems including emotional stress, loneliness, physical insecurity and were overburdened by work. All these had started showing somatic symptoms in the form of ailments, aches and pains.

### 4.2 The Health Camp

Three specialized health camps were organised in Srinagar, Baramulla and Kupwara districts. The 45 directly affected female respondents who were interviewed in this study together with their family members benefitted from the health camp, given that they live as extended families. The camps were held at the headquarters of the three districts on different dates. The Medical camp in Srinagar district was organized on 3rd Jan

# 69

**men and 185 women benefitted from the treatment offered at the Health Camp**

2013, in Baramulla district on 7th Jan 2013 and in Kupwara district on 10th Jan 2013.

The professional team included doctors/specialists comprising of four Physicians (all male) three Gynecologists (Female) and three Psychiatrists (all male) assisted by Paramedics (10 in all, 2 female and 8 male) and representatives of APDP comprising of four members (2 male and 2 female). The respondents along with their close family members were examined and treated by a Physician, gynecologist and a Psychiatrist. A total of 254 patients (185 women and 69 men) benefitted from the treatment as indicated in the table below.

**... the half widows had mainly developed psychosomatic problems including emotional stress, loneliness...**



**Table 8: Beneficiaries of the health camp**

Srinagar District			Baramula District			Kupwara District		
Half Widows	Family Members		Half Widows	Family members		Half Widows	Family Members	
Female	Female	Male	Female	Female	Male	Female	Female	Male
15	53	25	15	49	19	15	38	25
Sub-total: Female: 68 Male : 25			Sub-total: Female: 64 Male: 19			Sub-total: Female: 53 Male: 25		
Grand Total: 254 (185 women and 69 men).								

## 4.3 Health Conditions presented

Due to the long distances, poverty and lack of health facilities within their vicinity, the women and men presented different conditions that they had lived with for a long time. On the outlook, some of them seemed okay, but shared many somatic complaints some of which had resulted into chronic conditions. Some of them appeared feeble and weak. The very sight of these women and men gave an impression of their abject poverty, frustration, anger and dissatisfaction.

The doctors examined all the patients and found that most of them had at least 4-5 ailments. The details in the table below are those of the 45 women who were interviewed in this study.



**The professional team included doctors/specialists comprising of four Physicians three Gynecologists (Female) and three Psychiatrists (all male) assisted by Paramedics and representatives of APDP comprising of four members (2 male and 2 female).**

**Table 9: Health conditions presented.**

	Srinagar District	Baramulla District	Kupwara District	Total
Condition	No of cases	No of cases	No of cases	No of cases
Physical				
Thyroid	2	2	–	4
Stomach pain	2	4	5	11
Lower backache	6	4	2	12
Diabetes	2	2	3	7
Respiratory Tract infection	1	6	4	11
Limb/Leg pain	2	1	3	6
Pace maker required	1	–	–	1
Arthritis	1	1	–	2
Body aches	–	4	1	5
Eye ailment	–	2	2	4
Skin Lesions	–	1	–	1
Osteoporosis	–	1	–	1
Knee aches	–	–	3	3
Fracture	–	–	1	1
Hyperpigmentation	1	–	–	1
Psychological				
Dyspepsia	1	–	–	1
General weakness	6	5	5	16
Hypertension	7	8	2	17
Anxiety disorders	1	3	3	7

	Srinagar District	Baramulla District	Kupwara District	Total
Headache	2	2	2	6
Depression	2	2	5	9
Restlessness	2	1	–	3
Heart palpitations	1	–	6	7
Loss of appetite	1	–	–	1
Failure to thrive	1	–	–	1
PTSD	1	4	4	9
Sleep disorders	–	1	2	3
Memory loss	–	–	1	1
Stress	–	–	4	4
<b>Reproductive Health</b>				
Post Menopausal symptoms	1	1	1	3
White discharge	2	1	2	6
Urinary Tract Infection	1	5	4	10
Dysmenorrhoea	–	1	1	2
Hyper pigmentation	1	–	–	1

Although the examination and treatment was extended to more close family members of the respondents, data about the conditions they presented was not recorded. However, it was noted that all of them were depressed, had general body aches, pains and general weakness.

In addition, whereas all the people who had come for the health camp were provided the opportunity to have check up from all the three doctors/specialists comprising of General Physician, Gynecologists and a Psychiatrist, it was noticed that most of the women were reluctant to go for a gynecological check up. It took a lot of persuasion by the female team from APDP to convince the women about the value of a gynecological check up, for them to consent and be finally examined. From a cultural perspective, it is not common for a half widow or an unmarried girl to go to a gynecologist unaccompanied. This perspective is worsened given the fact that most of the women live in remote and far off rural areas



where such services are nonexistent.

It is evident as observed during the health camp that majority of the women were experiencing depression and needed specialized mental health counseling and general health care.

## The camp and responses of the beneficiaries:

Jana (Mother of disappeared person): She suffers from Anxiety, Constipation, Eye ailments, Knee problem. "My right hand is fractured due to lifting heavy fire wood (which I collect from the nearby forests for my daily cooking). It becomes very difficult to trek the mountainous road everyday and I am fed up with life. What keeps me going is hope that one day my missing son will return home and I will serve him my favorite dish "fish and rice".



Hajira (Mother of a disappeared person): She is suffering from Palpitations, Mental tension, Stomach Problem, Loss of sleep, general weakness. "My two sons disappeared in 1994 and yet I had lost two other sons in their childhood. I own a small piece of land which is cultivated on shared basis. I am experiencing tough life and my physical appearance visibility shows so. I am waiting to see my sons return. I do not wish to die before seeing them. The medical camp provided me relief and hope. I was counseled and I got treatment for some of the ailments I have".

Raja (Mother of a disappeared person): "I

**" All studies done on these directly affected women have clearly indicated that they are living in very pathetic conditions with no recourse to regular income or health care."**

experience palpitations all the time. I am afraid of darkness and feel suffocated when alone. I am afraid of walking alone and I shiver most of the time. I continuously think about ending my life and do not trust anyone around me. I witnessed my son being abducted and tortured. My other son was interrogated and killed. I have lived like this for more than 10 years now and loud noises scare me. During this health camp, I have been able to see the psychiatrist who has prescribed some medicine for me. This will bring immediate relief”.

## 4.4 Conclusion

All studies done on these directly affected women have clearly indicated that they are living in very pathetic conditions with no recourse to regular income or health care. They have been neglected by the society and the state machinery has also failed to acknowledge and address this situation. Most of them have become chronic patients and their psychosomatic problems are irreversible. If left unattended, they would have continued to increase their grief and made them psychiatric cases.

This study also reveals that due to the high level of violence that is being faced by the women, the prevalence of suicidal ideation amongst those interviewed is strikingly high. 93.33% shared that the thoughts of ending their lives had been on their mind in Srinagar and Kupwara district, whereas 86.67% in Baramulla shared that they also thought about suicide. It is striking to note that the findings further reveal that 86.67% felt like killing someone in Srinagar district whereas 93.33% felt so in Kupwara and 66.66% in Baramulla district. The health camp therefore came at the right time as the women and other members of the community did not have any recourse to any medical facility and lacked such support. They would have remained neglected and some of them may have died.

Although some relief was provided, there is an urgent need to organize follow up camps in all these three districts so that their health conditions are reviewed and further free treatment arranged for them.

### Challenges:

The main challenge was the long distances. Most of the women and men live in far off remote areas. The volunteer team at APDP had to move long distances to ensure that all members were informed.

The security situation was yet another challenge. Given that in Kashmir curfews are the order of the day, it was strenuous to determine at which point in time the curfew would be enforced and whether it would collide with the dates set for the health camp.

The winter conditions which coincided with the time for the health camp were very harsh making mobility somehow challenging. Many people who were not on the programme to benefit from the health camp also requested for medical checkup. It wasn't possible to know who is who in the crowd. Everyone tried to get registered and access the free medical camp facilities. It wasn't possible to refuse.

# 5

## CHAPTER

# CONCLUSION AND RECOMMENDATIONS

## 5.1 Introduction

This chapter presents conclusion and recommendations as suggested by the respondents, the research findings and observations of the researchers.

## 5.2 Conclusion

The situation in Kashmir has for long remained a matter of concern, from a human rights perspective. Confrontation with violent events in Kashmir is not simply an environmental effect of living in a conflict-affected area. There are also deliberate events like frequency of disappearances, detention, hostage, killings and torture which have become so rampant as if they are an established approach by the law enforcing bodies. However, the impact of the situation on the general and mental health of people in Kashmir has not been a widely explored aspect.

In 1982, the Ministry of Health and Family

**“ Living with a high level of stress for a prolonged period has meant that a large proportion of people are in great need of mental health care.”**

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Welfare introduced a policy of providing mental health care at the community-based level to ensure accessibility for the most vulnerable sections of the population, as well as tackling cultural stigmas around mental illness. This led to the formulation of the National Mental Health Programme (NMHP) to be supported by the Central government and the state government of Jammu and Kashmir to deal with mental health care. However, the governments have failed to uphold their responsibility.

Living with a high level of stress for a prolonged period has meant that a large proportion of people are in great need of mental health care. The exposure to violence

**There are also deliberate events like frequency of disappearances, detention, hostage, killings and torture which have become so rampant as if they are an established approach by the law enforcing bodies.**

has a direct impact on the mental, physical and social well being of affected women. This has led to the development of psychosomatic problems such as; emotional stress, harassment, loneliness, physical insecurity, among others.

To effectively integrate the half widows/those directly affected into the community, there is immediate need to provide psychiatric and psychosocial support.

## 5.3 Recommendations

### 5.3.1 Government

- a. Government should ensure that justice is provided to the affected persons and take appropriate measures to ensure that perpetrators are prosecuted and duly punished.
- b. Genuine course of action should be undertaken by setting up commissions of Inquiry to investigate all forced disappearances.
- c. Government should amend the Govt. order no. 723-GR-GAD of 1990 so that any person alleged to be missing should be paid the ex-gratia relief within reasonable time.
- d. Special legislation on enforced disappearances must be drafted and passed. Disappearances have been a long-standing phenomenon in Kashmir,

among other places, and must be recognized by the law, so as to pave the way for better remedies for victims of disappearances. Such legislation must;

- i. define and prohibit enforced disappearances in any and all circumstances;
- ii. guarantee the rights due to persons deprived of their liberty including to be held only in officially recognized and supervised places of detention and to be allowed free communication with family and counsel of one's choice;
- iii. clearly state the range of punishment applicable to perpetrators of enforced disappearances; and
- iv. lay down guidelines for government departments that work with families of the disappeared (for example, when a half widow applies for a ration card, there should be a streamlined system that does not require her husband's death certificate but rather ascertains her economic status on the basis of her survival as a single woman and mother. The government must draft such a law, with meaningful input from civil society, and place it for a legislative vote, as soon as possible).
- e. The central Indian Government must ratify the International Convention for the Protection of All Persons from Enforced Disappearances. India signed (on 6 February 2007) but has not ratified the Convention.



- f. The vulnerable population of half widows stands as a constant reminder for not only their children and communities but for all Kashmiris of unresolved investigations, unattended needs, and continued suffering. Peace is more than merely the absence of war. For ordinary citizens, it is also inextricably linked to development and a better future. Efforts that improve the quality of life of Kashmiris and remove everyday vulnerabilities as well as enhance momentum towards resolution and inclusive peace should be considered.

### 5.3.2 Laws and policies

- a. Enacted Laws such as Disturbed Area Act (DAA), Public Safety Act (PSA) and Armed Forces [Jammu & Kashmir] Special Powers Act (AFSPA) which authorize excessive use of force beyond the limits of Human Rights Protection bodies should immediately be revoked.
- b. Law and policy changes must address the various forms of gendered violence committed directly and indirectly against women. The general environment of insecurity must always be taken into consideration in order to accurately assess and address the actual harms perceived by women.
- c. A streamlined system for compensation, without room for delays, harassment, or coercion, must be instituted for half widows. The Indian government's

remedies have failed to alleviate the compensation of half widows. The current administrative remedy involves sending the half widow's case to a 'District Screening cum Coordination Committee,' which includes military, paramilitary, and police personnel, with a major criterion for relief is that the disappeared person was not involved in any militant activity. This process lacks public confidence and has been ineffective, leaving half widows to face severe economic vulnerabilities. Instead, the government should create a system for compensation wherein a civilian Committee should be put in place with a focus on providing relief after determining:

- i. whether the woman has had any male partner in the past seven years (the Indian legal benchmark for considering whether a person reported 'missing' may be deemed dead);
- ii. her economic condition; and
- iii. the number of dependent children. The Committee should focus on the plight of the women and children and prioritize cases where the half widow has minor children.
- d. A special bench in the Jammu and Kashmir High Court must be constituted to hear cases filed by half widows on an expedited basis. The legal system, generally over-crowded and costly, presents special difficulty

**Law and policy changes must address the various forms of gendered violence committed directly and indirectly against women.**

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**A streamlined system for compensation, without room for delays, harassment, or coercion, must be instituted for half widows.**

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**Establishment of effective and efficient trauma and psychology health centres to deal with persons whose relatives have disappeared.**

for half widows, who are generally at an economic, social, and educational disadvantage. Since most disappearance cases follow a similar pattern and also involve common legal features (such as the non-filing of a FIR), a special bench to hear half widows' petitions would be particularly suitable. Such a bench must be committed to independent and impartial judgments. International remedies and recourses need not be sought if the state legal system makes special provisions for hearing cases of half widows, a vulnerable and deserving section of Kashmiri society. The government must allow free civil society activity around the cases of half widows.

- e. The government must aid rather than prevent civil society from assisting the half widow population. Such assistance includes, but is not limited to, the documentation of the disappearances that led to half widowhood; provision of legal representation; creation of income-generating self-help groups; and offering of psychological care. The government must also not interfere with peaceful public gatherings and protests by families of the disappeared.

### 5.3.3 Health

Establishment of effective and efficient trauma and psychology health centres to deal with persons whose relatives have disappeared.

Psychosocial support and reproductive health services for women affected by the conflict should be an integral part of emergency assistance and the post-conflict reconstruction. Special attention should be provided to those who have experienced physical trauma, torture and sexual violence. All agencies providing health support and social services should include psychosocial counseling and referrals.

Special attention should be given to providing adequate food supplies for displaced and war-affected women, girls and families in order to protect health and to prevent the sexual exploitation of women and girls. The World Food Programme (WFP) and other relief agencies should strengthen capacities to monitor the gender impact of food distribution practices.

### 5.3.4 Civil society

Indian civil society groups, particularly those committed to peace and security and gender justice, should sensitize their constituencies to the issues of half widowhood in Kashmir and build popular campaigns for change. International institutions such as UN bodies, development agencies, and human rights groups should continue to inquire into the issue of half widows.

Civil society, local, Indian, and international bodies must consider funding initiatives that directly aid half widows, such as health care programs, income-generating projects, and scholarships for the children of half widows. Existing civil society efforts in Kashmir exhibit the ability to organize half widows and their children, and additional funding should build on these efforts and promote empowering programming for half widows.

Islamic scholars must develop and publicize a consensus around the 'waiting period' of 4 years, after which a half widow should be permitted to re-marry under Islamic law. Scholars should decide on a fixed number of years, and announce the same to the general public. Four years is advised as an appropriate wait period, keeping in mind the precedence for this in the Maliki School.

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# KASHMIRI WOMEN

"DUE TO THE PROLONGED ARMED CONFLICT, THERE HAVE BEEN GROSS VIOLATIONS OF BASIC HUMAN RIGHTS, WIDE SPREAD VIOLENCE, KILLINGS, DISAPPEARANCES AND ABUSE, BOTH PHYSICAL AS WELL AS MENTAL TORTURE."



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