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The Intersection of Disability and Gender-Based Violence in Marriages of Visually Impaired Women: A Sociological Study in Punjab, India

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ABSTRACT

This research paper explores the intersection of disability and gender-based violence in the marriages of visually impaired women in Punjab, India. Visually impaired women face not only the challenges associated with disability but are also susceptible to gender-based violence within the patriarchal structure of Indian society. This study aims to understand the unique vulnerabilities faced by these women due to the compounded effects of gender and disability-based discrimination. Using qualitative interviews with visually impaired women, this research has critic ally examined the forms of abuse and violence. 40 women with visual impairment who were married either employed or unemployed were selected purposively by using snow ball technique from the state of Punjab. The broad objective of this study is to explore the issues of violence, type of violence faced and what type of strategies used by women to cope with violence. The findings of the study suggested that the main cause of domestic violence against women with visual impairment is financial reliance on spouses which can lead to power imbalances and often limits autonomy. The most common type of Violence against visually impaired women is a lack of communication and being ignored, reported by 16 respondents, while 14 respondents reported demeaned, insulted, or criticized, indicating verbal and psychological abuse followed by Physical violence reported by 11 respondents. The study found that the majority of incidents (52.5%) of domestic violence against married women with visual impairments are committed by the husband alone, reported by 21 respondents. Furthermore, the most common coping mechanism, reported by 14 respondents (35%), is interaction with family members and friends, indicating that social support plays a crucial role in managing stress and fostering emotional well-being. Finally, the results of the study stress the need to provide more educational, employment and rehabilitative services to women with visual impairment.

Key Words: Visual Impairment, Women, Gender, Violence, Disability.

INTRODUCTION:

According to Cambridge Dictionary, "Violence" isactions that are intended or likely to hurt people or cause damage. The issue of violence against women is not new. Women must endure the wounds of physical, emotional, and mental abuse in the home, as well as abuse in public, all of which have a greater impact on their standing in society. Foeticide, infanticide, medical neglect, child marriages, bride burning, forced marriages, sexual abuse of girls, rapes, prostitution, sexual harassment at home and at work, and other violent crimes against women are among the startling statistics of rising crime against women. Women are viewed as the aggrieved party in each of the aforementioned situations (1). Any act that causes or threatens the victim's health, safety, life, limb, or well-being is considered domestic violence. This includes any form of physical, sexual, verbal, emotional, or financial abuse committed by someone who is or was in a domestic relationship with the victim (2). The intersectionality of gender and disability has often been overlooked in the discourse of social justice and human rights. In India, women with disabilities, especially those who are visually impaired, live within a social framework that subjects them to multiple forms of marginalization. Gender-based violence is prevalent across India, but women with visual impairment

experience unique forms of abuse that are rarely addressed. This study focuses on visually impaired married women who faced domestic violence and seeks to understand how their experiences of gender-based violence are shaped by their disability. intersect. The experiences of visually impaired women, already marginalized due to their disability, become even more complicated when gender-based violence enters their marital lives. Like sighted individuals, marriage plays an important role in the lives of the visually impaired as it is related with the certain objectives of life. They also need a life partner with whom they can fulfil their emotional physical and social needs. The entry of a life partner in the life of visually impaired brings homely comfort, a sense of emotional security and freedom from despair and loneliness. Visually impaired males may get a sighted life partner but in many cases the partner is either illiterate or has a lower level of education. In a male dominating society like India, generally women have less access to education, employment as well as to get married, and visual impairment further decreases their opportunities.

Marriage of a blind girl is very difficult. Men with various handicaps are easily accepted where as a girl remains unaccepted. There are strong social compulsions to marry. Parents are under pressure to arrange a marriage and "settle" their daughter at any cost. Societal perception of marriage as the final responsibility towards their daughter leads some families to resort to any means, fair or foul, to find their husbands (Hema, 1996). Baquer and Sharma (1997) argue that because a disabled woman gets disqualified on account of her disability in an arranged marriage scenario. Parents of disabled girl are forced to make "a number of compromises" in the selection process. These compromises include marrying their daughter to an older man, widowers or as a second wife as well as offering "exorbitant" amounts of dowry. Such compromises are never made in case of boys (Klasing, 2007).

The dual identity of "disability" and "female" makes the women with disabilities a neglected group in the society at large in terms of rights and benefits. They face more complex and multi-dimensional social expulsion compared to able women and the disabled people in general. As shown by several researches (Deegan and Brooks, 1985; Fine and Asch, 1988; Morris, 1991; Lonsdale, 1990; Begum, 1992) most women with disabilities consider marriage to be a significant challenge in the course of their lives.

Disability, Gender, and Violence: A Global Overview

Globally, women with disabilities are disproportionately affected by violence compared to non-disabled women. Studies indicate that women with disabilities face both physical and psychological abuse at higher rates due to their perceived vulnerability and dependence. The dual identities of being disabled and female place them at the intersection of multiple axes of discrimination. According to the World Health Organization (WHO), women with disabilities are almost twice as likely to experience domestic violence as women without disabilities.

Gender-Based Violence in India

India is home to a complex societal structure where gender-based violence is widespread, with the National Family Health Survey (NFHS) reporting high rates of domestic abuse. This violence is often perpetuated by societal norms that promote male dominance and the subjugation of women. Although gender-based violence has received increased attention from researchers and policymakers, the experiences of disabled women, particularly in the context of marriage, remain under-explored.

Violence in marriage is often normalized, and disability adds an additional layer of vulnerability for women. Visually impaired women, in particular, face a host of challenges, from social stigma to the perception that they are burdensome. We can find instances of visually impaired men marrying normal healthy women, whereas there are very few cases where normal healthy men marry visually impaired women.

These findings account for the fact that males have better opportunities of education, training and rehabilitation. They can mix more freely in the society and have a wider field of jobs. After becoming financially independent most of them are in a position to support their wives and families. On the other hand, visually impaired women have less access to education, training, and rehabilitation and thus many of them remained unemployed, which further decreases their opportunities of getting married. Furthermore, after marriage, chances of violence against women with visual impairment are relatively more. In the present paper, an effort has been made to explore the type of violence faced by women with visual impairment, perpetrators of violence, reactions and the coping strategies adopted by these women to cope with violence.

OBJECTIVES OF THE STUDY:

- 1. To explore the forms of gender-based violence faced by women with visual impairment.
- 2. To explain the intersection of disability and gender in exacerbating these forms of violence.
- 3. To study the coping mechanisms and strategies employed by visually impaired women to survive such with violence.

Research Design:

This study adopts a qualitative research design, using in-depth interviews to explore the lived experiences of visually impaired women who have faced gender-based violence in their marriages.

Sample:

For the present study, 40 married women with visual impairment were selected irrespective of their employment status. These women were selected purposively by using snow ball technique from the state of Punjab. A semi-structured interview schedule was used to collect the data which included question related to issues of violence, type of violence faces, reaction of women and coping strategies adopted have been included.

DATA ANALYSIS: AGE AT MARRIAGE

Table No.1 Distribution of Respondents on the basis of age at the time of Marriage:

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Age at the time of Marriage	Frequency	Percent
18-25	10	25
26-30	16	40
31-35	08	20
36-40	06	15
Total	40	100

The data in Table No.1 presents the distribution of visually impaired women based on their age at the time of marriage. The age group 26-30 has the highest frequency of marriage, with 16 respondents, accounting for 40% of the sample. This suggests that this age range is seen as the most suitable for marriage, likely due to societal expectations that prioritize personal and financial stability during this period. The age group 18-25 follows, with 10 respondents (25%), possibly reflecting early marriages within families that may prioritize earlier marital arrangements. The age group 31-35 has 8 respondents (20%), indicating that while marriage is still common, it may be less prioritized due to potential concerns about age or other social factors. Lastly, the age group 36-40 has the lowest frequency, with only 6 respondents (15%), suggesting this age is less favored for marriage, likely due to traditional views associating later ages with reduced marital prospects. This distribution reflects cultural norms where marriage is encouraged within specific age ranges to align with societal expectations of maturity, stability, and familial readiness.

EDUCATIONAL QUALIFICATION OF THE RESPONDENTS:

Table No. 2 Distribution of respondents as per their educational qualification

Educational Qualification	Frequency	Percent
Matric	12	30
Senior Secondary	10	25
Graduation- with professional Degrees	14	35
Post-Graduation with professional degrees	04	10
Total	40	100

Table No. 2 provides the educational qualifications of 40 visually impaired married women, showing a varied educational background across four levels. The majority of respondents have attained Graduation with professional degrees, with 14 women (35%), indicating a strong emphasis on acquiring higher education, likely to enhance employment opportunities or personal skills, even with visual impairments. The second largest group, Matric-qualified women, comprises 12 respondents (30%), suggesting that while some women pursue only basic education, a significant portion still progresses beyond this level. Senior Secondary qualifications account for 10 women (25%), reflecting a transition phase where women may have had limited opportunities to continue their studies due to social or economic constraints. Lastly, only 4 women (10%) hold Post-Graduation with professional degrees, highlighting that advanced education is pursued by a smaller group, possibly due to factors such as resource limitations or societal expectations. The data suggests a general trend toward professional education, but with varying levels of accessibility across educational stages.

OCCUPATIONAL STATUS OF THE RESPONDENTS:

Table No. 3 Distribution of respondents as per their occupational status

Occupational Status	Frequency	Percent
Unemployed	14	35
Low level	08	20
Middle level	16	40
High level	02	05
Total	40	100

Table No. 3 illustrates the employment status of 40 visually impaired married women, with the majority (40%) employed in middle-level positions, accounting for 16 respondents. This dominance of middle-level employment suggests that many visually impaired women are able to secure roles that may offer moderate responsibilities and stability, possibly due to increased access to supportive educational programs or vocational training. The second largest group is unemployed women, with 14 respondents (35%), indicating that a substantial number still face challenges in entering the workforce, likely due to social stigma, limited accessibility, or fewer job opportunities for the visually impaired.

Low-level jobs account for 8 respondents (20%), reflecting opportunities in entry-level positions, which may require fewer qualifications or offer flexible work conditions. Only 2 respondents (5%) hold high-level positions, showing that while some visually impaired women attain high-level roles, such progression remains challenging, potentially due to structural barriers within the job market. This distribution highlights varying levels of professional achievement among visually impaired women, influenced by social, economic, and educational factors.

INCOME OF THE RESPONDENTS:

Table 4. Distribution of respondents as per their Income per months:

Income of respondents (Per month)	Frequency	Percent
NA	14	35
Below 10,000	04	10
10,000-20,000	12	30
Above 30,000	10	25
Total	40	100

Table No. 4 shows the monthly income distribution of 40 visually impaired married women, with the largest group earning between ₹10,000-20,000, representing 18 respondents (45%). This indicates that most visually impaired women in the workforce earn within this range, possibly due to employment in middle-level or low-paying jobs that align with their qualifications or accessible job opportunities. The second largest group, with 14 respondents (35%), earns below ₹10,000, reflecting challenges in securing higher-paying positions and indicating possible employment in low-level roles or part-time work. Only 8 respondents (20%) earn above ₹30,000, suggesting that fewer visually impaired women have access to higher-level jobs or roles with substantial income, likely due to barriers in career advancement and limited opportunities in high-paying sectors. This distribution highlights an income disparity tied to job level and accessibility, showing that while a portion earns a moderate income, most respondents remain in lower income brackets.

HEALTH STATUS OF THE SPOUSE:

Table: 5. Health status of the spouse:

Type of health status of the Spouse	Frequency	Percent
Sighted	06	15
Locomotor Disability	10	25
Totally blind	18	45
Partially sighted	06	15
Total	40	100

Table No. 5 presents the health status of the spouses of 40 visually impaired married women. The majority of respondents' spouses, totaling 18 (45%), are totally blind, suggesting that visually impaired individuals may often marry within communities facing similar disabilities, possibly due to shared understanding and social support networks. Spouses with locomotor disabilities form the second largest group, with 10 respondents (25%), reflecting that some visually impaired women marry individuals with other types of disabilities, potentially due to inclusive marital norms within disability communities.

Sighted spouses and those who are partially sighted each account for 6 respondents (15%), indicating that a smaller percentage of visually impaired women marry sighted or partially sighted individuals, possibly due to societal expectations or compatibility considerations related to managing life with a disability. This distribution highlights a trend where visually impaired women are more likely to have spouses with disabilities, which may foster mutual empathy and support.

CAUSES OF VIOLENCE:

Every individual has his own opinion regarding all matters and issues. In case of visually impaired, main areas of differences between the two partners usually occurs regarding daily needs, money matters and mobility etc.

Table	6:	Causes	of	Violence
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Causes of Violence	Frequency	Percent	
Difference of Opinion	12	30	
Mobility Issues	08	20	
Economic Dependence	14	35	
All the above matters	06	15	
Total	40	100	•

Table No. 6 outlines the reported causes of violence experienced by 40 visually impaired married women, with economic dependence being the most cited reason, affecting 14 respondents (35%). This suggests that financial reliance on spouses can lead to power imbalances and increased vulnerability to violence, as economic dependence often limits autonomy. The second most common cause, reported by 12 respondents (30%), is a difference of opinion, indicating that disagreements or conflicts in viewpoints contribute significantly to strained marital relationships. Mobility issues account for 8 respondents (20%), reflecting how challenges in independent movement may increase stress or create dependency, potentially escalating tensions. Finally, 6 respondents (15%) reported experiencing violence due to a combination of all these factors, illustrating how overlapping vulnerabilities can intensify the risk of conflict and abuse. This distribution highlights how economic and physical dependencies can create complex, interwoven challenges for visually impaired women in marital relationships.

TYPE OF VIOLENCE FACED:

Family violence, in the context of disability, refers to physical, psychological or sexual maltreatment, abuse or neglect of a woman with disabilities by her spouse or in-laws. It is a violation of trust and an abuse of power in a relationship. Violence and abuse are serious problems for persons with disabilities, who are at greater risk than non-disabled persons (Brown, et.al.1995; Hassouneh-Phillips & Curry, 2002;, Powers, et.al. 2002; Sobsey& Doe, 1991; Turk & Brown; 1993; Young, et.al. 1997). An attempt was made to find out the type of violence being used by the spouse.

Table No. 07: Distribution showing different types of violence used by their spouses

Response	Frequency	Percent
Lack of communication and ignored	16	40
Demeaned/insulted/criticized	14	35
Denied permission to express views	05	12.5
Threatened/Shouted-abused	09	22.5
Resorted to physical violence	11	27.5

Table No. 7 shows the various forms of violence experienced by 40 visually impaired married women from their spouses. The most common type, reported by 16 respondents (40%), is a lack of communication and being ignored, which may reflect emotional neglect and create feelings of isolation. The second most frequent form, experienced by 14 respondents (35%), is being demeaned, insulted, or criticized, indicating verbal and psychological abuse that can undermine self-esteem. Physical violence was reported by 11 respondents (27.5%), demonstrating that a significant portion face physical harm. Additionally, 9 respondents (22.5%) were threatened or shouted at, showing that intimidation is a prevalent issue. Lastly, 5 respondents (12.5%) reported being denied permission to express their views, highlighting control tactics that restrict personal autonomy. This distribution indicates that emotional and verbal abuses are the most common, though physical violence and intimidation are also significant concerns.

PERPETRATOR OF VIOLENCE

Violence in the family is one of the major reason of marital breakdown. Spouse and close family members are the most common perpetrators of violence. An effort has been made to identify the main perpetrators of violence in the present study.

Table No. 8: Distribution showing the perpetrator in case of Domestic violence

Response	Frequency	Percent
Spouse	21	52.5
Spouse and In-laws	11	27.5
In Laws	08	20
Total	40	100

Table No. 8 outlines the perpetrators of domestic violence against 40 visually impaired married women, showing that in the majority of cases (52.5%), the violence is inflicted by the spouse alone, reported by 21 respondents. This suggests that intimate partner violence is the predominant form, likely driven by control dynamics or lack of emotional support within the marriage. Additionally, 11 respondents (27.5%) reported experiencing violence from both their spouse and in-laws, indicating that some women face hostility from multiple family members, which can exacerbate feelings of isolation and vulnerability. Lastly, 8 respondents (20%) reported violence solely from in-laws, highlighting that in certain cases, extended family plays a direct role in abusive situations, possibly due to control over household decisions or traditional family hierarchies. This distribution emphasizes that visually impaired women are often most vulnerable to violence from close family members, primarily their spouses, and occasionally from in-laws as well.

REACTIONS TO THE ABUSE

Domestic violence has a powerful impact on women with visual impairment, not only physically, but also psychologically. Different persons cope with abusive behaviour differently. Some get depressed other becomes vengeful. An attempt has been made to procure information pertaining to the reaction of respondents who were the victims of family violence.

Table No. 9: Distribution showing reactions of the respondents towards abusive behavior

Reactions	Frequency	Percent
NA	10	25
Sad and Depressed	04	10
Vengeful	12	30
Frustrated	10	25
All the above	04	10
Total	40	100

Table No. 9 displays the reactions of 40 visually impaired married women toward abusive behavior from their spouses or family members. The most common response, reported by 12 respondents (30%), is feeling vengeful, indicating that abuse can provoke strong retaliatory feelings. A significant portion, 10 respondents (25%), reported feeling frustrated, reflecting the emotional toll and helplessness that abuse can cause. Another 10 respondents (25%) marked "NA," suggesting either non-disclosure of feelings or a lack of specific emotional response, possibly due to numbness or resignation. Four respondents (10%) expressed sadness and depression as their primary reaction, pointing to the psychological impact of ongoing abuse. Additionally, 4 respondents (10%) experienced all of the above reactions, highlighting the complex, mixed emotions that can arise in response to abusive situations. This distribution underscores the varied emotional responses to abuse, with many women feeling frustrated, vengeful, or deeply saddened by their experiences.

DIFFERENT MECHANISMS ADOPTED TO COPESTRESS OCCURRED DUE TO VIOLENCE:

Stress is an emotional, psychological or physical strain caused by our response to pressure from the outside world. Common reactions to stress include tension, irritability, inability to concentrate, disappointment, and a variety of physical symptoms. Stress is a naturally acquired problem of all human beings but it can be experienced more frequently among visually impaired because of their dependence on others. Visually impaired people are prone to either internal or external causes of stress. Internal sources of stress involve personal deficiencies such as disability, lack of confidence or fear of social situations that prevent them from reaching their goal. External source of stress may be discriminatory attitude towards visually impaired prejudices and lack of awareness of general people. While music and writing are known to be the most effective methods of relaxing mind until some time back, especially for the visually impaired. With the advancement in technology, increased awareness about their rights, and rising educational and employment opportunities, visually impaired are more occupied with the media like using computer and surfing on internet with screen reading software. An effort has been made by the researcher to explore different types of coping strategies more often utilized by visually impaired to meet stressful experiences.

Table 10: Distribution showing different strategies adopted by the respondents to cope with stress

Response	Frequency	Percent		
Writing and Music	04	10		
Prayer, crying	12	30		
Use computer, listen news and music	06	15		
Interaction with family members and friends	14	35		
Interaction with children	04	10		
Total	40	100.0		

Table 10 illustrates the different strategies employed by 40 visually impaired married women to cope with stress. The most common coping mechanism, reported by 14 respondents (35%), is interaction with family

members and friends, indicating that social support plays a crucial role in managing stress and fostering emotional well-being. Following this, 12 respondents (30%) turn to prayer and crying as a means of emotional release, reflecting a reliance on spiritual practices and the cathartic effects of expressing emotions. Additionally, 6 respondents (15%) engage with technology, such as using computers and listening to news and music, suggesting that these activities provide a distraction or a way to stay informed and connected. Meanwhile, 4 respondents (10%) use writing and music as a form of expression and coping, and another 4 (10%) find solace in interacting with their children, highlighting the importance of familial bonds in managing stress. This distribution showcases a range of coping strategies, with interpersonal interactions being the most favored approach for alleviating stress among these women.

Thus, these findings account for the fact that, despite the traditional methods like writing and music, visually impaired women are also using modern multi-media channels. They have good social network and they interact with their families as well.

DISCUSSION:

The study provides a comprehensive examination of gender-based violence against visually impaired women in Punjab, India, through various dimensions, including age at marriage, educational qualifications, occupational and income status, spouse health, causes and types of violence, perpetrators, emotional reactions, and coping strategies. The findings reflect how social, economic, and cultural factors intersect with disability, shaping the marital experiences and vulnerability to violence for visually impaired women. Firstly, the data on age at marriage indicates that the societal norm leans toward marrying in the mid-to-late twenties, reflecting broader cultural expectations surrounding maturity, stability, and readiness for marital responsibilities. This aligns with the common belief that marriage within this age range allows for both personal and financial stability, seen as essential traits in a spouse. This insight also illustrates the challenges faced by visually impaired women in securing marriages outside this "preferred" age bracket, likely due to traditional views associating later marriage with reduced desirability.

The study also shows a spectrum of educational achievements among the respondents. Although a considerable number of these women have attained at least a matric-level education, a significant portion holds professional degrees, pointing to a trend towards higher education among visually impaired women. Such qualifications may help mitigate some challenges related to disability, as these women aim to enhance employability and gain autonomy, even within a challenging socio-economic context.

Occupationally, visually impaired women are distributed across various employment levels, with a notable concentration in middle-level roles, suggesting that vocational training and support systems play a role in providing employment opportunities. However, a high percentage remain unemployed or in low-level positions, pointing to systemic barriers that prevent their upward mobility. This also correlates with the income data, where a substantial number of women are limited to modest earnings, with only a small fraction achieving high-paying positions. These limitations contribute to economic dependence on their spouses, which further increases their vulnerability to abuse.

The findings reveal that the health status of the spouses varies, though a majority of visually impaired women are married to individuals with disabilities themselves. This tendency may arise from mutual understanding within communities with shared experiences, suggesting a supportive aspect in such relationships. However, this dynamic does not necessarily preclude violence, as economic dependence and mobility issues remain significant stressors.

Economic dependence emerges as the primary reported cause of violence, highlighting a power imbalance where financial reliance on the spouse can restrict autonomy and contribute to tensions within the marriage. Additionally, mobility issues and differences of opinion exacerbate marital strain, emphasizing the unique stressors that visually impaired women face, which may not be as pronounced in the general population. In terms of the types of violence, emotional neglect and verbal abuse are the most common, though physical violence and intimidation are also notable, indicating the varied forms that abuse can take within these marriages.

The data also illustrates that, in most cases, the perpetrators of violence are primarily the spouses, followed by a combination of spouses and in-laws. This suggests that visually impaired women, already in a vulnerable position due to disability, often face hostility and abuse from those closest to them. The resulting emotional toll is substantial, with common responses including feelings of frustration, vengefulness, sadness, and depression, illustrating the profound impact of such abuse on mental health.

In response to violence and stress, the coping strategies adopted by the respondents range from traditional methods, such as prayer, crying, and engaging in music or writing, to more contemporary options like using technology and seeking interaction with family and friends. This indicates that despite facing significant

challenges, visually impaired women actively seek emotional support and employ a variety of coping mechanisms to manage stress, underscoring the resilience within this group.

CONCLUSION:

This study highlights the intersecting challenges faced by visually impaired married women in Punjab, who are more vulnerable to gender-based violence due to factors like economic dependence, limited employment opportunities, and cultural norms. The findings suggest that while educational and professional achievements provide some degree of autonomy, these are insufficient to fully protect against violence without broader systemic changes. Abuse in these marriages is often perpetuated by spouses and close family members, underscoring the need for targeted support and interventions within familial and marital settings. The coping strategies employed by these women, particularly through social interactions, prayer, and technology, reflect a degree of agency in managing their circumstances. However, there remains a pressing need for increased social support, improved economic opportunities, and protective measures for visually impaired women. Addressing these needs through policy initiatives, awareness campaigns, and accessible support systems could play a pivotal role in reducing gender-based violence and empowering visually impaired women in Punjab. There is an urgent need for policy reforms that take into account the specific experiences of visually impaired women, as well as the creation of accessible support systems.

Future research should focus on developing interventions that address both the societal and institutional failures that allow such violence to persist. Additionally, raising awareness about the rights of women with visual impairment is crucial for empowering them to challenge the violence they face.

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