



TRANSFORMING FEMALE SHAME THROUGH ART THERAPY & REPRODUCTIVE HEALTH

Menstrual Discrimination,
Gender-Based Violence,
and Sex Trafficking in Nepal

Tan, A, Hara, A & Moore, T.

Art to Healing©
www.arttohealing.org | [@arttohealing](https://twitter.com/arttohealing)

MAR-2021



Art to
Healing

ABSTRACT

Gender-based violence, menstrual discrimination, and sex trafficking are prevalent throughout the world.

In South Asia, this is no different.

Girls and women are disproportionately subjected to varying degrees of physical, emotional, and psychological stigmatization with abuse and deprivation of rights, resulting in lasting health consequences and diminished wellbeing.

The Women's Transformational Program through Art to Healing is an expressive art therapy and educational reproductive health program for females affected by gender-based violence and discrimination leading to the heightened risk of sex trafficking.

Keywords: *Art Therapy, Trauma, Chhaupadi, Menstruation, Menarche*



INTRODUCTION

Whilst menstruation is a normal biological process, it remains a source of complex stigmatisation by cultures around the world (Adhikari, Kadel, Dhungel, & Mandal, 2007).

This manifests in Nepal as *Chhaupadi*, the practice of prohibiting women from participation in daily activities and interacting with the community during menstruation with women forced to stay in a temporary dwelling, often a cowshed, for up to two weeks. (Ghimire, L, 2005)

This practice stems from the superstition that menstruation renders women impure. According to this belief, if a menstruating woman touches a tree, it will never again bear fruit; if she touches a man, he will fall ill and could lead to death.

As a result, this practice has resulted in malnutrition, attack, and death. In January 2010, an 11-year-old girl fell ill, suffering from diarrhoea and dehydration while being locked in a menstruation hut.

Her family refused to take her to hospital because they believed they would become impure if coming into contact with her. (Ranabhat, Kim, Choi, Aryal, Park and Doh, 2015) In 2018, an additional two women died from this practice.

Chhaupadi is a major threat to women's health, where menstrual sanitation, reproductive health safety, and psychological health are severely compromised.

This belief dictates that a woman's natural rhythm and body cycle are morally corrupt, leading to shame associated with womanhood and discrimination translating into gender-based violence; viz., trafficking, slavery, and commercial sexual exploitation.



GENDER-BASED VIOLENCE

In cultures where rigid and patriarchal attitudes dominate gender roles, women are particularly primed to be vulnerable targets.

In 1993, the UN General Assembly defines violence against women in Resolution 48/104 as any act:

“that results in, or is likely to result in, physical, sexual, emotional and psychological harm or suffering... including threats of such acts, coercion or arbitrary deprivation of liberty...”

(General Assembly Resolution 48/104, 1993).

Deeply engrained cultural beliefs deeming women as subordinate has devastating ramifications resulting in extreme mental, physical, and reproductive challenges (Bishwajit, Sarker, & Yaya, 2016).

Violence against women takes many forms including abuse, burning, disfigurement, beating, torture, and murder. (Niaz, 2003)

Throughout Nepal, especially in more remote regions, patriarchal values espouse female inferiority in the predominately Hindu culture.

Girls are associated with dependency and weakness, their birth a curse; while boys are prized, revered for their ability to provide for the family (Niaz & Hassan, 2006).

A complex interplay of religion, superstition, tradition, social hierarchy, inconsistent legislative enforcement, as well as lack of access to resources, services and support, all feed a multifaceted matrix continuing to harm and perpetuate the stereotype of females as subordinate.



Menstrual Discrimination & Reproductive Health Impacts

Beliefs of menstrual pollution are prevalent throughout Nepal, particularly the religious Hindu community, where *Chhaupadi* is used to conceal a woman's cycle and "maintain purity" among the community.

Approximately 95% of Nepal's mid and far-reaching western regions are forced into adherence of *Chhaupadi* (Ranabhat et al., 2015).

The risks permeate beyond the physical into dissociation of themselves with their bodies, psychological distress and self-hatred.

A cross-sectional study of 672 menstrual-aged women in Western Nepal showed a direct correlation between *Chhaupadi* and increased reproductive tract infections, maternal malnutrition, worsening menstrual pain, and subsequent behavioral and mental health issues resulting from stigmatization, isolation, and shame (Ranabhat et al., 2015).

Nepal's Supreme Court banned the practice in 2005, with reinforcing legislation in 2017, yet non-existence mechanisms to enforce the ban have made the deeply entrenched practice challenging to enforce (Preiss, 2017).

A significant lack of research on menstrual discrimination drastically slows progress.

This absence of research silences the voice of women enduring this practice. (Crawford et al., 2014)



Sex Trafficking in Nepal

Trafficking and commercial sexual exploitation are forms of modern slavery impacting the global community, with a prevalence of female victims in Nepal.

Survivors are riddled with deeply engrained social, cultural, and religious stigmas condoning the violence enacted upon them.

The healing journey is not easy and mental health support is scarce.

There is no doubt menstrual discrimination and its harmful beliefs breed and sustain the web of trafficking and commercial sexual exploitation.

If a woman's body and her natural cycles are perceived unsanitary, her place and status within the home, community, and among the larger society is significantly compromised.

Shockingly, family and friends are often how girls and women are sold into trafficking, slavery, and commercial sexual exploitation. (Bishwajit et al., 2016)

Nepal is a source, transit, and destination country for men, women, and children subjected to forced labour and sex trafficking. Nepali women and girls are trafficked throughout Nepal, into India, the Middle East, Asia, and Sub-Saharan Africa (Trafficking in Persons Report, 2018).

It is the country's porous border enabling the illegal movement. Trafficking victims can be found in *dhabas* (highway hotels), dance bars, cabin restaurants, and massage parlours.

Whilst no comprehensive figures exist, estimates reach the transfer of 30,000 individuals annually. (Weinert & Weinert, 2018)

The United Nations touts trafficking as the third largest international criminal industry, drawing in an estimated USD\$150 billion in yearly global revenue. (ILO, 2014)

The global sex trade is beyond a singular, definable set of causes and "cannot be simply reduced to one monolithic explanation of violence to women" (Kempadoo, 2001, p. 28).

It can, however, be scrutinized and understood within the context of power imbalances, intersectionality, and sociocultural realities of societies and their damaging view of women.

THE WOMEN'S TRANSFORMATIONAL PROGRAM

The Women's Transformational Program through Art to Healing assists and supports the trauma recovery and reproductive health education of vulnerable women and girls at risk of or who have experienced sex trafficking, commercial sexual exploitation, sexual abuse and other forms of gender-based violence and discrimination throughout Asia and Pacific. Through therapeutic and educative arts-based interventions it provides:

1. Life-skills education
2. Reproductive and sexual health education
3. Trauma – informed therapeutic support
4. Leadership and empowerment training

The program aims to heal, empower, cultivate resilience, and self-regulation; creating positive changes in their relation to their bodies, including understanding their psychological, physical, and emotional well-being. This program further aims to build the capacity of local anti-trafficking agencies and 30 local community workers, enabled to facilitate the program throughout the remote regions where this is most prevalent.

Art to Healing understands that ongoing qualitative and quantitative data collection is critical in understanding the efficacy of art therapy as a treatment approach. The unique delivery of the Women's Transformational Program provides emergent data, helping to further understand the deeply personal and varied experiences. A platform for stories to be heard, voices to be amplified, refining the future of programming and interventions.



METHODOLOGY

In May 2018, the Women's Transformational Program was held in Dhangadhi, a small region in far-western Nepal. Twenty women between the ages of 15 and 35 years throughout the country participated in the collaborative partnership between Art to Healing with Chhori, and Peacewin, two local grassroots organisations and funded by the Nova Foundation and Art to Healing.

Participants journeyed from various rural districts, some journeying up to two days travel to the program being held in Dhangadhi. Each participant signed and acknowledged consent for sharing their experiences. The program was conducted in Nepali and later translated into English for research findings.

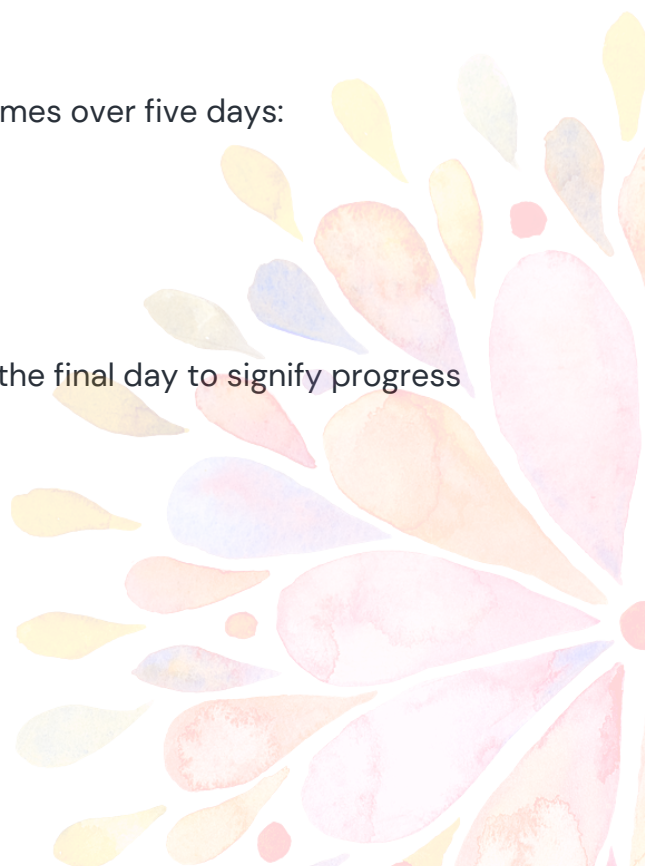
The criteria for program participation:

- 1) Experienced gender-based violence or menstrual discrimination, leading to vulnerability of sex trafficking;
- 2) Recognised as a leader in the community with an interest in spreading education and therapeutic knowledge of the program;
- 3) Attending or completed school; or
- 4) Demonstrated interest in women's reproductive health and changing menstrual discrimination in their community.

The program was evaluated through an arts-informed research approach, to tap into the "unique capabilities of the arts as a way of knowing" (Leavy, 2017, p.191). A phenomenological framework emphasized the subjective experiences of how participants perceive their social reality, a common practice when working within an arts-based context. (Hesse-Bieber & Leavy, 2011).

The program included the exploration of four key themes over five days:

- 1) What it's like to be a woman in Nepal
- 2) First Menarche
- 3) My Creative Power
- 4) Clay Womb Bowl
- 5) The initial theme was re-approached explored on the final day to signify progress in knowledge.



The framework for the WTP incorporates the approach of theme-based art therapy, where participants connect for a common purpose, to explore a particular area of interest and experience (Liebmann, 1986). Each day followed the same structure providing continuity and safety among participants. Expressive art therapy practices were used to elicit responses from participants surrounding key themes in the form of visual artwork, poetry, songs, and descriptive subjective stories. These responses doubled as research data evaluated in this paper; helping to demonstrate participant change from the outset to completion of the program, detailed further on.

A mixture of magazines for collage, easy-to-use drawing, and painting materials (i.e. paint, oils, chalk pastels, watercolors, paint color pencils, and pens) were offered to aid in the creation of images. Collages were a way for those new or more reluctant to art therapy, as an immediate and accessible way to express oneself (Leavy, 2009). Clay, paint, and glitter were used in the creation of clay womb bowls.

The program assisted participants in deepening their understanding of each theme through their own subjective experiences. Art-making was explained as a means of personal expression, where playful curiosity and enjoyment were encouraged. Participants were invited to share with the group their artworks and response, aiding in personal reflection and new insights. Facilitators made use of their own personal stories, challenges, and visions to communicate key messages and inspire hope in the participants. Mindfulness, dance, and movement, creative visualizations, and ritual were also employed across the program's delivery.

Each day focused on an educational topic including understanding and managing emotions; the menstrual cycle and reproductive health; anatomy and physiology, to demystify beliefs and behaviors surrounding the practice of Chhaupadi and the cultural stigma of the bleeding woman.



What it is like to be a Woman in Nepal

In response to this prompt, Lakshmi created this piece:

[illegible]

Figure 1. What it means to be a woman in Nepal. Day 1. Collage

[1] Pseudonym. Not her real name.

"Nepali women have to live their life by carrying heavy load

If they don't carry heavy load the men shout at them

Women are great but when do they get justice and when do they get education?

Women are victims... they are limited inside house

If women initiate themselves this problem will be reduced

If women get chance to go outside their lives would improve

Women could be president if they got their rights

No-one will give you opportunity so you should take initiation yourself

Women can develop the country like men!"

She spoke to the group of the burden placed upon Nepali women, to marry young and serve their husbands. She expressed a sense of despair, whereby feeling trapped inside the house her whole life:

"I used to feel that if I'd had the chance to go outside I could have done something. But in my heart I couldn't make it happen."

She shared her sense of guilt, lack of confidence, and hurt this had caused her; not taking initiative or having the opportunities and the subsequent regret she felt wishing she could have done more with her life.

Lakshmi's collage (Figure 1) features a series of magazine cut-outs of Nepalese women in different roles. Each picture has been cut as a square and sits uniformly amongst the others. The largest cut-out includes monochromatic images of despondent women juxtaposed by surrounding images of women smiling in different roles of power and accomplishment; a model, an academic, and a business woman. Lakshmi's accompanying written piece laments the injustices women face reflected in the despondent images yet also speaking of the potential of women when supported. That empowerment is achievable and the fulfillment of women's rights imperative.

Another participant, Shanti, echoed Lakshmi's sentiments:

"In our society when it comes to daughters, they are viewed in a very negative way.

From the day girls are born, until they have their last breath, they are always tortured and poked and pointed at, "If you had been a boy, it would have been different."

Common themes revealed amongst the group centered around the belief girls are a burden, with a woman's primary role as serving her husband and the household. The consequences of ill health, abuse, and attack from Chhaupadi adherence were further discussed with their correlating feelings of despair, guilt, superstition, and entrapment.

"Our mothers and sisters cannot go anywhere. It makes me feel like we are inside a prison and we are not allowed to do anything."

Refreshingly, several women spoke of the positive impact female education has had, along with women-led community-initiatives advocating equality on their own views and the views of others in the community.

On the final day, participants were re-invited to respond to the topic of the first day, 'What it is like to be a woman in Nepal'.

As a final art-making activity, this served multiple functions. First, it allowed participants a place to gather what they have seen, heard, learnt, and felt, and to synthesize the materials in their own way.

Furthermore, it provided an important opportunity for reflection upon their initial creations and responses to the same prompt, reflecting on shifts that may have taken place.

In her response, Lakshmi created a painting with a golden home in the center, sharing how dark the house would be without a woman. She spoke of menstruation as a natural process with there being no need for women to be separated from the house when they bleed, comparing women with the sun, being full of life-giving, powerful energy and immense capability.



Figure 2: What it means to be a woman in Nepal Day 5. Paint on Paper

"Like a fish without water,

Similarly a woman without a uterus is a woman without support....

Now I have learned... and I will share it with others.

This is such a good training for women to wake up".

In contrast to her first piece, she chose vibrant colors and covered most of the page with brush strokes reflecting vitality and energy, compared to the flat, dull-colored, structured composition of her first piece.

In her accompanying poem, she emphasized the importance of the uterus; wherein a woman without one would be like a fish without water. She spoke to the deep blue covering the page and the fish symbolizing the nature of things; a woman's power and her menstrual cycle in relation to the home, but not confined to it.

Participant's use of flowers, trees, water, and light were used to represent an inherent generative force, creative power, and goodness of women, with their profound reproductive capabilities brought out through the lessons of this program.

Many spoke of a newfound respect and pride they found, owning their beauty, femininity, and womanhood, with a desire to share this with others in their community.

MENARCHE: MY FIRST MENSTRUATION

On the program's second day, a detailed educational module on the menstrual cycle was completed. Participants were led through not only the physical stages of menses but also the physiological steps of pre-ovulation, ovulation, pre-menstruation and menstruation. Participants were invited to articulate the experiences surrounding their menarche through artwork and poetry. A woman's first experience with their menstruation cycle has lasting impacts on how they will relate to their body and community for years to come. Exploring experiences within the context of Chhaupadi allow for a lens into the permanent psychological imprint enacted by this practice.

Lakshmi's experience:



Figure 3. My Menarche. Colored Pens and pencils on Paper

She spoke to the image representing her at age 13, returning home from school with friends and feeling hot inside, making it uneasy to walk. She found blood and realised she had her period. She felt so upset and dizzy in the powerless not to be able to tell anyone. Eventually she confided in her mother in fits of tears, she was scolded and told it was the rule of nature. She was made to stay in a small room behind the house for eight days unable to see her father or brother during this time, because of the belief that her “eyes would have been broken” or that she may become blind from disobedience. At different intervals of her stay, her mother brought her sweets and a set of new clothes.

According to Case & Dalley (2014, p.105) “through the process of making the image in an art therapy setting, a client gives form to what seems inexpressible or unspeakable

through the process of making". Hereby, the image becomes a container for undigested or unresolved emotions that can then be presented, transformed, and understood anew. Lakshmi vividly recollected the intensity of her first period, expressing gratitude for being able to share her experience with the group by giving it visual form and being able to retrospectively honour it as a powerful experience.

Upon further sharing of menarche experiences, feelings of confusion, apprehension, stress, and shame were expressed by various members of the group. Additionally, physical symptoms such as abdominal and back pain, nausea, and dizziness began to transpire. Many spoke of the emotional distress caused from being separated from their families to rooms underneath or outside of the home. Several participants shared the experience of finding menstrual blood but being too ashamed to tell anyone.

Sarita, another participant shared:

"My mother took me to a separate room. I was not given permission to go outside the home and had to stay indoors for 11 days... I didn't want to stay there. It was scary at night so my friends would come to stay with me so I could sleep."

Sita shared a story of a different tone:

"On my second period there was a festival. I didn't tell anyone, I just went to the temple and read the holy book. I didn't have any fear in my heart that God would be angry with me. I believe this is a natural thing and I don't follow the tradition."

After each woman had the opportunity to share her experiences, a ceremony was held to acknowledge and celebrate this time. Any pain or suffering that had been associated with one's past experience was recognised and new meaning imbued to mark this time one of blessings, beauty, and empowerment.

WOMB BOWLS

On the next day, woman's creative power was explored through practical, nurturing ways of emotional regulation, creating healthy boundaries, making positive nutritional choices, and deepening understanding of managing and accepting the different stages of the menstrual cycle.

A pivotal component of this exploration included the creation of clay womb bowls, a powerful exercise connecting participants to their wombs.

This exercise was designed as an adaptation of Focusing-Oriented Art Therapy (FOAT®), an approach created by Eugene Gendlin, helping clients find new ways of recovery through accessing the body's innate wisdom.

Participants were lead through a meditative process using clay in order to connect them tactually to their wombs. Facilitators used prompting questions to prompt the thought process, *'what do you notice as you create your womb bowl?'*. They were invited to decorate their creations with paint, glitter, and feathers, and include a personal message to themselves, reflecting what they needed to hear.

Geeta, told that the creation of her clay womb bowl lead her to a deeper understanding of her uterus.

She spoke of the shift from blaming her womb for the pain it caused her, to now feeling its power and feeling tenderness for it.



Figure 4: Womb Bowls. Clay and mixed media.

"I will love my womb very much

I will keep it clean forever through my life

I will be happy".

Anita, another participant, shares her realisation:



Figure 5: Womb Bowls. Clay and mixed media.

"I did not know that there was a womb in my body.

I did not know that I need to take care of it.

Today I came to know that my womb is very valuable."

She shared that knowing her uterus brought her confidence, understanding her menstrual cycle to be a natural phenomenon, and solidifying her resolve to not stay in the cowshed any longer.

***"I know that gods will not be angry.
I learnt that this is only the mind's fear and nothing else."***

Many spoke of the newfound awareness and appreciation for their wombs and the desire to care for themselves and their bodies more thoughtfully.

***"While making this I realised that my womb is so soft and delicate and
I need to give it more care and attention.
I realise that all the happiness and all of the other emotions are going
there and staying there.
This is why it's important to try to be happy and to care for the womb
and keep it safe".***



FINDINGS:

The Kessler Psychological Distress Scale (K10) was additionally used to assess participants for anxiety and depressive symptoms in the most recent four-week period.

Pre and post-evaluation surveys were administered scoping participants' understanding of their reproductive health expectations of the program, with subsequent rating of the training.

Mean scores and standard deviation were performed on data as simple analysis measures conducive to the small sample size.

Based on 20 participants, the mean K10 score prior to the program was 26.75 (Standard Deviation 5.17), indicating moderate levels of psychological distress. At the end of the program, the mean K10 score was 14.82 (Standard Deviation 5.34), representing a mean decrease of 11.63 (Standard Deviation 6.47).

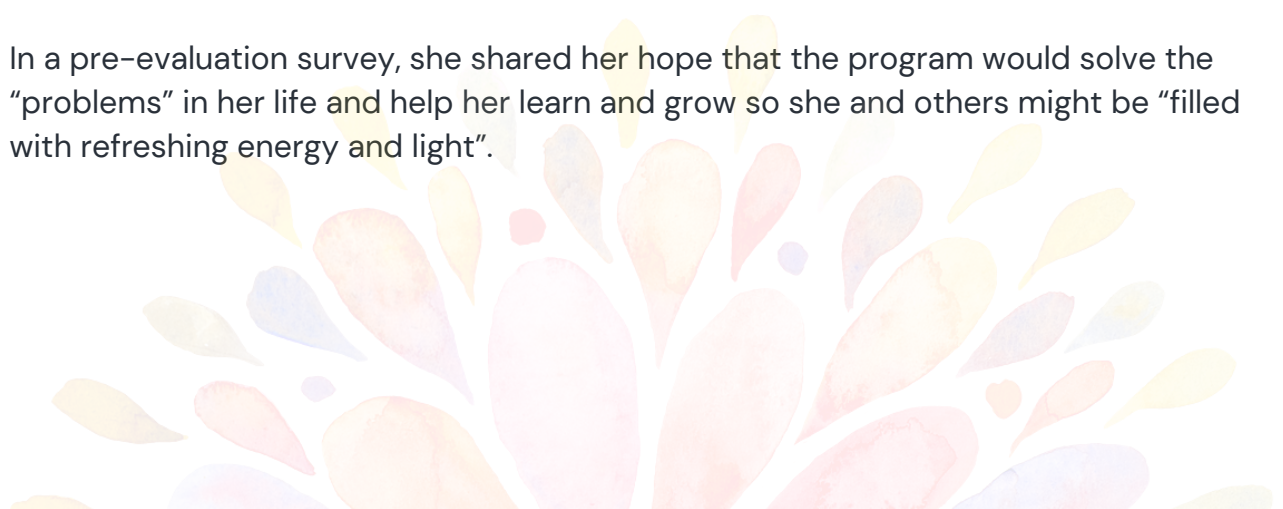
The final mean K10 score indicated a noticeable reduction in psychological distress for participants from pre to post-workshop assessment; inferring a reduction in feelings of agitation, anxiety, fatigue, restlessness, worthlessness and depression symptomatology

There were 14 participants that exited the Women's Transformational Program with scores under 20, indicating a healthy psychological and emotional state; a distinctive change from the 15 participants who entered the program with scores between 25 and 39.

These shifts observed from outset to completion of the program suggest a positive impact made.

Upon entry to the Women's Transformational Program, Lakshmi, 35 years old from Nepal's Doti District, displayed a high K10 score of 31. This score reflects someone with depression and anxiety most of the month.

In a pre-evaluation survey, she shared her hope that the program would solve the "problems" in her life and help her learn and grow so she and others might be "filled with refreshing energy and light".



Lakshmi's exit K10 score of 16, fell in the category of 'likely to be well' (i.e. a score of 10 indicates no distress) reflecting a reduction of 15 points from her entry score (Slade, Timothy & Grove, Rachel & Burgess, Philip, 2011). Her post-evaluation score was 15 out of a possible 15, indicating a high level of understanding of reproductive health, healthy self-esteem, and body confidence. Upon the completion of the program, Lakshmi shared how much she had learnt and touted the program's value after a lifetime of not looking after herself.

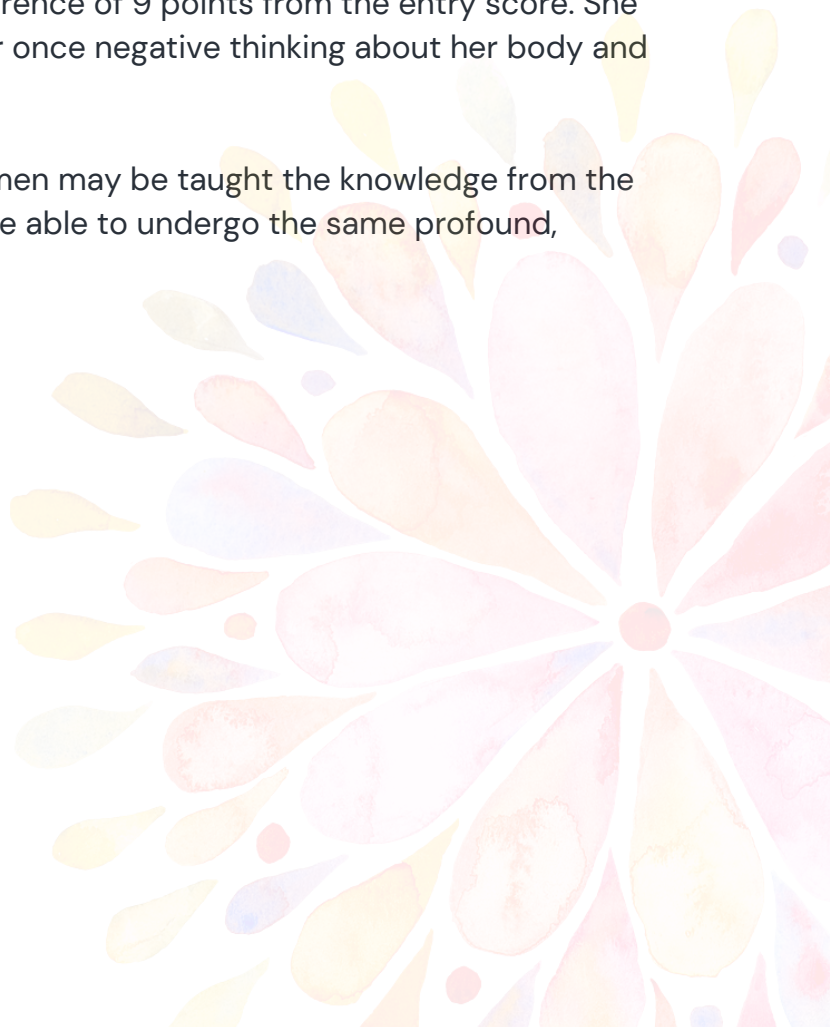
She credited the clarity of the training, its use of informative visuals, expressing how the five days were the happiest of her life, and hoped the training would spread further into needed areas for a positive impact on more women.

Upon entering the program, Shanti, 15 years old from Nepal's Acham District, displayed a K10 score of 24. This reflected a likelihood of mild-mental and emotional distress. In her pre-evaluation survey, she expressed the desire to learn ways of preventing future negative impact on her and others reproductive health. Her initial artwork, a mixed media piece consisting of collage and drawings, shared her belief that girls are discriminated not only after birth but also in the womb. She spoke of the selective abortion still happening in her community.

She shared about her personal satisfaction in choosing to persist with her education against her parents will. Eventually her parents conceded to continuing her education and understanding her resistance to an arranged marriage.

Geeta's exit K10 was 15, indicating a difference of 9 points from the entry score. She expressed gratitude for transforming her once negative thinking about her body and cycle, to feelings of ease and awe.

She shared her hopes that all Nepali women may be taught the knowledge from the Women's Transformational Program to be able to undergo the same profound, positive shifts.



CONCLUSION:

Complex gender-based violence, discrimination, and marginalization are all problems the Women's Transformational Program attempt to tackle.

"Many cause and effect pathways and numerous people and parts to the system... to address such problems a broad range of different skills, expertise and intervention types at different time points are usually required"

(Muir & Bennet, 2014, p.16)

Art to Healing partners with NGOs and other grassroots organizations to strengthen efforts in shifting the cultural mindset around menstrual discrimination within the community.

Working with art-based and trauma-informed modalities in a group setting is shown to be incredibly powerful and often transformative. Harnessing the various skill and capacities of practitioners across a range of services to do so, both foreign and Nepali, provide a rich, inclusive setting and process.

Chhori is a well-respected, all-Nepalese, women-led organization, boasting intimate knowledge and rapport for cultural practices. Their partnership with Art to Healing has been acutely successful in program delivery and achieving a meaningful impact.

The Women's Transformational Program held in Dhangadhi, in May 2018 noted positive changes in the psychological and emotional wellbeing of its participants through K10 scores. Favorable short-term outcomes were largely reflective of its innovative experiential, educational, therapeutic structure and delivery.

Through carefully chosen art therapy interventions, a nurturing and supportive environment, and the opportunity for self-expression, healing and insight, themes of empowerment, hope, resilience, self-love, and determination were portrayed. The structure of the program allowed ample room for participant expression and self-inquiry enabling a deeper understanding of the experiences of women in Nepal over surveys or metrics alone.

Across the participant pool, a newfound sense of appreciation, pride, and personal power as a woman was felt. Several participants spoke to their sense of hope for a healthier way of life, free from their own limiting gender beliefs, despite its prevalence in the wider culture. Many shared feelings of increased purpose and resilience, feeling more equipped with new knowledge, confidence, and the desire to share this with other women throughout the larger community.

A mean decrease of 11.63 was seen in the average K10 score from program entry to exit for the 20 participants, indicating a noticeable reduction in distress symptomatology

The mean post-evaluation survey score was 14.73 (out of a possible 15) indicating a high level of reproductive health knowledge and feelings of positive self-esteem post-completion.

Art to Healing hopes to spread the utilization of the expressive art therapies, combined with reproductive health education, as an innovative way and approach to create lasting change in issues around menstrual discrimination and improvement in a woman's innate sense of worthiness and confidence.

As inner resilience builds, and women start to accept and love their bodies, attitudes on gender-based violence will start to change; in turn, decreasing systemic issues of violence, trafficking, commercial sex exploitation, and slavery.

In order to prevent these atrocities, we must begin with empowering women to feel respect for their own bodies.



REFERENCES:

- Adhikari, P & Kadel, B & Dhungel, S & Mandal, Amrendra. (2006). Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal. Kathmandu University medical journal (KUMJ). 5. 382–6.
- Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health, 25(6) 494–497.
- Bishwajit, G., Sarker, S., & Yaya, S. (2016). Socio-cultural aspects of gender-based violence and its impacts on women's health in South Asia. F1000Research, 5, 802–812. doi:10.12688/f1000research.8633.1
- Case, C. & Dalley, T. (2014). The Handbook of Art Therapy. East Sussex; Routledge.
- Crawford, M., Menger, L. M., & Kaufman, M. R. (2014). "This is a natural process": Managing menstrual stigma in Nepal. Culture, Health and Sexuality, 16(4) 426–439.
- Declaration on the Elimination of Violence Against Women, G.A, res.48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), Retrieved from: <http://hrlibrary.umn.edu/resolutions/48/104GA1993.html>
- Hesse-Biber, S. N., Leavy, P. (2011). The Practice of Social Research 2nd Edition. Los Angeles; Sage.
- Hodal, K. (2016, April 1). Nepal's bleeding shame: menstruating women banished to cattle sheds. The Guardian. Retrieved from <https://www.theguardian.com/global-development/2016/apr/01/nepal-bleeding-shame-menstruating-women-banished-cattle-sheds>.
- ILO. (2014) Profits and poverty: the economics of forced labour / International Labour Office. – Geneva: ILO, 2014. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_243391.pdf
- Kempadoo, K. (2001). Women of Color and the Global Sex Trade: Transnational Feminist Perspectives. Meridians, 1(2), 28–51. Retrieved from <http://www.jstor.org/stable/40338451>
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L. T., Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychological Medicine, 32(6) 959–976. doi:10.1017/S0033291702006074
- Leavy, P. (2009). Methods Meets Art: Arts-Based Research Practices. New York; Guildford Press.
- Leavy, P. (2009). Methods Meets Art: Arts-Based Research Practices. New York; Guildford Press.

REFERENCES:

- Leavy, P. (2018) *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based and Community-Based Participatory Research Approaches*. New York: Guildford Press.
- Liebmann, M. (1986) *Art Therapy for Groups*. London; Routledge.
- Muir, K. & Bennett, S. (2014). *The Compass: Your Guide to Social Impact Measurement*. Sydney, Australia: The Centre for Social Impact.
- Niaz, U. (2003). Violence against women in South Asian countries. *Archives of Women's Mental Health*, 6, 173–184.
doi:10.1007/s00737-003-0171-9
- Niaz, U., & Hassan, S. (2006). Culture and mental health of women in South-East Asia. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 5(2) 118–20.
- Declaration on the Elimination of Violence Against Women, G.A, res.48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), Retrieved from: <http://hrlibrary.umn.edu/resolutions/48/104GA1993.html>
- Preiss, D. (2017). *Law in Nepal Sets Penalties for Forcing a Woman into a Menstrual Shed*. Retrieved from <https://npr.org/sections/goatsandsoda/2017/08/542585664/law-in-nepal-set-penalties-for-forcing-a-woman-into-a-menstrual-shed>
- Ranabhat, C., Kim, C. B., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015).
- Chhaupadi Culture and Reproductive Health of Women in Nepal. *Asia-Pacific Journal of Public Health*, 27(7) 785–795.
doi:10.1177/1010539515602743
- Taracena, K. (2018). *Her Space: Design Explorations for Menstrual Hygiene Management in Western Nepal* (Unpublished doctoral dissertation). University of Buffalo, New York.
- Weinert, D., & Weinert, P. (2018). *The Danger of Human Trafficking is no Secret in Nepal. Why is it Still so Common*. Retrieved from: <https://www.worldpoliticsreview.com/insights/25630/the-danger-of-human-trafficking-is-no-secret-in-nepal-why-is-it-still-so-common>
- Ranabhat, C., Kim, C. B., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015).
- Chhaupadi Culture and Reproductive Health of Women in Nepal. *Asia-Pacific Journal of Public Health*, 27(7) 785–795.
doi:10.1177/1010539515602743
- Taracena, K. (2018). *Her Space: Design Explorations for Menstrual Hygiene Management in Western Nepal* (Unpublished doctoral dissertation). University of Buffalo, New York.

We thank you for your ongoing support.

ACKNOWLEDGEMENTS

This report was written by Atira Tan, Asuka Hara, and Tiffany Moore. We thank the following people for their support in this project:

Hira Dahal and Kharisma Banjara from CHORRI, Nepal.
Peacewin Nepal.

Sally Stower, SEP, Art to Healing.

Cathy Inthapong and Atira Tan for Concept Design.

Funded and supported by Naren and Sono King from Crystal Castle (Byron Bay) and Matthias van Onselen.

Art to Healing 2020. Copyright and All Rights Reserved.



Art to Healing
Northcote, Melbourne,
Victoria, AUSTRALIA
0477859445
www.arttohealing.org
info@arttohealing.org