

Addressing Gender-Based Violence in East and South-East Asia



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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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ADDRESSING GENDER-BASED VIOLENCE IN EAST AND SOUTH-EAST ASIA

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Bangkok, Thailand, June 2007

Acknowledgements

I would like to thank the UNFPA Country Representatives and Programme Officers for facilitating the work of consultants who produced country reports on Gender-Based Violence programmes and interventions in China, Cambodia, Malaysia, Mongolia, Myanmar, Indonesia, Philippines, Thailand, Timor Leste and Vietnam.

The list of consultants respectively comprise: Feng Yuan; Ly Vichuta; Wong Yut-Lin and Maria Chin Abdullah; Bindirya Dugersuren, S. Evlegsuren, S. Erdenetuya and J. Naranchimeg; Janice Moore; Gondan Puti Renosari; Aida F. Santos; Siriwan Grisurapong and Mullika Muttiko; Kathryn Robertson; and Kathy Taylor and Vu Manh Lo. This report is largely based on the work of these consultants who produced documents with rich information some of which could not, unfortunately, be integrated either due to limitation of space or because it was beyond the purview of the report. However, each consultant's full report is available in the respective UNFPA Country offices.

I would also like to thank Dr. Rita Reddy and Dr. Pawadee Tonguthai for their comments on Chapters 3 and 4. In particular, I am very grateful to Linda Adams, a consultant, for her valuable assistance in the consolidation of this report.

Overall, I wish to appreciate the inputs and encouragement provided by our CST Director, Mr. G. Giridhar in the process of initiating and completing this report. Although the country offices have verified the information provided by their consultants, I remain responsible for any shortcomings.

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FOREWORD

Prevention of gender-based violence (GBV) constitutes a priority area for achievement of gender equality and reproductive health and rights. In the E&SE Asia region, domestic violence, sexual violence, trafficking and sex selective abortions are some of the existing forms of GBV. These are inextricably linked to gender inequality and powerlessness of women and have significant RH impacts that further deepen the inequalities and ultimately contribute to under-development.

All countries in the region are addressing GBV in one way or another with varying levels of technical and institutional resources. This report provides valuable experiences of countries in implementing interventions by governments and NGOs supported by UNFPA and other development partners. While the laws, policies and institutions to address GBV exist, their effective implementation remains a challenge. Many of them are still ambivalent to the principles of gender equality, reproductive rights and human rights.

This issue has rightly attracted multi-sectoral approaches targeted at a range of stakeholders focusing on prevention through awareness creation, treatment and rehabilitation of victims and training of service providers. The strategy of involving diverse communities such as faith-based organizations, men and women groups is well demonstrated across countries. In order to enhance the role of boys and men in preventing GBV in Asia, UNDP, UNFPA and UNIFEM are working together to initiate a joint programme from next year.

This report has been prepared with significant inputs from UNFPA Country Offices. It presents six dimensions of the issue: institutional frameworks, legal frameworks, awareness creation and prevention, medical and psychosocial interventions, legal services and national debates and dialogues. This is similar to the range of interventions recommended in the Secretary-General's 2006 in-depth study of what works in eliminating violence against women. As such, this report contains good reference material useful for development and gender advocacy groups as well as policy makers and donors. We believe that it will therefore help to further strengthen GBV prevention.

I wish to express my sincere thanks to UNFPA country offices for providing valuable comments and to the Emerging Social Issues Division, UNESCAP for a review of the draft. I appreciate the energy and devotion of Ms Mere Kisekka, our Advisor on Gender and Socio-Cultural Research, who has initiated and coordinated inputs from different UNFPA country offices and prepared this consolidated report. UNFPA is convinced that such experience sharing on GBV prevention would be very useful for countries and for the region.

G. Giridhar
Director, UNFPA CST for E&SE Asia and
UNFPA Representative in Thailand
Bangkok.

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Abbreviations & Acronyms

| | |
|--------|--|
| ADB | Asian Development Bank |
| ADRA | Adventist Development and Relief Agency |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMKV | Association of Men Against Violence (<i>Asosiasi Mane Kontra Violencia</i>) |
| APWLD | Asia Pacific Forum on Women Law and Development |
| ARH | Adolescent Reproductive Health |
| AUSAID | Australian Agency for International Development |
| AWL | Association of Women's Lawyers (Selangor and Federal Territory) |
| AZG | MSF-Holland |
| BCC | Behavior Change Communication |
| CBO | Community Based Organization |
| CBS | Central Bureau of Statistics |
| CCF | Country Cooperation Framework for Thailand (CCF) |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CHRD | Centre for Human Rights and Development |
| CHR | Commission on Human Rights |
| CIRR | Catholic Institute for International Relations (CIIR) |
| CPCR | Foundation of Centre for the Protection of Children's Rights |
| CRC | Convention on Rights of the Child |
| CST | Country Technical Services Team |
| CVMC | Cagayan Valley Medical Centre |
| CWCC | Cambodia Women's Crisis Centre |
| CWD | Centre for Women and Development |
| DAW | Division for the Advancement of Women |
| DESA | Department for Economic and Social Affairs |
| DVA | Domestic Violence Act |
| ECPAT | End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purpose |
| ESEA | East and South-East Asia |
| EU | European Union |
| EVAW | Elimination of Violence Against Women |
| FWCW | Fourth World Conference on Women |
| GAATW | Global Alliance Against Traffic in Women |
| GBV | Gender Based Violence |
| GDP | Gross Domestic Product |
| GDRI | Gender and Development Research Institute |
| GTZ | German Technical Cooperation |
| HIV | Human Immunodeficiency Virus |
| IATF | Inter Agency Task Force |
| ICESCR | International Covenant on Economic, Social, and Cultural Rights |
| ICPD | International Conference on Population and Development |
| IDPs | Internally Displaced Persons |
| IEC | Information, Education, Communication |
| INGO | International Non-governmental Organization |
| IOM | International Organization for Migration |

| | |
|-----------|--|
| IRC | International Rescue Committee |
| IWD | International Women's Day |
| JAG-VAW | Joint-Action Group against Violence Against Women |
| JSMP | Judicial System Monitoring Programme |
| MDGs | Millennium Development Goals |
| MIS | Management Information System |
| MISP | Minimum Initial Services Package |
| MSM | Men who have sex with men |
| NGO | Non-governmental organization |
| NHRC | National Human Rights Commission |
| NOVIB | OXFAM Netherlands |
| NSO | National Statistics Office |
| OSCC | One-Stop Crisis Centre |
| OWAFD | Office of Women's Affairs and Family Development |
| Oxfam GB | Oxfam Great Britain |
| Pesantren | Islamic Boarding School |
| PSI | Population Services International |
| PUSKESMAS | Community Health Centre |
| PUSPITA | Pesantren based women crisis centre |
| RaFH | Centre for Reproductive and Family Health |
| RCGAD | Research Centre for Gender and Development |
| RH | Reproductive Health |
| RHIYA | Reproductive Health Initiative for Youth in Asia |
| SC | Save the Children |
| SDC | Swiss Agency for Development and Cooperation |
| SRH | Sexual and Reproductive Health |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TBA | Traditional Birth Attendant |
| UN | United Nations |
| UNCT | United Nations Country Team |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| UNMISSET | United Nations Mission in Support of East Timor |
| UNTAET | United Nations Transitional Administration in East Timor |
| VAC | Violence Against Children |
| VAW | Violence Against Women |
| VAWC | Violence Against Women and Children |
| WB | World Bank |
| WCC | Women Crisis Centre |
| WHO | World Health Organization |
| WIC | Women's International Centre |
| WPD | World Population Day |
| WRC | White Ribbon Campaign |

Introduction

1.1 Global Mandate

The United Nations Declaration on Violence Against Women defines gender-based violence (GBV) “as any act that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”¹. The UN Assembly states that reference to the word gender underpins the fact that most victims of interpersonal violence are women and that violence is directed to them because they have unequal power in relationships with men and low status in most contexts. Accordingly, the many forms of GBV take place in various contexts ranging from the home, workplace, disaster and conflict situations to name but a few. Similarly, GBV varies in time and place regarding the nature and extent to which it is sanctioned by culture and the State. Hence, perpetrators can include family and community members, peers, supervisors, strangers and agents of the State.

The mandate to address GBV is global and concerted having been spearheaded by the women’s movement in academia, civil society and NGOs and embraced by the UN and international community in a series of landmark conferences, treaties, resolutions and policy frameworks including Human Rights, CEDAW, ICPD and FWCW as highlighted in Box 1. These frameworks underscore the fact that addressing GBV is central to attainment of gender equality and women



Photo credit : UNFPA Timor Leste

¹ United Nations 1993.

Box 1: International Policy Frameworks on Gender-Based Violence

| Conference Declarations and Resolutions | Provisions on Gender-Based Violence |
|--|---|
| 1. World Conference on Human Rights (1993) and Vienna Declaration and Programme of Action | <ul style="list-style-type: none"> Gender-based Violence and all forms of sexual harassment and exploitation including those resulting from cultural prejudice and international trafficking are incompatible with the dignity and worth of the human being, and must be eliminated. |
| 2. International Conference on Population and Development (1994) and Programme of Action | <ul style="list-style-type: none"> Gender equality, equity and empowerment of women are important ends in themselves and are a cornerstone of population and development -related programmes. Governments are to take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. |
| 3. World Social Summit for Social Development (1995) and Programme of Action | <ul style="list-style-type: none"> Condemned violence against women and reiterated ICPD declaration on the subject. Affirmed the right to development through the reduction of poverty and the protection of the rights and needs of women, children and other vulnerable groups. |
| 4. Fourth World Conference on Women (1995) and Beijing Declaration and platform for Action (devoted a section to violence against women) | <ul style="list-style-type: none"> Recognized that the elimination of violence against women especially women belonging to groups such as refugees, migrants, and persons with disabilities is essential to equality, development and peace. Beijing + 5 requested Governments to eliminate discriminatory legislation by 2005. |
| 5. Congress against Commercial Sexual Exploitation of Children (1996) and Declaration and Agenda for Action | <ul style="list-style-type: none"> Called for action against commercial sexual exploitation. |
| 6. Millennium Development Goals | <ul style="list-style-type: none"> Reaffirmed goals of previous conferences. Also affirmed that the promotion of gender equality and the empowerment of women are effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable. |

Source: WHO July 1997.

empowerment and are also inextricably linked to the vision and realization of many goals including human rights, poverty eradication, and good governance. The 2006 Secretary General's study on Violence Against Women has given an excellent comprehensive picture on all dimensions including contexts, forms and prevalence, care, preventive and legislative actions as well as gaps and challenges². This study shows how UN agencies and development partners have incorporated GBV in their work at national, regional and international levels.

Observance of UN designated days such as 8th March International Women's Day (IWD), 25th November International Day for the Elimination of Violence Against Women, and other internationally-led initiatives including the 16 Days of Activism to Eliminate Violence Against Women and the White Ribbon Campaign (WRC) have expanded the space for high-level government officials and key players to make clear statements and commitments in the public arena on the issue of GBV. In this regard, it is noteworthy that the 2007 IWD theme has featured "ending impunity for violence against women" .

1.2 Scope

This report takes stock of programmes and interventions supported by UNFPA and other UN and international agencies and implemented by government and NGOs in East and South-Eastern Asia (ESEA). It does not include the issue of trafficking nor does it cover other critical dimensions of GBV such as causes and consequences or patterns and prevalence.

This situation analysis on programmes and interventions addressing GBV was initiated by the Bangkok UNFPA Country Technical Services Team (CST) to cover countries it serves in ESEA namely China, Cambodia, Indonesia, Malaysia, Mongolia, Myanmar, Philippines, Thailand, Timor Leste and Viet Nam but excluding Lao PDR and DPRK for logistical reasons. Each of the UNFPA

Country Offices identified a national consultant who conducted the exercise under the guidance and participation of the CST Gender Advisor in the following activities:

- Visits to selected government, UN and international agencies and NGOs
- Interviews with key officers
- Site visits to projects
- Retrieval and review of documents

On the basis of these activities, each national consultant submitted a report. However, UNFPA country offices in Malaysia, Timor Leste, Viet Nam and the UN Human Rights & Gender Team in Mongolia had already initiated their national reports on GBV, which are also consolidated in this report.³

The report is organized around nine topics. After the introduction, the second chapter provides an overview of UNFPA and other entities supporting or implementing GBV interventions. The third and fourth chapters respectively examine institutional and legal frameworks for GBV that are operational in the study countries. The next three chapters present and assess the interventions and programmes on GBV, which include preventive activities as depicted in awareness creation/sensitization and also in provision of medical, psychosocial and legal services. The last chapter presents the national debates and dialogues, which emanate from cultural perceptions, political and economic environments as well as the portrayal of GBV issues in the mass media. By way of conclusion, the report reflects on the achievements and

² United Nations 2006.

³ See Mongolia UN Human Rights and Gender Team Group 2004; UNFPA Malaysia, 17 April 2006; UNFPA Timor Leste. October 2005; and UNFPA Viet Nam. October 2006. Each country's GBV consultant report is available from the respective UNFPA Country Office or Gender Team Group. In these reports due acknowledgement is given to interviewees and other collaborators. The reports contain additional rich information on projects and other aspects of GBV, which it has not been possible to integrate here.

challenges revealed in the study countries in addressing GBV, which by implication point to possible areas of future action.

1.3 Gender Terminologies

Since the terrain of gender is replete with ever-changing and sometimes inconsistent use of terminologies, it is necessary to clarify some of the core ones that appear in this report. To begin with, the very term gender, although theoretically distinct from sex, appears to have become the “politically correct” or seemingly progressive term to use (misuse) in many circles. Regrettably, for example, when filling one’s bio-data one is frequently asked to indicate his/her “gender” whereas the correct term should be one’s “sex”. Most, if not all our data are simply sex-disaggregated (by male and female) and it is only when that data are subject to a gender analysis by attributing the revealed inequalities and power relations to socio-cultural norms pertaining to the sexes, can we then say we have gender disaggregated data.

Then again there is GBV (gender-based violence) versus VAW (violence against women).

The crucial point is that, whereas both men and women do suffer from GBV as captured above in the UN definition, the reality is that most violence is experienced by women at the hands of men, a fact that is linked to society’s assignment to women of certain subjugated roles, unequal power relations, statuses and expectations vis-à-vis men, which then constitute the gender roles. Given this reality, it is not surprising that the two terms are often used interchangeably and have erroneously become operationally synonymous.

Last, there are differing views on the use of the term “victim” versus “survivor”. One view holds that the term “victim” infers disempowerment whereas “survivor” projects power to overcome the circumstances of abuse or violence. Others see it as a process from being a victim to a survivor with varying outcomes ranging from death, permanent injury or disability to full recovery and empowerment to overcome the damage. No doubt there is merit in each position but in this report, the terms “victim” and “survivor” will be used interchangeably inasmuch as the information is consolidated from existing national reports with similar double terminology usage.

UNFPA and Partners' Support

2.1 UNFPA

UNFPA has a long-standing focus on the issue of GBV as is attested to in a number of policy and programme documents particularly in the area of reproductive health and emergency situations.⁴ In the 2004-2007 UNFPA Multi-Year Funding Framework, one of the priority results has been: "National and sub-national mechanisms in place to monitor and reduce gender-based violence". Similarly GBV constitutes one of the six priority areas identified in gender mainstreaming and women's empowerment programming in UNFPA draft strategic framework for 2008-2011⁵ as will be presented in more details in the conclusion to this report.

In ESEA, GBV emerged as the priority gender issue UNFPA has been addressing⁶. Indeed, in some countries like China, Indonesia, Malaysia, Philippines and Timor-Leste, UNFPA has taken the lead on some GBV issues and strategy development as will be clearly apparent in the rest of the report. The Fund's characteristic approaches to addressing GBV include taking on sensitive issues like sex selective abortions and other harmful practices, and forging partnerships with the academic community, NGOs, men, youths and religious groups.



Photo credit : UNFPA Timor Leste
UNFPA supported awareness-raising activities on prevention of GBV among internally-displaced people in Timor-Leste

⁴ UNFPA 1998, 2001, and 2007 and UNFPA & UNIFEM 2005.

⁵ UNFPA May, 2007.

⁶ This was the finding of a review of Gender Mainstreaming in UNFPA Country Programmes 2000-2004. UNFPA CST September. Bangkok 2005.

Besides addressing GBV in its own right as a gender issue, UNFPA Country Programmes in ESEA have been mainstreaming it in its other two core sub-programmes of Reproductive Health and Population and Development. In this regard, it is necessary to note that most interventions on GBV have been on prevention, that is awareness creation through IEC/BCC target at community groups, policy makers, youth and other

constituencies and secondly on advocacy for collection and utilization of gender-responsive and disaggregated data by sex and other Socio-economic criteria as well as development of tools. Related to this is UNFPA role as a major donor and source of technical assistance to the Asian Forum of Parliamentarians on Population and Development (AFPPD) and the Women Parliamentarians both of which hold trainings

Box 2: UNFPA-Supported GBV Projects in the Philippines

Crisis Centres

1. Nueva Vizcaya Reproductive Health Project (1997-1999 and 2000-2004) Prevention and management of violence against women, among other RH services for women and men, including adolescents' reproductive health and education and counselling in human sexuality.
2. The Capiz Reproductive Health Initiative Project ("The Pink Room") 2001-2004 24-hour medical, counselling, referral and police protection services to victims and survivors of violence.
3. Cagayan RH Initiative /The "LAV (Love-a-Victim) Centre" October 2000-present Trainings on Gender Sensitivity, anti-VAWC laws, and other gender-based related issues facilitated by trained VAWC counsellors, including paralegal training on VAW for male advocates and a VAW course for counsellors on VAW including stress debriefing and counselling.
4. Project HAVEN (Hospital Assisted Crisis Intervention for Women Survivors of Violent Environments; now called the Women's and Children's Crisis Care and Protection Unit (WCCCPU) 1997-1999 Pilot project for a gender-sensitive and holistic one-stop hospital-based crisis intervention centre for women-survivors of violence.

Other Projects with GBV Components

Strengthening Government Mechanisms in Mainstreaming Gender in the Population, Reproductive Health and anti-VAW Programmes 2005-2009 by National Commission on the Role of Filipino Women (NCRFW) as implemented in the following activities:

- Strategic plan discussion, revisions and assignment of Technical Working Group of the Inter-Agency Committee on Violence Against Women and Children (IAC-VAWC), the Inter-Agency Committee Against Trafficking (IACAT), Violence Against Women and Children Committee (VAWCC).
- Orientations on local adoption and implementation of benchmarks and assessment tools
- Development of Training modules and ToT on VAW for each partner agency.
- Baseline application of tools and analysis of results for a research report on level of government services for VAW survivors.
- Development of methodology to generate statistics on VAW, which was presented to Inter-Agency Committee on Gender Statistics. Presently developing supplemental form to be pilot-tested with concerned agencies.

and conferences on a variety of gender issues including advocacy for legislation, implementation of laws and resource mobilization and allocation⁷.

UNFPA Asia and Pacific regional priorities in the area of gender equality for 2008-2011 include prevention of GBV in collaboration with partners to strengthen implementation and enforcement mechanisms. Secondly, the programme will concentrate on support for research and advocacy on the issue of sex ratio imbalance in India and China where the problem has reached alarming level and in Viet Nam and Nepal where it is incipient and requires timely action⁸. UNFPA support of GBV interventions in the Philippines as shown in Box 2 is an example of the variety of issues ranging from advocacy to training and provision of services covered at country levels.

Similarly in Indonesia (Annex 2), within the framework of UNFPA 6th Country Programme (2001-2005), IEC for GBV issues were addressed in the Essential Reproductive Health project, providing interventions to strengthen the Mother Friendly Movement that included increasing public awareness on male participation, gender issues and maternal mortality. Issues related to GBV such as reproductive rights, trafficking and domestic violence constituted discussion topics in the community gatherings and male involvement sessions of the project. Concerning, Rifka Annisa centre, in addition to its routine programme at the Women's Crisis Centre, it received funding from the Ford Foundation to strengthen IEC and advocacy for the prevention of GBV. Indonesia has also taken the opportunity, presented by the earthquake response programme in collaboration with UNFPA, to strengthen IEC on GBV response in an attempt to minimize the impact of possible GBV outcomes such as forced prostitution and trafficking.

Altogether, more UNFPA support in Indonesia, the Philippines and other countries

in the region is presented in greater details in the rest of the chapters.

2.2 Partners

GBV is multifaceted and therefore cuts across sectors and mandates of many agencies. In ESEA, it is heartening that Governments, UN agencies, regional institutions, multi-lateral and bilateral organizations have all variously addressed GBV at the local, national as well as regional levels as revealed through a cursory glance at some of these interventions shown in Boxes 3 and 4.

The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) in Bangkok organized a "Sub-regional Training Workshop on Elimination of Violence Against Women in Partnership with Men" in December 2003, which aimed at highlighting ideas, concepts, policies, approaches and strategies for a greater involvement and engagement of men to eliminate GBV. In April 2007 ESCAP again convened an expert group meeting on "Regional Strategies for Implementing the Recommendations from the Secretary-General's In-depth Study on All Forms of Violence against Women with Particular Emphasis on Harmful Traditional and Cultural Practices and the Role of National Machineries".⁹ The Meeting recommended strategies on preventing violence against women focusing on Asia-Pacific's socio-cultural root causes of harmful practices such as sex selective abortions, female infanticide, dowry deaths, "honour" killings, forced marriages and sex slavery.

⁷ AFPPD, UNFPA/CST 19-21 2001 and AFPPD 2-3 October 2003.

⁸ Discussed at the Asia Pacific Regional Planning Meeting, 13-17 November 2006. Bangkok, Thailand.

⁹ The Meeting took place 26-27 April 2007 in Bangkok

Box 3: Supporters of Work on Gender-Based Violence in Timor-Leste (2005)

- UNFPA
- Canada Fund
- USAID
- UNDP
- UNHCR
- Bureau of Population, Refugees and Migration (Dept of State, U.S. Government)
- AusAid
- Ireland Aid
- UNIFEM
- UNICEF
- Caritas Australia
- The Alola Foundation
- New Zealand Aid
- CARE
- Asia Foundation
- International Rescue Committee

Source: UNFPA Timor-Leste 2005

Similarly, UNIFEM East and Southeast Asia Regional Office based in Bangkok implemented a programme on the Elimination of Violence Against Women (EVAW) in twelve ESEA countries¹⁰. Achievements of EVAW Phase 1 (2001-2003) included: creation and collaboration of national and regional EVAW Action Networks of government organizations, NGOs and international developing agencies; support of activities for the *16 Days of Activism Campaign to Eliminate Violence Against Women* in eight countries, including Cambodia, China, the Philippines and Viet Nam and support of a *Workshop on National*

¹⁰ The EVAW programme is documented in a handy tool kit (UNIFEM. November 2003), a document on collaboration between NGOS and Government in Indonesia (UNIFEM October 2003) and is also accessible on the website and <http://www.unifem-eseasia.org/projects/evaw/evawindex.htm>

Legislation on Domestic Violence in the Mekong Basin Sub-region attended by 48 NGO and government participants from four countries in the Mekong Basin Sub-region; and conducting of a *Regional Workshop on Domestic Violence Legislation: Moving Towards Regional Networking and Strategies*, December 1-3, 2003 in Bangkok, Thailand. EVAW Phase 2 (2004-2007) consists of a three-pronged approach that aims to:

- Encourage and support governments to introduce legal and policy frameworks,
- Develop institutional mechanisms for delivering services to victims and survivors of VAW as well as the general population with the view to preventing the occurrence of VAW, and
- Encourage social and cultural attitudes and practices to promote EVAW.

On some issues, agencies have been working together either as UN Country Teams or in some other collaborative forms to develop and support a particular programme by way of funds and/or technical assistance. For example, the United Nations Joint Programme on Gender in Cambodia will, in its operationalization of the United Nations Development Assistance Framework (UNDAF) 2006-2010, support implementation of the Law on the Prevention of Domestic Violence and Protection of the Victims particularly at decentralized levels. Box 4 is another good illustration of the range of GBV issues and the variety of agencies that are supporting interventions either singly or in partnership in Mongolia. Initiatives include awareness creation and education, training of the police and judiciary, and dissemination of baseline research that reveals the underlying factors contributing to family violence. At the same time, GTZ acts as the lead agency working with the various frontline ministries such as Ministry of Women Affairs (MOWA), Ministry of Health (MOH), and NGOs in capacity building for the implementation of the Law on the Prevention of Domestic Violence and

Box 4: Supporters and Implementers of GBV Interventions in Mongolia

| Implementer | Donor | Interventions |
|---|--|--|
| National Centre Against Violence (NCAV) with branches in 13 aimags and 2 districts of Ulaanbaatar | AUSAID, MSWL, Local government, Tuv aimag, US Embassy, USA Peace Corps, World Vision, USAID and Save the Children (SC) | Running shelter homes for women their children and elders suffering from Domestic Violence. Support groups have been established within the inhabitants to unite themselves to support each other, to share their experiences and to find jointly an appropriate solution to their problems. |
| | ADRA | A shelter in Selenge aimag among densely populated provinces <ul style="list-style-type: none"> • The Family Information and Service Centre (FISC) Shelter can accommodate residents for up to 3 months, during which time they receive counselling, legal advice, food shelter, clothing, and skills training that will prepare them become financially independent. • Rehabilitation of victimized children. • FISC protects victims from their assailants, and provides them with of Mongolia comprehensive legal and psychological aid. • Anti-alcohol programme in the northern region. |
| | British Embassy and Soros Foundation | Legal and Psychological Counselling for Victims and their family members Battered women |
| | Mama Cash/ Netherlands's organization and Asia Forum | Hotline for people who need counselling. |
| MSWL, National Board for Children, National NGOs and International NGOs | UNICEF | Involvement of government officials, NGOs, social workers, teachers and children in the Regional consultation on violence against children (VAC) on June 2005 in the framework of Child Protection Project. |
| Centre for Human Rights and development (CHRD) | Asia Foundation in Mongolia | Counselling Interrogation Legal Analysis for Victims of trafficking |
| NCAV, General Police Department and SC | AUSAID 2000-2003 | Influencing the behaviour of the violent men. Australian psychologist Dale Hurst conducted BCC trainings. |
| NCAV | European Commission | Two Conferences on Developing support services for victims were held in March 2000 for national and regional NGOs. |

| Implementer | Donor | Interventions |
|--|---|---|
| NCAV ECPAT Network | UNIFEM UNICEF | <ul style="list-style-type: none"> • Global 16 days of Activism Campaign against VAW. Yearly campaigns on various events and activities dealing with media advocacy, including publishing articles on domestic violence in the national daily newspapers, producing a number of TV and radio programmes during the 16 days Campaign, and producing a documentary. • Awareness against children's violence in school settings and child care centres targeting the public, mass media, government, men and 6000 children of 20 schools in Ulaanbaatar. |
| MWLA | | Carrying out advocacy to refine legal environment that regulates issues related to violence against women. |
| CHRD | Global Rights 2004- 2008 | <p>Improving the activities on Human Rights Strategic Advocacy for Human Rights NGOs in Mongolia Training manuals</p> <ul style="list-style-type: none"> • Discussion among journalists • Press conference • Information sheet • Special edition of newspaper • Information leaflet • Guidebook for citizens on social entitlements benefits • Information package targeting legal officials, vulnerable groups, public and women and girls |
| Nairamdal Children's Camp | UNICEF 2005 | Non-violent environment for children. IEC activities to 1500 children. |
| National Agency for Children | UNICEF 2003- 2005 | <ul style="list-style-type: none"> • Advocacy on violence against children. • Development of IEC materials and video scripts with participation of UNICEF Goodwill Ambassador singer T. Ariunaa targeting the public and children. |
| NCAV | ROCS- Swedish organization established since 1995 | <ul style="list-style-type: none"> • Assistance for Victims of Domestic Violence. • Trainings in communication skills, victim protection and counselling • Developing methodology and strategy for measures against DV. Targeting Police officers, Officials of law enforcement organization and clinic and family doctors. |
| The National CEDAW Watch Network Centre, NCAV and CHRD | UNIFEM 2000-2003 | Struggle with Sexual Harassment in the Working Place. |

Protection of the Victims. The Cooperation also supports many other initiatives such as qualitative research on masculinity and its links to violence and sexuality on one hand, and to HIV/AIDS on the other. Annexes 1-3 present additional listing of donors supporting and NGOs addressing

GBV in China, Indonesia and Philippines. In Malaysia, up to 173 organizations addressing GBV are listed in an NGO Directory.¹¹

Regional and international NGOs have also been actively involved in supporting countries to address GBV. For example, FORUM- ASIA (Asia

Box 5: United Nations Trust Fund Grants in Support of Efforts to End Violence Against Women

The Trust Fund is a unique multi-lateral mechanism established by the UN General Assembly in 1996 and administered by UNIFEM. Grants are decided collectively by representatives of UN agencies and international NGOs. Since its establishment, the Trust Fund has granted close to US\$ 13 million to 226 initiatives in over 100 countries.

Contributions come from a diverse group of governments, nongovernmental organizations, the private sector, and individuals. In November 2006 the Trust Fund granted US\$ 3.5 million to initiatives in developing countries that are addressing gender-based violence. This is the highest amount ever to be disbursed—up from \$1.8 million in 2005 and close to four times more than in 2004.

As in the previous year, grants mainly go to groups that work on ensuring that policies and laws to address violence against women are implemented. Overall, 28 initiatives in 20 countries, including one regional project, will receive grants amounting to \$2.8 million to that end. Grantees will be advocating for the adoption of pending legislation, review court proceedings to identify obstacles for the implementation of existing laws, train law enforcement personnel and the judiciary on the application of new legal provisions, and build the capacity of community groups to raise awareness on mechanisms to seek redress. A second round of grants amounting to \$0.7 million for groups focusing on the link between gender-based violence and HIV/AIDS will be announced in early 2007.

In November 2006, among the grantees worldwide is ESEA joint proposal from Mongolia's Centre for Citizens' Alliance (CCA), Centre for Human Rights Development (CHRD) and National Centre Against Violence (NCAV) which will address obstacles to the protection of women from violence, focusing in three most prevalent forms of violence against women in the country namely domestic violence, trafficking in women, rape and sexual harassment. The joint project by these three NGOs, which are well respected in the country, aims to advocate for improved anti-violence laws and increased budgetary resources, including by boosting the lobbying and monitoring capacities of civil society groups. It will also train media professionals to cover violence against women in informed and gender-sensitive ways, and challenge gender stereotypes.

Source: UNIFEM http://www.unifem.org/gender_issues/violence_against_women/trust_fund.php¹²

¹¹ Appears in Appendix 4 for NGO Directory in UNFPA Malaysia 2006.

¹² Consult the website for more information on the Trust Fund and the complete list of grantees.

Forum for Human Rights and Development) has a project on national legislation and runs workshops funded by several development partners and national governments including Ministry of Social Development and Human Security of the Royal Thai Government. Among the regional workshops organized by FORUM-ASIA are i) National legislation on Domestic Violence in the Mekong Sub-region ii) Domestic Violence Legislation: Moving Towards Regional Networking and Strategies and ASEAN Regional Workshop on Gender Sensitive and Coordinated GBV Services¹³.

A similar joint programme to be coordinated by the UN Theme Group on Gender is planned to support the government of Timor-Leste to enhance the physical and financial security of women and help restore their rights denied and violated through years of conflict and instability¹⁴. This programme, to be supported by UNDP, UNICEF,

UNIFEM, UNFPA, and IOM, will be structured around two pillars: (I) reducing the physical vulnerability of women scarred by years of conflict through efforts to protect them from violence and sexual abuse, and (II) reducing their economic vulnerability by ensuring access to resources and services. Pillar I will aim to reduce the physical vulnerability of women by addressing the issues of physical violence and sexual abuse by ensuring access to justice, protection and the legal means to fight violence and abuse through: i) adoption and effective implementation of the Domestic Violence Law and the National Action Plan on GBV ii) providing effective mechanisms to prevent trafficking through capacity building of Government of Timor Leste and other stakeholders at all levels especially local councils (Suco councils) and iii) improved support services for victims of gender based violence and domestic violence.

¹³ FORUM-ASIA 28-30 November 2006

¹⁴ Timor Leste. May 2007. Spanish Fund Joint Proposal: Gender and Empowerment draft 1

Institutional Frameworks

The creation of and resource allocation to institutions entrusted with formulating and implementing gender-sensitive policies and programmes are an indication of a government's commitment to addressing gender issues. This section examines the presence and location within National Government frameworks of relevant policy-making institutions and the extent to which they are empowered and facilitated to meet their mandates.

3.1 Policy Institutions

Location within government structures determines the clout and visibility of an institution's mandate with respect to decision-making and access to human and material resources. A range of institutional locations is seen in the study countries.

Some are given Ministerial status as in Mongolia (Ministry of Social Welfare and Labour and the National Committee on Gender Equality headed by the Prime Minister) and Cambodia (Ministry of Women's Affairs) or Departmental status within Ministries. In Malaysia the Department of Women's Development is the implementing agent for women's development while the Department of Social Welfare is tasked with implementing the DVA (Domestic Violence Act). But both agents are located within the Ministry of Women, Family and Community Development, which is technically entrusted to make the decisions and policies. Indonesia has established a specific GBV support institution known as the National Commission for Elimination



Photo credit : Sophanara, UNFPA Cambodia
GBV survivor acquiring sewing skills at the Cambodian Women's Crisis Centre

of Violence Against Women. Others occupy an office within a Government Ministry such as Thailand (Office of Women's Affairs and Family Development (OWAFD) within the Ministry of Social Development and Human Security) or are located within the Prime Minister's Office as in Timor Leste (Office for Promotion of Equality). As is to be expected, presence within a Prime Minister's office offers higher political clout and advisory status than placement in departments associated with lower priority welfare concerns.

In China, the National Working Committee on Children and Women (NWCCW) under the State Council is the coordination and consultation organ of the Chinese government in charge of women's work. The current NWCCW is headed by a vice-premier of the State Council, and is composed of 33 member units (ministries, commissions under the State Council and NGOs) each having one of its vice-ministerial-level officials as a member of the NWCCW. The Committee plays a leading role in coordinating and promoting relevant government departments to do women and children's work well, as well as in formulating and organizing the implementation of the outlines for the development of women and children as set up in the Programme for the Development of Chinese Women (2001-2010), which translates the spirit of the CEDAW into a national action plan. To date, working organs on children and women have been set up by the people's governments of all provinces, autonomous regions and municipalities directly under the central governments, prefectures and counties, which are under the direction of officials of governments at the corresponding level. Their expenditures are covered in the financial budgets of the governments at the corresponding level. On the institutional level, most of responsibility to address national targets set up by NWCCW in the Programme for the Development of Chinese Women has been re-delegated to the All-China Women's Federations (the largest women's organization in China with a nationwide network

reaching out to all the villages and communities) and other non-governmental organizations focusing their work on the development of women.

In the Philippines, the National Commission on the Role of Filipino Women (NCRFW) is the national body mandated to institute the gender responsiveness of national development plans and assist in strengthening government mechanisms on gender mainstreaming. National level inter-agency committees tasked with coordination role have been established to address GBV issues. While the Myanmar Women's Affairs Federation (MWAFF) would be expected to provide support to gender-sensitive policy formulation, in practice it is viewed as a State control filter organ and as such few GBV cases are brought forward for their intervention. The Government's official position is that women have equal rights with men and gender discrimination does not exist in Myanmar. Hence, the Myanmar National Commission on Women's Affairs (MNCWA) under the previous government was disbanded and replaced by the lower-level MWAFF. The MNCWA had initiated GBV-related activities including the formation of a sub-committee and regional workshops on VAW. On the other hand, in Cambodia, the Ministry of Women's Affairs (MOWA), having ministerial level status and the ability to initiate policy formulation, was successful to work and advocate with the National Assembly to adopt the law on the Prevention of Domestic Violence and the Protection of Victims in September 2005. In addition, the MOWA is finalizing a National Action Plan, providing national mechanisms to enforce the law and monitor implementation.

Ironically, while prominence within national policy institutions demonstrates likely power to initiate policy shifts, the institutional mandate often indicates lack of their strategic focus within policy-making frameworks. Usually, Gender Focal Points are posted within line ministries but these positions often lack real authority and it is not uncommon in some countries to find that they are

saddled with promotion of women's traditional roles and culturally correct practices such as female style of dressing.

3.2 Budgetary Support

In many of the study countries, the strategy to reduce the *rate* of GBV is inadequately institutionalized with personnel and budgetary resources.

In Malaysia, the Department of Women's Development has devised a strategy to approach community volunteers to implement its' national Women Against Violence Campaign. To assist in the Ministry of Family and Community Development's (MWFCD) mission to retard the rate of GBV, the strategy enlists volunteer responsibility to record and periodically report to the State level Department monitoring and feedback information. It is this information that the Department relies on in developing partnerships with relevant agencies. Not surprisingly, high volunteer attrition rate has proven this to be an impractical strategy. Similarly, the deployment of Gender Focal Points in each Ministry, as "eyes and ears" for MWFCD to ensure gender-sensitive policies and services, appear to be token positions which lack requisite authority, decision-making or policy formulation powers. While the Department of Social Welfare is responsible for implementation of the Domestic Violence Act, it too is under-resourced to meet its' task of enforcing administrative procedures and provision of shelters.

In Thailand, Chief Gender Equality Officers and Gender Focal Points are placed within line ministries. As in Malaysia, these positions appear not to be accompanied with real authority. In addition, the institutional framework directs strategies to advocacy for building of family relationships and unity. Funding is allocated to OWAFD from the Ministry of Public Health and the Ministry of Social Development and Human

Security on broad programmes concerning women's development and not specific to GBV issues. The Programme for the Development of Chinese Women does not outline GBV as a priority area and the strategy to reduce the *rate* of GBV is neither institutionally formalized with personnel nor allocated budgetary resources. In addition there is a lack of statistical data concerning GBV, which makes it difficult to set up targeted preventions.

Philippines utilizes a Gender Budgeting policy, requiring all government agencies and institutions to allocate 5 per cent of their budgets for gender and development related programmes and projects. Similarly, financial resource requirements are stipulated in other national budgets. However, there is no comprehensive study yet to assess the implementation of this policy. While the national committee on gender equality is in charge of overseeing the overall policy environment, Mongolia's Ministry of Social Welfare and Labour is responsible for implementation of the National Programme on Gender Equality with 30 per cent of its' annual budget allocated to the National Centre Against Violence for delivery of primary services to victims. However, women's organizations have expressed concern that the funding available is not adequate. It is hoped that when Cabinet approves the National Programme Against Domestic Violence, a budget will be created for combating and preventing Domestic Violence.

3.3 Implementation Structures

Furthermore, the presence of a national institution does not guarantee provision of support towards the implementation of existing policies that provide assistance to GBV victims. For example, Mongolia's policies on Population Development and Family Development specify measures for implementation (e.g. human protection against GBV, rehabilitation and provision of shelters for domestic violence victims)

but lack support from existing institutional frameworks and resource commitments. Thus, while the government is responsible for providing funding to implement services stated in the Law against Domestic Violence, adequate funding has not been made available in budgeting priorities. Rather, it is women and NGOs that have initiated activities in support of GBV victims with little support from government institutions.

In Timor Leste, the Office for the Promotion of Equality is well positioned within the Prime Minister's Office in playing both a strategic role in government and entry point for GBV issues. Main areas of programming include strengthening of government capacity to address GBV through development of legislation and judicial training; mainstreaming gender in all government sectors; promoting a culture of equality through activities such as campaigns and public education; and supporting empowerment of women through, for example, support to local women's networks.

Regarding national policy frameworks, it is rare for countries to include provisions for GBV in National Action Plans and programmes. But Indonesia demonstrates a specific commitment in linking GBV issues with a country's national development plans. For, in addition to a national policy framework, provincial and district level policies, the government developed a joint agreement between three ministries (Ministry for Women's Empowerment, Ministry of Health (MoH), and Ministry of Social Affairs (MoSA) and the police force in the management of GBV and provision of integrated services for women and child victims. Government institutions at sector level have also developed specific policies addressing GBV including the MoH (e.g. guidelines for handling GBV victims), MoSA (e.g. guidelines for establishment and operationalization of crisis centres) and MOWE (e.g. establishment of a directorate for GBV). Government Regulation no. 4 of 2006 constitutes a significant and strategic effort in the implementation of the joint

agreement as it puts into effect a Coordination Forum comprising several ministries, National Police and Civil Society Organizations which will "review the implementation of policies and programmes, accommodating inputs for planning and policy making purposes, sharing information among members and developing monitoring plans". At provincial and district/city levels there are similar Coordination Teams that aim to establish network of VAW services, synchronize efforts, determine responsibilities of each member and share ideas and solutions to resources and other problems encountered.¹⁵

3.4 Linkages to International Policy Frameworks

With respect to the international treaties and conventions impacting on GBV and gender, it is gratifying that all study countries are signatories to them, including CEDAW, ICPD, CRC, and FWCW, although this action does not necessarily guarantee compliance. In fact, human rights violations and sex discrimination persist despite ratification of the Universal Declaration of Human Rights and the CEDAW in many countries. Rather, it is expected that countries should link these international policy frameworks to national policy formulation. Such linkage should be expressed in, for example, government commitments to formulation and implementation of relevant laws, budgetary allocations, trainings and provision of GBV services.

In this regard, the Philippines draft bill called the Magna Carta for Women is the proposed legal framework for CEDAW while Thailand has used the Beijing Platform for Action (BPFA) and CEDAW guidelines as frameworks to guide institutional structure, policy and legal reforms on women's issues. This framework supports previous activities and accelerates public support. For example, a Constitutional Court decision (June

¹⁵ Indonesia 28-30 November 2006.

2003) resulted in woman’s right to choose whether or not to retain her surname after marriage. Likewise, among the five priorities currently outlined in the National Women Development Plan is reduction of VAW against women which is also endorsed as a necessity in achieving Thailand’s MDG Plus¹⁶ Goal 3.

In Viet Nam, the Government has expressed its commitment to guaranteeing women’s rights through laws and legal documents in support of the prevention of violence; in the prevention of domestic violence in its’ Comprehensive Poverty Reduction and Growth Strategy of Viet Nam, Viet Nam Development Targets within the MDGs; its’ anti-trafficking stance in the National Plan of Action for 2004-2010 Against Trafficking of Women and Children, and Viet Nam’s Family Strategy. More recently, the Law on Gender Equality, with an Article that strictly prohibits GBV and discriminatory acts was passed in October 2006 while the Law on Domestic Violence and Prevention and guides for its implementation are being finalized.

Cambodia’s Neary Rattanak 11 (Women are Precious Gems) five -year strategy (2004-2008) includes strong policy statements on domestic violence:

“ Violence against women is against the law, an abuse of women’s rights and a further physical and psychological burden for women. Domestic violence, rape including gang rape, violence against sex workers and trafficking, all involving women, girls and even small children, is a major concern. There is an urgent need to expand existing counselling services applied to violence against women, and to the men and boys who perpetrate violence. There is also an urgent need for the collection of reliable data about all aspects of the issue of violence against women and children.”

Cambodia’s commitment towards elimination of GBV is further reflected in its inclusion of specific targets in the MDGs as presented in Box 6.

Box 6: Specific Targets on GBV in Cambodia’s Millennium Development Goals

Overall target 8: Reduce significantly all forms of violence against women and children

Target 3.16: Developing and implementing laws against all forms of violence against women and children according to international requirements and standards by 2005

Target 3.17: Collecting annual statistics to monitor violence against women by 2005

Target 3.18: Increasing the population percentage aware that violence against women is a wrongful behaviour and a criminal act to 100% by 2015

Target 3.19: Developing and implementing a prevention plan by 2005

Target 3.20: Increasing the proportion of cases of domestic violence counselled by qualified personnel to 100% by 2015.

Source: Cambodia 28-30 November 2006

¹⁶ MDG Plus is a strategy adopted by Thailand to extend targets beyond those stipulated in the global MDG framework with respect to poverty reduction, education, maternal and child mortality, HIV/AIDS, gender equality and environment. See UNDP (undated).

Since 1998 Indonesia has had a National Commission on Violence Against Women. Between 2001 and 2002 three National Plans of Action on various forms of violence were formulated by government in collaboration with Civil Society Organizations (CSOs) on Elimination of VAW; Elimination of Sexual Exploitation of Children for Commercial Purposes and Elimination of Trafficking of Women and Children. Other

achievements pertain to the inclusion of women's rights in the Five Year National Human Rights Plan (1998-2003) and the National Human Right Act, Law on Abolition of Domestic Violence (2004) as well as numerous other decentralized commitments at provincial and district level government. However, despite a positive policy environment for the prevention and management of GBV, implementation of the laws remains a challenge.

Legal Frameworks

The existence of gender-sensitive policy institutions is an important first step; but the formulation and implementation of effective legislation is often a challenge in its' own right. Drafting of legislation can be a slow process where political disincentives and cultural norms may not recognize GBV as a crime. Then, when legislation is adopted and government decrees provide mechanisms for implementation, low commitment, capacity and lack of tools and resources by police, medical and judicial actors tend to pose further obstacles in the application of these mechanisms. To this end, this chapter focuses on various dimensions of existing legislation, laws under revision and/or formulation and various challenges in the interpretation and application of GBV and related laws.

4.1 Content and Scope of Legislation

By first examining the landscape of existing legislation across the study countries, we seek to understand what the laws legislate against, who they protect and what limitations exist both in content and coverage.

Legislation against GBV must first define what behaviours and actions constitute a crime, followed by appropriate punishment and perceived deterrents. Many of the laws, at first glance, appear to protect women against GBV (e.g. Malaysia's Domestic Violence Act; Thailand's Act on Prevention and Control of Trafficking and Article on Control of Sexual Business; Cambodia's Law on the Prevention of Domestic Violence and the Protection of Victims, and Viet Nam's



Photo credit : UNFPA Indonesia
Women economic empowerment to reduce their vulnerability to GBV

Criminal Law and Marriage and Family Law). However, upon closer examination, either domestic violence (and/or rape) is not identified as a separate crime with punishable penalties or else conditions must be met by the victim to justify charges being made against the perpetrator. By not identifying domestic violence or rape as a crime, the nature of GBV (as an outcome of uneven gendered relationships), is hidden. This can make it difficult to identify and implement appropriate mechanisms for investigation of GBV and provision of services for survivors and their children such as protection orders, shelters, counselling, and health support measures. The following examples illustrate this point:

- Within Malaysia's Domestic Violence Act, domestic violence is not identified as a separate crime punishable with penalties. Rather, various behaviours are enumerated which constitute domestic violence, stipulating that the DVA should be read with the relevant provisions of the existing criminal penal code to determine appropriate punishment. The identification of domestic violence largely pertains to *physical acts* resulting in confinement, physical injury or damage to property.
- In Thailand the definition of rape in the current law is "the act of sexual intercourse initiated by a man with a woman not his wife". By this definition, the law fails to protect wives from rape by their husbands and leaves homosexuals unprotected. Meanwhile, the law on divorce and marital compensation unwittingly supports men's sexual promiscuity when it allows the husband to use adultery as grounds for divorce but not for the wives. To sue for divorce, the wife must prove not only the husband's unfaithfulness but that he financially supports and publicly honors another woman as a wife. However, these

laws are in the process of being revised. The first draft amendments tabled in the first quarter of 2007 by the Justice Ministry proposed jail term and fine for rape and sexual offences unless they involved marital partners, thus unwittingly appearing to endorse the long existing definition of rape in the penal code. Fortunately the draft was criticized in the National Legislative Assembly, which called for a revision of the proposed amendments¹⁷.

- Rape is criminalized under the Penal Code in Myanmar, with a maximum of 10 years of imprisonment. Marital rape is recognized with reduced sentences up to 2 years unless the wife is less than 12 years of age. However, there are no provisions for domestic violence under the Penal Code as this is covered under general laws dealing with assault. Similarly, no law relating to sexual harassment exists. Limited legal protection for GBV is to be expected as the Government states that there is no discrimination between men and women in Myanmar society.
- In Cambodia domestic violence is not specifically identified as a crime but punishable in the existing penal code. Cambodia's Law on the Prevention of Domestic Violence and the Protection of Victims considers domestic violence as an act subject to violence but does not define it as a crime unless severe injuries result either in physical or mental damage to the victim. As defined by this law, any act of sexual violence and rape within the context of domestic violence are deemed illegal, subject to punishment by

¹⁷ Sanitsuda Ekachai, 25 January 2007, makes a critical commentary on these gender discriminatory provisions and amendments in the existing laws.

penal code in force. Similarly, Viet Nam's Criminal Law does not recognize domestic violence but, rather, prohibits violence regardless of whether it is a man or woman using it against another man or woman. Furthermore, a case of violence is only prosecuted if the victim's injury is estimated to be more than 10 per cent loss of health and if the victim files charges.¹⁸

- In Cambodia, rape and sexual assault are crimes under both the article 33 of UNTAC (United Nations Transitional Authority in Cambodia), and the article 5 of the Law on Aggravating Circumstances of the Felonies with conditional punishments: imprisonment of 10-15 years for rape or attempted rape; 15-20 years imprisonment with labour is applied if rape is accompanied by use of weapons or if the survivor is pregnant, physically or mentally disabled; or is a minor under age 14. However, the rape legislation has many loopholes. For example, the age of consent is not clearly defined and therefore statutory rape is not recognized. Further, rape is insufficiently defined with narrow restrictions to vaginal or attempted penetration, which is subject to misinterpretation by judges. For example, a judge may use a penetration test and a loss of virginity test to decide whether rape has occurred.
- Following the end of occupation in 1999, Indonesian Law continues to govern the handling of GBV cases in Timor Leste. Like Cambodia and Viet Nam, Indonesian Law tends to focus only on physical violence. Rape is defined narrowly as an act resulting in severe injuries that constitute justification for charges. Furthermore, the lower status of women in Timor Leste is

reflected in the fact that rape within marriage is not defined as criminal and grounds for divorce are severe, giving more rights to men than women to leave a marriage.

Altogether, these examples demonstrate an unacknowledged "invisibility" with regards to sexual violence in some countries. Domestic violence is not recognized as a gender-motivated crime when it is packaged together with general laws against violence. Similarly, when rape is not recognized within marriage but accepted as a crime (only if it results in severe physical injury) outside of marriage then the underlying message is that the institution of marriage entitles members to perpetrate regulated violence. This invisibility of gender-based crime is further demonstrated in sexual assault cases in Timor Leste. The police must request forensic examination of a sexual assault victim (as opposed to the victim being able to request an examination independently and then deciding whether to pursue a police case). In effect, the police decide whether a crime has been committed, disempowering the victim's right to claim a crime, by seeking collection of evidence.

4.2 Protection of Victim versus Perpetrator

It sometimes appears that existing legislation does not serve to protect victims of GBV but shifts the defensive position onto the victim rather than the alleged perpetrator. In Malaysia, for example, Trengganu state passed a bill on Islamic criminal law which requires the burden of proof to be shifted to the rape survivor, producing four "good Muslims" as credible witnesses to prove innocence, or face punishment for "slandorous accusations". Here, the victim is presumed guilty by default unless she can find four people, accepted by the authorities, to "speak" for her.

By contrast, important advances have been made in the Philippines and Mongolia where law reform has improved previously narrow definitions

¹⁸ Government of Viet Nam Regulation No. 12/TTLB

of GBV, thus defining criminal acts against women and children. The Anti-Rape Law in the Philippines has improved upon the previous Revised Penal Code whereby rape is now a crime against personhood and not against chastity. However, it is important to note that rape committed in the context of marriage deemed legal under existing Philippine laws, forgiveness by the wife extinguishes the criminal action or the penalty (Art. 266-C). The Revised Penal Code now includes abuses against chastity, adultery, concubinage and acts of lasciviousness. In addition to defining behaviours which constitute GBV, improvements have been legislated in service delivery to victims (e.g. the Rape Victim Assistance and Protection Act mandates the establishment of rape crisis centres in every province and city with related appropriation of funds; Anti-Trafficking in Persons Act identifies mandatory government services to victims such as emergency shelter, counselling, free legal services, medical or psychological services; and the Republic Act or Anti-Violence Against Women and their Children Law provides clarification with respect to the definition and scope of crimes and provides for security measures such as protection orders and mandates government bodies to provide necessary support services to victims). However there is yet no comprehensive study has been done to determine the extent and efficacy of implementation of the above laws, although there is at least one high profile case in court where the accused, i.e., the man, has been able to use the legally mandated protection order against the victim who originally filed the of violence. He managed to obtain custody of the child using the protection order.

Mongolia's Law Against Domestic Violence broadly defines domestic violence as any act, which infringes upon another person's rights or freedoms or any act that causes or contains a threat to cause damage. Specified forms of domestic violence in the Criminal Law include: beating, abuse, defaming, threat, assault, causing severe and considerable injuries, torment, incitement to

suicide, being left in a situation dangerous to life, causing death and rape. The Law against Domestic Violence also stipulates a range of actors (line departments, Local government, Police, NGOs) to undertake various roles and activities to combat and prevent domestic violence. Further, the Criminal Code of Mongolia contains a chapter on Crimes against the Child, Family and Social Morals which criminalize violence against the child and women and determines criminal acts (e.g. recognizes property and non-property damages including psychological damage from a crime, specifies penalties for convicted criminals, obliges an offender to live separately, denies contact with an under-aged child under his/her care, and impels alcohol or drug addicted persons to have medical treatment).

Despite important advances in some areas, limitations in authority and both coverage and content of laws meant to address GBV can reduce effectiveness of existing laws. Lack of authority has limited implementation as seen in examples from the Philippines and Malaysia. Although the Anti-Sexual Harassment Act in the Philippines is incorporated in the Civil Service, Government agencies, private sector and other groups have not yet adopted this law in defining implementation mechanisms. Similarly, the Malaysian government produced a code of ethics to prevent sexual harassment in the workplace, but it has no legal authority and adoption by registered companies has been minimal. The code is applicable to both men and women, but contains specific provisions to protect women.

Limited reach of the law can ironically exempt potential beneficiaries and protect possible criminals. For example, while the Domestic Violence Act in Malaysia offers a range of protection to GBV survivors, it specifically excludes protection to foreign domestic workers; victims of dating violence and mental, psychological and emotional forms of domestic violence. In Myanmar, the military is exempt from

prosecution under the Penal Code, thus abetting military personnel to carry out violations with immunity from legal recourse. Surprisingly, coverage for jurisdiction over Malaysia's Domestic Violence Act appears to straddle both Syariah law and Federal Law. While Syariah law has jurisdiction over family matters for Muslims, criminal matters fall under the administration of the Federal court, with criminal law (including the DVA) applying to both Muslims and non-Muslims. The DVA offers protection (e.g. protection order, compensation for claims against injury, property damage or financial loss) to: survivors identified as immediate; former or de facto spouse; a child; an "incapacitated" adult or any member of the family.

Important reforms to existing laws have been accepted in Malaysia (e.g. mandatory jail sentences for convicted rapists, raising statutory rape age, permitting abortion when deemed to safeguard mental and physical health of rape survivor, prohibition under cross-examination of survivor's past sexual history, and raising jail term for sexual molestation). However, others such as expanded definition of rape, marital rape, and shifting burden of proof from survivor to perpetrator are still being advocated for. Hence, despite broad jurisdiction, the DVA provides limited use since the police often classify domestic violence cases as "non-seizable" offences. The classification diminishes both the ability to implement the law and the deterrent value of the DVA by creating obstacles (e.g. requiring orders from the deputy public prosecutor before investigation, and a warrant before arresting offenders or obtaining interim protection orders for the victim) to ease effective implementation.

4.3 Clauses on Dimensions of GBV in Related Laws

It is not always the case that clauses on dimensions of GBV in related laws (e.g. Marriage

Law, Family Law, Labour Code) are in harmony with Civil Law. It has been found that related laws can be empty declarations without provision of supporting regulations, present double standards, or at worst stand in contradiction to Civil Law.

Mongolia's related laws are a good example of harmony in legislation. The Family Law recognizes domestic violence, specifying that married couples be obliged not to use any form of violence against each other. Further, provision for divorce is spelled out, allowing courts to proceed to marriage dissolutions without reconciliation attempts if it deems a perceived threat to the life and health of one of the spouses, or if the damage has been proven. Residing family members who have suffered health and lost working capability as a result of domestic violence are entitled to be refunded under Civil Law. However, Mongolia's Labour Code presents an empty declaration when only the general principle of equal opportunity to men and women in employment is stated but does not provide regulations for sexual harassment.

Although Viet Nam's Criminal Law outlaws the use of violence, it does not specifically address the nature of GBV and its' presentation. One can argue that protection of GBV victims under the existing Criminal Code is inappropriate because the latter requires a violence case to be prosecuted only if the victim's injury is estimated to be more than 10 per cent and the victim files charges. When applied to GBV cases, the victim would have to demonstrate that injury as a result of a violent act caused the loss of health by more than 10 per cent. Measurements of psychological or emotional violence would likely be problematic in practice. Moreover, governing divorce law puts emphasis on "reconciliation" by community authorities in the case of family violence. Thus while the majority of family violence and divorce cases are filed by women on the grounds of family conflict, being beaten and maltreated, such serious acts of violence are treated under reconciliation rather than being subjected to criminal and civil punishment.

The Philippines Marriage and Family Law cite spousal abuse as possible grounds for separation, yet women find it more difficult to get out of abusive marriages given the double standard of the penal provisions on concubinage and adultery. Further, the hierarchy of the Catholic Church continues to provide stiff opposition to pass a divorce law. On the other hand, Indonesia's Marriage Law is understood to be in contradiction to existing laws on population. For, although the law on population stresses the importance of contraception for women, obligating their inclusion in family planning, the Marriage Law states that the husband is the head of household, while the wife is a housewife, thus confining wives to their domestic role. Likewise, reform of the health law needs consideration as it reduces women to their reproductive role only, thus removing access to other health services, including safe abortion. There is apparent lack of incentive to revise these laws in parliament, as it would not be politically saleable.

4.4 Laws Under Revision and/or Formulation

As has been outlined earlier, interpretation and implementation of existing laws can be problematic especially when they are recognized for having inadequacies and also in the case of pending laws under debate. Both revision of laws and the moving forward of pending legislation require negotiation of the status quo. These processes can be difficult as they are embedded in gendered beliefs, particularly when they are linked to a religious belief system. Further, some areas of behaviour in society are considered to be the moral domain of religious leaders. They often provide guidance by interpreting causality of actions and linking it with specified codes of behaviour in society (e.g. dress, freedom of movement, and control over reproductive function). The following examples illuminate some of the moral and legal terrain, which must be negotiated in improving or finalizing legislation.

In Malaysia, discussions on proposed amendments to the DVA are underway as it is recognized that weaknesses in the Act hinder interpretation and provisions. For example, police handling domestic violence cases have been reluctant to file reports, advising, rather, that the victim settle the problem at home. The rationale is that men are the heads of the family and there is no need to make a police report. Other features of the DVA which make implementation problematic include: difficulty to serve IPOs (Internal Protection Orders) where perpetrators are on the move; provision of a safe place which meets physical requirements; mechanisms for application for compensation to domestic violence survivors; and lack of clarity in defining different forms of violence.

Of late, women's groups as well as the MWFCD have been discussing the need for a Gender Equality Bill. Making this discussion public for the first time, the MWFCD, Department of Women Development, JAG as well as the Embassy of Sweden jointly organized a public seminar on "Gender Equality Seminar: Swedish Experiences" on 5 June 2006 in Kuala Lumpur. The Swedish Embassy brought over Swedish experts from the Inquiry on Gender Equality Policy and Special Advisor on Gender Equality to share their experiences in Sweden. Key Malaysian women leaders were invited to deliberate on the need for gender equality and gender mainstreaming in Malaysia. A Gender Equality Bill will thus constitute an overarching framework of gender rights that could address the gender inequalities underlying and impacting GBV in the long term. Related to this is the compelling issue of lobbying for reform of gender discriminatory religious laws including GBV as shown in Box 7.

Bills pending in the Philippines include the Anti-Prostitution Act and Anti-Discrimination Bill and Reproductive Health bill which are meant to address human rights violations against persons in prostitution; the Lesbian/Gay/Bisexual/

Box 7: Lobbying for Reform of Religious Laws in Malaysia

Sisters-in-Islam (known as the SIS) advocates for the rights of Muslim women under Islamic (Syariah) laws. It has established a specific law reform project focusing on public education and lobbying for better legal protections for Muslim women. The project also attempts to sensitize Syariah lawyers, Kadis (Islamic judges) and Muslim counsellors to the discrimination and biases against women that exist in the Syariah laws, or in their implementation. The public education components highlight issues specific to Muslim women, such as polygamy, legal protections, and the implications of the hudud laws. The organization has published simple pamphlets such as “Can Muslim Men Beat their Wives?” and “Are Women and Men Equal before Allah?” to disseminate information to women who face abuse. It also responds to media on issues related to Muslim women so as to raise public awareness of their rights. Targeted lobbying that seeks review and amendments to the Syariah laws has complemented these general activities. This work is primarily carried out through meetings, seminars and consultations with key religious leaders, Islamic judges and Islamic academics. Various memoranda have been submitted to the government on the need to review and reform the Syariah laws so as to ensure women gets justice, but these attempts face uphill battles.

Source: UNFPA Malaysia. 17 April 2006

Transgender population; and women and men’s reproductive health rights in provision of services and programmes. Opposition from the male-dominated Congress has put these proposed laws on hold for years. Additionally, opposition by the Arroyo Government and the hierarchy of the Catholic Church to the Reproductive Health Bill has been fierce. For Viet Nam, as mentioned earlier the Viet Nam Law on Domestic Violence and Control is being finalized and is expected to be approved by Parliament in November 2007.

In Thailand, in addition to the laws geared towards the prevention of GBV and control of trafficking in women and children (Act on Prevention & Control of Trafficking, Article on Control of Sexual Business, and 20th Penal Code’s Article on Child Protection to assist girls and women in the prosecution process), Cabinet approved a Draft Act on the Prevention and Resolution of Domestic Violence in July 2005. Under deliberation in the current National Legislative Assembly, highlights of this Draft Act include¹⁹: intent not only to punish but also to rehabilitate the offender; six 6-months jail term

maximum for Domestic Violence (in comparison to 2-year term for other forms of violence under the Criminal Code); wide scope of the Act to include current, former and de facto spouse, legitimate and adopted children, other family members living in the household; obligation to report Domestic Violence by any person witnessing the act; and entitlement of the victim to protection and a range of professional services.

In Timor Leste, the formulation process of the Domestic Violence Law has been ongoing since 2001 with it’s submission to government in 2005 and placement on the agenda of parliament during 2006. The law outlines the roles and responsibilities of services providing support to victims (lawyers, public defenders, police and state); defines domestic violence broadly (i.e. physical, psychological, sexual harm and maltreatment), and types of punishment. Punishment is forward thinking in that it goes beyond incarceration, with rules on maintenance payment after separation as a result of domestic

¹⁹ See full discussion in Tonguthai, Pawadee April 2007

violence. It is expected that the implementation and gathering of resources needed to fulfill the law will be a challenge for Timor Leste.

In China, there is no a specific national law on GBV but several clauses on domestic violence, trafficking and protection of the girl-child have been added to some laws:

- *The Criminal Law* amended and implemented in 1997 has been revised to include and severely punish crimes on abducting and buying women.
- The revised *Law on Marriage* implemented in 2001 clearly stipulated that violence against women, including domestic violence, is a human rights violation and should be prohibited. In this revision, domestic violence as basis for divorce came into effect.
- *The Law on Population and Family Planning of Peoples' Republic of China* published and implemented in 2001 has stipulated the prohibition of discrimination, ill treatment, abandoning of girl babies and non-medical sex selection.
- In 2005, the amended *Law on the Protection of Women's Rights* included domestic violence and sexual harassment as two major issues. In addition, the law prohibits drowning, abandoning or infanticide in any manner of female babies; discriminating against or maltreating of women who give birth to female babies or women who are sterile; cruel treatment causing bodily injury to or death of women by means of superstition or violence. Trafficking, buying and kidnapping of women are also considered criminal offenses. The Hunan provincial implementary measures of this law (issued in 2006)

further identify several types of harassment, including text messages from mobile phone.

- About 16 provinces have promulgated local laws preventing domestic violence, and 90 counties and municipalities have formulated supportive policies.

4.5 Quality of Implementation of Existing Laws

While this topic will be discussed in further detail in Chapter 7 under efficacy of legal services, it is useful to flag here how the quality of existing laws is influenced by weaknesses in implementation. A law is only useful if it has *recognized application and interpretation*.

Culturally-Embedded Perception and Prioritization of GBV in Existing Laws

In addition to analyzing existing laws by looking at their content and coverage, understanding how GBV is perceived in society is useful as it can be a reflection of the recognition and need for legislation. The following examples provide some explanation of the inadequacies we see in existing laws.

In Thailand, GBV is viewed as a "family problem", rather than a human rights issue, to be protected by laws. Similarly, by defining GBV as a "women's issue" in Indonesia (and as such removing responsibility as a "gender issue"), it reduces the call on problem-solving processes and resources within government. These same viewpoints are held in Myanmar, where domestic violence is normal and considered to be a private matter dealt within the family. Adding to this invisibility of GBV is the fear of speaking out publicly on individual rights, a phenomenon which is culturally rooted and politically bred through repression. Like Thailand and Myanmar, the handling of GBV cases is considered to be

personal and culturally perceived as shameful in Timor Leste. Further, women are considered to be at fault for GBV, rather than victims, as it is their duty to keep the family together and maintain harmony. On paper, it appears that Domestic Violence victims are protected under the law. In practice, it may give room for maneuver in interpreting which activities and under what circumstances they are to be managed as “family matters” or criminal acts.

The prioritization and enforcement of laws can be culturally embedded as demonstrated in Indonesia. The existing “health law” views women only in their reproductive role, removing access to health services such as abortion. Reproductive rights are not viewed as a fundamental human right and receive less priority than, by contrast, the anti-pornography bill. The anti-pornography bill limits women’s movement in the name of decency and morality, and is driven by religious fundamentalist groups seeking to control their grip on society’s behaviour. The fundamental view is that women are seen as the source of problems within the community and, by implication, inviting abuse and violence on themselves. As such it is deemed necessary that women’s movements should be regulated by local government interventions. In contrast, a gendered perception would take the view that it is the unregulated behaviour of men in the community that puts women at risk. This distorted logic of viewing women, as a “problem” would, therefore, justify rape as a woman’s fault or a divorced woman escaping GBV worthy of honour killing for shaming her family. Thus, religion can be the face of discrimination when laws are formulated on the basis of “morality” and “local tradition”. Reportedly, violence conducted by the state is increasing in the form of laws and regulations in Indonesia that violate women’s human rights. Up to now there are at least 26 such local regulations bills in the name of modesty and morality.

Cultural practices can also be underlying

vehicles for GBV in some parts of Indonesia. For example, the tradition of *belis* where wives are purchased can lead to an acceptance of GBV on the rationale that a husband can treat his property as he likes. It also provides justification for inheritance of women within a family when the husband dies. The removal of perceived individual rights can play a part in the acceptability of GBV. Finally, cultural limitations can affect the quality of legislation. The strong presence of the Catholic Church in the Philippines seeks to link moral behaviour with reproductive health rights, in its’ opposition to both abortion and contraceptives. Similar opposition is expressed towards the Divorce Law, provisioning guilt towards women who seek to leave abusive marriages. Similarly, enactment of the Domestic Violence law in Timor Leste is facing concern from some quarters, including the Catholic Church, which fear that it will lead to family breakdown through divorce.²⁰ This shows that framing the discourse on GBV can become the moral territory of religious leaders in countries with an underlying theocratic orientation. Thus, for some groups, gendered legislation is perceived as a protection of human rights against GBV, while for others it is a tool for control of moral behaviour.

Juxtaposition of GBV Laws with Competing Laws

In Indonesia, we see problems of interpretation and application when GBV related laws are placed side by side with Islamic Law. The number of cases prosecuted using the ADV (Law on Abolition of Domestic Violence) remains low as Islamic law and civil law have different processes: Indonesia Islamic law is tied to Islamic rules of behaviour with cases being enforced in religious courts. For example, the marriage institution is tightly bound with and strongly based on religion with the religious courts using the book

²⁰ Personal communication from Timor Leste team at UNFPA ESEA Regional Planning Meeting, 13-17 November 2006

of compilation of Islamic law as the basis of its processes. Hence, there is a need to look at the location of these processes for enforcement of existing laws as GBV cases tend to be reported through religious courts where the ADV law is not used. A case of domestic violence must be brought to legal court to be processed using the ADV law. Another twist is that, administratively, one of the unintended consequences of decentralized system of local government is the tendency for some districts to enact byelaws, which infringe on women's rights in the realm of personal behaviour. In Aceh and West Java, for example, the perpetuation of traditional gender roles that disadvantage women are justified by a fairly orthodox interpretation of religious (Islamic) teachings including reassertion and formalization of traditional, patriarchal values such as requirement of wearing the headscarf in public. Failure to observe these rules has at times made women targets of GBV and other risks.

In Cambodia, rape and sexual assault laws are weakened by the lack of implementation, partly due to patriarchal values held by police officers and judiciary. The limited quality of investigative procedures and uncertain legal framework result in poor understanding of GBV crime at best and denial at worst. Conversely, implementation of laws relating to GBV can be problematic when some members of society are exempt from prosecution, enforcement is inadequate, and when victims are hesitant to report a crime. These are evidently characterized by the culture of impunity, corruption and unlawful compensation payments. For example, as mentioned earlier although rape is criminalized in the Penal Code in Myanmar, military personnel are exempt from prosecution. Further, victims have reported intimidation or bribery by local authorities not to report or testify.

Failure of Implementation of Laws by Default

Finally, failure of implementation of laws can be by default when competing laws and processes (i.e. international, national, and traditional) fail to guide transparent standards. The result is that the justice system fails to apply a law when appropriate and/or victims choose not to seek protection from the law due to frustration.

Even good laws need operational guidelines, and user understanding of terminology and elements of law. We see this phenomenon in practice in the case of Timor Leste where international law, Timorese law and Traditional processes compete. Traditional processes, by default, are used to respond to GBV throughout the land as tradition maintains that individuals will turn to local community resources when negotiating disputes or perceived crimes. Victims often report dissatisfaction with the outcomes and disempowerment by traditional processes. Such a process typically lacks transparency and is open to influence by either party; judgments are based on maintenance of patriarchal gendered roles; and punishment is a fine for present damages rather than more severe deterrents to accommodate extenuating factors such as history of abuse. However, seeking justice through formal legal processes is perceived as both costly and risky when operating in new terrains that they do not know how to negotiate. Frustration results for both the client and service providers within the legal system.

Thus, without a clear understanding of competing laws and processes, the outcome is that judges may fail to apply standards of international law where appropriate and government is not ready to accommodate traditional processes in its efforts

to strengthen the rule of law. By default, efforts to criminalize GBV remain in the realm of Timorese law where the majority of victims do not seek justice. An even deeper problem in protecting women from GBV is when society doesn't see the need for legislation. This can be due to prevailing cultural norms of behaviour or historical suspicion of laws, either imposed by occupying regimes or perceived as imported from the west. Suspicion and lack of trust in Timorese law is an outcome of the perceived link to corruption in the court system during Indonesian occupation. The result is a dependence on traditional justice processes, with own inherent lack of transparency and GBV denial attitudes. Complicating this situation is the perceived inaccessibility of formal justice to GBV victims owing to a lack of understanding that a "crime" has been perpetuated; long distances to centres to file a report; lengthy court processes; complex procedures and expectation of low prosecution rates.

Gender blindness in laws, such as lack of a specific law, which identifies women as a vulnerable group and/or lack of guiding framework are among factors, which are detrimental to addressing GBV. For, in that situation it becomes easy for the State to be complicit in the shame and fear of victims associated with GBV crimes, when laws are not enforced to deter a problem, which is not understood. Further, Confucian and other traditional norms can promote an acceptance of and justification for GBV. For example, it is acceptable for a husband to use violence to "teach his wife" if she has done something "wrong". Judgments are subjective, leaving her actions possibly open to abuse. Women are meant to obey their father, husband, or eldest son (after their husband's death), thus enforcing a system of patriarchal power in existence for generations.

In China Despite the explicit prohibition of domestic violence in both the revised Law on Marriage and the Law on the Protection of Women's Rights, there is a lack of comprehensive national legislation on violence against women that also provides access to justice and means of support for victims and punishment of perpetrators. As mentioned above, 16 provinces have promulgated local laws preventing domestic violence, but even then, the implementation of the law remains weak. One reason for this is that the implementation of the law and the protection of women are considered the responsibility of the local women's organizations; which are mandated to request the government department or unit and/or employer of the husband concerned to investigate and deal with the case so as to protect the interest of the women. However, in practice as a (GO) NGO both at national and at provincial level, the Women Federation lacks both the budget and the authority to mandate partnerships with relevant government.

Another issue that hinders effective implementation is that none of the Chinese domestic legislations contains a definition of violence against women including domestic violence, sexual harassment, and discrimination of the girl child or trafficking. This leaves little guidance and lead to wide interpretations of the laws by sub-national governments at provincial and county levels. Consequently, the formulation, implementation and execution of the law vary widely between provinces. Hence, the translation of 'domestic violence' to 'family violence' and 'gender based violence' to 'gender violence' in Chinese reflects how the concept of gender based violence and domestic violence are largely viewed as "family problem", rather than human rights issues to be protected by law.

With specific reference to rape, despite the legislation against sexual harassment in the *Law on the Protection of Women's Rights* and rape in the *Criminal Law of the Republic of China*, its execution is weak. In practice, in many cases rape is considered a result of the woman's seductive moves, which justify her being abused, or raped

even though it is prohibited. Moreover, the law does not recognize sexual violence behaviour within marriage as rape. Again, this perception is deeply rooted in prevailing masculinity norms abating and justifying male sexual aggression towards women.

Awareness Creation and Prevention

The desire for change requires committed agents, an identified target group, an agreement on issues and messages to raise, a strategy for communication, and delivery of reliable outcomes to sustain the desired change (e.g. enactment of policies and laws, availability of services and trained service providers embedded in government institutions and/or service organizations, gender-responsive education and counselling provision as a component of deterrents). To this end, the development of advocacy messages, knowledge and awareness campaigns, and behaviour change strategies are inevitably intertwined in practice. This chapter addresses the components, outlined above, for change delivery.

Raising issues underlying GBV and advocating behaviour change pose a challenge, particularly in societies where GBV is still a highly sensitive topic, documentation is scanty, understanding of it as a human rights issue subject to criminal law is rudimentary at best, and where legal protection is inconsistent and often inadequate. This results in GBV being largely 'invisible' in the public domain. However, advocates argue that we cannot afford to consider GBV as a 'private affair' as it impacts the individual, family and societal well-being and development and has thus merged into the public sphere of criminal laws (e.g. international human rights) and the global economy (e.g. human trafficking).

On a strategic level, advocating the recognition and eradication of GBV require multiple strategies, focusing on knowledge building, awareness creation and change in behaviours. There is a need to educate



Photo credit : UNFPA Malaysia

the victim/client, the perpetrator and potential support agents on GBV. The victim needs to be aware of her/his rights in seeking redress. This must be supported by institutional agents in society, whose actions on GBV issues must include: awareness raising, training and provision of legal and psychosocial services, and safety and protection for the victim. The perpetrator needs to understand the nature of GBV as a criminal, rather than take it as a domestic management measure. Further, behaviour change directed at the perpetrator needs to be carried out in a non-threatening and supportive manner.

5.1 Change Agents and Target Groups

Change agents can work at different levels, depending upon the areas they seek to influence (e.g. policy development, law formulation, victim support, perpetrator behaviour) and their associated target groups (e.g. government civil servants, local authorities, religious leaders, parents and spouses of victims). Across the study countries, we see a range of change agents and targets for IEC and BCC.

Partnering with Men

Alarmed that men's voices and participation in the promotion of gender equality have been rather muted, gender activist NGOs in the study countries have resolved that partnering with men to address gender inequality in general, and GBV in particular, is one of the potentially effective strategies that needs to be vigorously pursued. The strategy to achieve this partnership is a two pronged approach involving: i) sensitization of men to downsides of dominant masculinity and femininity norms to both men and women's self-concepts and gender relations and ii) engaging men in active transformation of their behaviours and hierarchical societal structures and process which contribute to, among other things, GBV.

In Malaysia, MAN.V (Men Against Violence) is an extension of AWAM (All Women's Action Society, an NGO) that has been actively engaged in various aspects of programmes and activities related to gender and rights issues. Resource persons from both MAN.V and AWAM have been involved in developing the training materials as well as conducting training workshops on gender and GBV. Efforts have also been made to ensure that young men constitute about half of the workshop participants. However, difficulties are reportedly encountered in attracting young men to attend such training workshops and to get new male recruits as resource persons. To further raise awareness on GBV/VAW a White Ribbon Campaign (WRC)²¹ was planned for launching on 25 November 2006 in collaboration with MAN.V, AWAM and UNCT²².

In Cambodia, Project Against Domestic Violence (PADV) has since October 2002, with support of GTZ, developed a community development framework project "Men Stop Violence" working with Cambodian men to stop family violence. In March 2006 GTZ contracted a consultant to conduct a 2-week training²³ for NGOs and Ministry staff on "understanding and working more effectively with men" with a focus on:

- Masculine identity in the family context
- Why are men angry?
- Violence and anger
- Drug and alcohol abuse
- Dealing with Excuses and denials
- How to address a perpetrator with the aim to motivate him to change?
- Men can help to solve domestic violence
- Development of a toolkit for addressing men across age, marital status and socio-economic categories with messages, leaflets, posters, radio programme and others.

²¹ The WRC is a week-long campaign, encouraging men's voice against sexual violence on women. The men wear a white ribbon to signify their commitment to the cause of elimination of VAW.

²² UNFPA Asia and Pacific Division 13-17 November 2006.

²³ Ellis, Hurst and Associated, Pty. Ltd March 2006

Box 8. Engagement of Men in Prevention of Violence in Mongolia

The NCAV jointly with the General Police Department implemented the programme to change the attitude of male perpetrators. The programme was based on the model “Development promoted by the community” developed in Australia. This programme is distinctive in that it offers information and services to the male perpetrators in order to change their behaviour. The contents of the programme were fighting not only the violent actions by the perpetrators but also their viewpoints on Domestic Violence.

The main significance of the programme observed was it engaged men in activities to reduce Domestic Violence. Training “Ways to alter the attitude and behaviour of perpetrators” was run and publication “The man cries” to men were distributed to communities. Counselling was delivered to men detained for committing Domestic Violence and manual by the Australian psychologist Dale Hurst and his training input. Counselling male perpetrators engaged police officers working at grass-root levels with perpetrators and encouraged them to be involved in training and workshops. As a result of counselling, men’s threats and intimidation towards their spouses and other members decreased. As a result of the involvement of different stakeholders close cooperation of local men NGOs working with men such as AA Association, Mongol Vision and Gal Golomt was improved.

The following outcomes were drawn:

- Men wanted to change themselves. While 1/4 of them gained self-control over their acts, 15 per cent of them understood their emotional motives. Whereas 1/10 of them realized that Domestic Violence was a crime and felt guilty, 10 per cent of few of them blamed others.
- Men wanted to express themselves and share their feelings with others and have more counselling.

Source: <http://www.ncav.org/en/program.php?id=11>

In Timor Leste, the Association of Men against Violence (Asosiacao Mane Kontra Violencia) was established in 2002 as the primary initiative directing IEC and advocacy work at men. Their mission includes conducting grass-roots education about GBV and human rights as well as IEC/advocacy advocacy work such as rallies, street theatre, workshops and the lobbying of Government to include gender education in the national school curriculum and national media campaigns. On the other hand, some programmes in Mongolia (see Box 8) have targeted male perpetrators for counselling, sensitization and dissemination of behaviour change messages to

address both their violent actions and their viewpoints on domestic violence. It has been reported that men’s threats and intimidation towards their spouses and other members have decreased, as they gain self-control over their acts.

Coalitions of Change Agents

At another level, we see the formation of coalitions of change agents in the study countries to deliver messages to multiple target groups. In the Philippines, the linkage of violence and discrimination forms a common platform in bringing together different change agents against

GBV. It is not only women speaking out but also advocates of gender orientation choice (homosexual, bisexual and transgender). In Cambodia, a number of workshops, public fora and meetings have been conducted with line ministries; members of Cambodia National Council for Women; and representatives from Gender Mainstreaming Action Group in line ministries, provincial line departments, commune councils and communities to increase their understanding of GBV. A coalition of NGOs (GAD/C, Project Against Domestic Violence (PADV), CWCC, ADHOC (Cambodia Human Rights and Development Association), LICADHO and Cambodia Defender Project (CDP/women's Resource Centre) has organized advocacy campaigns against GBV in several national events to target relevant groups, particularly illiterate people in remote areas. They have also targeted students, citizens, civil servants, police officers, and local authorities to increase their awareness of gender and domestic violence. Research, training and public awareness raising activities have been embedded in their programmes. This higher profile positions them to provide advocacy support in rescues, cooperation with authorities, and legal intervention for survivors of GBV.

Community and Faith-Based Groups

In Viet Nam, pilot projects have been challenged to provide IEC/BCC materials to specific beneficiary groups (victims and perpetrators) without publicly targeting the audience. Efforts have been made to diffuse the stigma of victims and perpetrators of GBV within some community-based projects by bringing it out in the public arena and providing a safe environment for change. This approach seeks to reduce the possibility of victims being re-victimized and perpetrators being condemned for their actions, allowing space for transformation and renewal. While both victims and perpetrators still report stigma, there appears to be greater ability to discuss the matter and find support

within the community to address it. Specifically, the RaFH (Centre for Reproductive and Family Health) and UNFPA/SDC projects have both formed Husband and Father Clubs and Wife and Mother Clubs. While, initially, community members without violence in the family along with male perpetrators and female victims of violence were encouraged to participate, the latter two groups were ashamed to be identified in the community. As a result, the RaFH club began holding separate "seminars" for victims and perpetrators, without labeling them in the community as such. Both victims and perpetrators voiced their appreciation for being able to speak about their problems and to learn more about domestic violence and gender equality. The outcome has been that some victims went to the commune counselling room and requested help from the Intervention Team while some perpetrators reported that they used less violence to resolve their problems. UNFPA/SDC project clubs did not provide separate meetings for perpetrators, but invited them to meetings hoping to integrate them into a wider group, thus lightening the stigma.

On the other hand, Faith-based organizations have also been appropriate change agents. In Indonesia NGOs such as Nasyyiatul Aisyiah, Rahima, Fatayat, and Puan Amal Hayati have actively conducted IEC for their members by targeting information regarding women and Islam, including GBV and Islam. The Rahima organization, for example, has published research on women and Islam and maintains a website on gender/GBV and Islam that is accessible to the public. Fatayat and Nasyyiatul Aisyiah conduct IEC sessions at grassroots level for religious leader and community members, thus increasing public awareness on domestic violence and the 2004 Law on Abolition of Domestic Violence. Similarly, Puan Amal Hayati, in collaboration with As Sakienah pesantren and Cipasung pesantren, has inserted GBV topics such as domestic violence and polygamy into the speech script of religious leaders. GBV issues, in particular

domestic violence and other women's rights issues, have been highlighted during routine discussion sessions or Qur'anic recital. Further, the Puan Amal Hayati publishes a newsletter which includes monthly topics such as polygamy "nusyus"²⁴, trafficking, domestic violence and pornography.

Other faith-based organizations such as the seminary of Sisters of Good Shepard conduct IEC on GBV through religious sermons. The strategy has been useful in gaining influence and raising the prominence of GBV issues by associating it with the teachings of respected religious leaders. Altogether, use of religious leaders, as change agents, can be powerful given their role in shaping gender relations. Further, such agents can provide an important clarification role where religious-backed preservation of moral behaviour is used to justify GBV.

Academic and Professional Training Institutions

Apart from sensitizing and educating the general public and their respective constituencies on GBV, formal training in schools and professional training institutions constitute very good transformative avenues for attitudinal and behaviour changes of the youth and tomorrow's leaders, partners and service providers. For this reason, UNFPA programmes on adolescent sexual and reproductive health for both in- and out-of-school youths include changing traditional masculinity norms that fuel the occurrence of GBV. Alongside that, countries are involved in revising curricula to integrate GBV in various academic and professional subjects such as religion, law, nursing, journalism, and medicine.

In the Philippines, the Department of Education is planning to include adolescent reproductive health in the teaching syllabus for students from Grades 4 to 6 and High School with the core message "Adolescents have rights to be protected against all forms of reproductive health

violence and discrimination". This has caused controversy as a similar project during the UNFPA 5th Country Programme (2000-2004) under the NGO TRIDEV Specialists Foundation, Inc. was met by protests from the Catholic Church. The same NGO also implemented the School Based Youth Peer Educators and Advocates for Reproductive Health project, providing for the training of 69 peer education volunteers on, among other topics, the prevention and management of VAW. Supporting IEC materials were produced.

Of course in all study countries there are respected institutes and universities doing research and offering courses on gender, gender and health and GBV in various faculties, some developed as far back as the 1980s. For example, the Faculty of Medicine at University of Malaya advanced to the league of progressive innovative medical schools when it adopted the Newly Integrated Curriculum (NIC) in 1998 which stresses healthcare needs, disease prevention and health promotion, competency-based learning and continuing medical education to balance the previous biomedical bias and towards integration of the patient into the family, community, and society. Similarly in 2000 in the Philippines, Cebu Doctors' College (CDC) of Medicine and De La Salle University Social Development Research Centre's Task Force on Social Science and Reproductive Health developed a course and student's and teacher's modules that integrate the social, cultural and legal aspects of domestic violence issues in a medical curriculum in the Philippines.²⁵ These learning materials, which are also being shared with and adapted in Malaysia and other countries in ESEA, do not only include the roots of violence within the context of gender and culture but also approaches in identifying high-risk family situations for prevention and management.

²⁴ Arabic term used in religious text translated as disobedience of the wives against their husbands.

²⁵ The development of this curriculum was funded by the Philippines Commission on Higher Education and the Ford Foundation

The in-service training of staff has been equally emphasized. For, it has been noted that while most have the relevant technical knowledge of their professions (i.e. medicine, judiciary, law enforcement or teaching) they have usually internalized patriarchal and gender insensitive values in their socio-cultural milieu and hence need to be re-socialized in the rights-based and gender-sensitive perspectives on GBV. To this end, generally in UNFPA-supported projects, gender and culturally sensitive approaches as well as rights-based perspectives are integrated in the core areas of reproductive health and population and development sub-programmes.²⁶

By way of illustration, we see that in Thailand, the provision of technical and gender-sensitivity training to health personnel constitutes an important component in the operation of the One-Stop-Crisis Centres (OSCC) as will be covered in the next section. The training on gender issues has included topics such as: women's health and rights, gender roles and power relationships, myth and realities about VAW, and factors that perpetuate domestic violence. A study measuring the effectiveness of both trainings, using the pilot model in Khonkaen hospital and Udonthani as a control hospital (i.e. not receiving specialized training), was conducted to document knowledge and attitudes of hospital staff on VAW. It is interesting to note that after six months training, knowledge scores on VAW increased in the experimental hospital but there was no change in scores demonstrated in attitude scores between experimental and control hospitals. The findings indicate that while it is possible to increase knowledge on VAW among hospital staff, it is not easy to change their attitudes regarding victims of violence. This notion was confirmed by measurement of knowledge and attitudes of police and middle school students, undergoing the same analysis. It demonstrates that attitude change needs more than hypothetical knowledge such as direct contact with people experiencing or situations generating GBV.

5.2 Message Dissemination

The planning of IEC entry points is a sensitive exercise. There is fear that it would be rejected by particular target groups (e.g. male perpetrators) if it is culturally insensitive, resulting in denial, rejection and even opposition. Similarly, IEC messages directed at victims of GBV can cause limited attendance if the issue is hit head-on, causing public shame or guilt. In this regard, the planning and delivery of IEC campaigns can be as diverse as the targeted audience. The selection of IEC mediums will inevitably limit the audience who are defined by access and their own motivation/ incentive in receiving the messages. Across the study countries we have seen many creative transmission methods and formats, including government seminars, posters, local theatre, popular songs, research publications, journals, national celebrations, and radio and TV shows.

Awareness-Raising Workshops and Seminars

Indonesia's MOWE has been conducting IEC to sensitize civil servants on the ADV law and issues of GBV throughout strategic government institutions down to provincial level and some districts. Similarly a limited target audience is reached by the MOWE, who provides seminars and meetings on GBV to officials at provincial level. Other government institutions such as BKKBN (National Family Planning Coordinating Board), Department of Education, Department of Social Affairs, Ministry of Health, and the Police have conducted similar exercises. A range of IEC materials have been produced, including TV advertisements on GBV covering forced prostitution, domestic violence, and trafficking aired during primetime. For the most part, however, government institutions have generally preferred awareness-raising sessions and seminars for their staff and to large NGOs/CBOs with

²⁶ UNFPA CST Bangkok. 2005.

representation down to grassroots level. Despite coverage across several government institutions, information dissemination has not been conducted in a systematic manner. Rather, it has been ad hoc in nature or short running programmes. For instance, the MOWE conducted a series of seminars and meetings for officials from the provincial level judiciary and legal institutions for the year 2004 but then moved to another geographical area in the following year. Thus, sustainability of IEC interventions was compromised, as it was not built into information dissemination mechanisms within the target institutions.

As is the case in Indonesia, prioritizing inconsistent coverage over depth raises concerns over sustainability in Timor-Leste. Village-level workshops often last one day or less, with all members of the community invited. These workshops provide introductory information on GBV issues and domestic violence and sexual assault, in particular. Some organizations have conducted more in-depth events, for several days at a time, and some have returned to the same community more than once, in an effort to consolidate the learning that took place. However, many workshops have never been followed up. Because of the relatively limited time in most workshops, trainers are unable to enter into in-depth discussions about attitudes and beliefs contributing to GBV and how these might be overcome.

For the most part, efforts to educate the public have not been coordinated with one another, so some communities and individuals may have had the opportunity to participate in several events whereas others have not. Some attempts have been made to consolidate information on these various efforts, but these have never been able to capture the full extent of what has taken place. In 2002-2003, there was an effort to unite the work of several organizations with one central theme - "Do not: domesticate violence" (Label: *Violensia Domestika*). The relatively simple theme and the

powerful graphic that was used were helpful in getting the message across. Several messages have been used to campaign and educate on GBV among them are:

- Women's rights are human rights
- Peace in our homes, peace in our nation (emphasizing the interest in reconciliation and the rebuilding of the nation after the destruction of 1999)
- Our children are watching
- Violence destroys our future
- Violence is against women's rights
- Speak out about violence (encouraging victims to overcome their shame)
- Domestic violence is a crime
- Being married in the church is a sacred act that brings two people together. We can't let domestic violence destroy our homes

Popular Culture

International NGOs conducting awareness raising exercises in Indonesia have utilized a range of popular mediums to capture and sustain the attention over a range of age and sex target groups. In addition to radio, printed media, and community gatherings, Indonesia's BKKBN (National Family Planning Coordinating Board) and Community Radio have used local traditional art and puppet show (*wayang*) to convey messages on GBV. This medium, which can go on all night, is very popular in Java Island. Another traditional art performance, the *tarling*, and radio drama has been used to convey messages related to trafficking. Transmission of GBV messages embedded in folk entertainment forms provides a safe and light medium to provide community education. It has been found useful also to present IEC messages within health information sessions or agriculture village gatherings.

Public education on GBV in Timor Leste has focused on popular mediums, which generate interest, as they are attractive to display or offer

entertainment. Posters, pamphlets and, to a lesser extent, T-shirts and stickers, have been used. Posters are a particularly attractive method of communication dissemination as they serve the dual purpose of decorating homes and offices for recipients. A popular local theater group, "Bibi Bulak", has created radio drama shows, public service announcements, and recorded a hip-hop style song about GBV to appeal to younger audiences. The song has been distributed to local radio stations, used in workshops, and tapes were given to mini-bus drivers, known for playing loud music as they travel their route. Indeed, "Bibi Bulak" has been contracted by various organizations to produce popular radio programmes, public service announcements, skits and songs regarding not only GBV but also many other issues of particular concern to youth, such as dating relationships. Radio has been the most effective way to communicate to most people in Timor Leste, as many parts of the country have a limited supply of electricity, television and print media.

Sometimes the dissemination of behaviour change messages can be distorted. The media portrayal of sexual violence in Thailand is misleading as it puts the blame on the rape victim. For example, her style of dress or movement in isolated areas is seen as justification for inviting attack. Here, a woman's status is framed by her sexual physiology and sexual harassment by males is therefore perceived as normal.

Research, Publications and Print Media

Research publications and journals have been used to advocate policy and provide IEC materials. In Indonesia, one of the most active NGOs is "Jurnal Perempuan", publishing a self-titled journal on women related issues such as discrimination, political participation and GBV. The monthly publication covers one theme per month. GBV-related themes have included domestic violence, pornography, trafficking, GBV

in emergency, religion and GBV, polygamy, gender mainstreaming and decentralization, the state and GBV, and reproductive rights. Jurnal Perempuan also broadcasts radio programmes covering similar issues. An innovative approach for IEC dissemination has been Jurnal Perempuan's collaboration with "The Body Shop" to print messages to end violence on the "Body Shop's" advertisements on printed media, product posters and shopping bags. Using slogans (e.g. "stop violence at home" and "empower yourself") to piggyback on private company marketing mechanisms is an innovative link between consumerism and advocacy campaigns.

Kalyanamitral Women's Communication and Information Centre is another leading NGO in Indonesia which is providing information dissemination on GBV related issues. In addition to the production and dissemination of original research, the NGO has promoted: women-specific libraries; the advocacy of gender-sensitive policy (e.g. for women's needs in the conflict areas of Poso in North Sulawesi); the publication of the quarterly bulletin "Kalyanamedia"; the development of a website for information on GBV cases; and production of a training module on increasing sensitization toward domestic violence.

Together with institutionalizing community responsibility and multi-sector support in Viet Nam's project piloting a community-based approach, IEC/BCC activities have been a cornerstone of GBV and Domestic Violence prevention activities. Several methods were used to raise community awareness including dissemination of leaflets, posters and booklets on gender equality, GBV or Domestic Violence prevention, and women's rights and laws. The use of loudspeakers, local radio, TV and articles published in local newspapers and community talks were also effective in sharing information at grassroots level. These multiple forms created greater public space for victims or witnesses of violence to speak out and seek help where they had previously been ashamed.

Internationally and Nationally-Linked Celebrations and Campaigns

Last but not least, many countries in ESEA participate in annual international celebrations and campaigns on designated days to highlight issues of GBV. These events include 8th March International Women's Day, 25th November International Day for the Elimination of Violence Against Women, 16 Days of Activism to Eliminate Violence Against Women and the White Ribbon Campaign (WRC). In the WRC, committed men speak out in public against a range of GBV issues such as rape, female feticide, gang rape, domestic violence and sexual abuse. These events are supported by various organizations including UN agencies, government and NGOs. In this regard Thailand instituted the month of November for the elimination of VAW in 2005. The activities are organized in public areas such as Silom-Siam Square and attended by prominent business and entertainment figures.

In Timor Leste, national celebrations have been used as a platform to raise the profile of women's issues, including International Women's Day, restoration of independence in 2002, and the Sixteen Days of Action Against Violence Against Women. Usually a theme is selected for the events each year to take stock of issues and priorities. The celebration of these days typically involves some kind of symposium in which speakers talk about important issues; radio and TV appearances by activists and government leaders; and marches. During the celebrations of the restoration of independence in 2002, women's groups came together to organize a fair, portraying their work and raising the profile of women's issues among the community at large. In 2001-2002, there was a campaign to include women's rights in the Constitution, then being drafted. There have also been campaigns and advocacy around high-profile cases of GBV, when well-known members of the community were accused of serious assaults against their wives.

5.3 Strategy for Communication

In addition to diversity of change agents, targets, and dissemination formats, a number of innovative strategies for communication have been found in the study countries.

Enlisting Community Support

We see in Mongolia that, while transmitting the message to male perpetrators that violent acts are a crime, the strategy seeks to place responsibility within the community. This is achieved through the involvement of different stakeholders, in playing a supportive service role, to address the underlying problem - the change of behaviour. To this end, the police are enlisted as a service agency to support and promote a secure and peaceful public life. A counselling role, rather than simply an enforcement organization, is taken.

Viet Nam's community-based projects have been used as a mechanism for addressing GBV and domestic violence within the communities they work. Several organizations are using a two-pronged strategy, which seeks to return responsibility for member's behaviour back to the community through existing community networks and institutionalize preventive measures for sustainability of behaviour change. Some of the projects and organizations utilizing this method include:

- Centre for Reproductive and Family Health (RaFH), Prevention of Domestic Violence Against Women, Ninh Binh Province
- Viet Nam Committee for Population, Family and Children, 'Sustainable Development of Family and Prevention of Domestic Violence', Bin Phuoc
- Counselling Centre for Psychology, Education, Love, Marriage and Family (LMF), Ho Chi Minh City
- UNFPA/SDC supported project, 'Mainstreaming Gender Equality in

the Family in UNFPA Population and Reproductive Health programme', Thai Binh

The community-based models employed similar core components for community prevention and control of GBV. Each project sought to recruit local leaders, in gaining support of the project, by raising their awareness. Local authorities were trained in gender equality and domestic violence in the RaFH and UNFPA/SDC projects. Knock-on effects of this strategy resulted in the creation of quotas for women in local government positions and the provision of land to single women over age 35, a policy that was previously only the entitlement of men. Another key component has been the development of a multi-sectoral board or Team to manage and implement the GBV or domestic violence projects. Membership has generally included the Head or Vice-Head of the People's Committee and representatives from mass organizations, police, the health sector, as well as village heads. The coordination and commitment of the different sectors has had the advantage of regular communication about GBV and Domestic Violence cases to allow more adequate and timely assistance in addressing the needs of victims and perpetrators. This systematic effort has had the effect of raising the issue to a higher level of priority across several potential change agents as GBV and domestic violence became viewed as an issue for the entire community to address. Raising the profile through the inclusion of institutional support and expertise signaled the importance of these issues to the community and the broader responsibility of service agencies in their support.

The integration of GBV and Domestic Violence into the agenda of all mass organizations and other socio-economic development activities in the community has been another strategy employed by the community-based projects. For example, the RaFH and UNFPA/SDC projects integrated Domestic Violence discussion into the

regular meetings and talks of mass organizations such as the Women's Union, Farmers Union, and Youth Union. The VCPFC (Viet Nam Committee for Population, Family and Children) projects integrated Domestic Violence information into farmers training (e.g. extension training, integrated pest management, and other production trainings). By widening the net of potential target audiences through multiple channels, this has created greater awareness among the entire community with repeated messages.

Engaging Leaders and Multi-Sector Stakeholders

Timor Leste efforts have been focused on providing local leaders and representatives from various sectors with a role to play in addressing and preventing GBV. For example, police officers, human rights officers, church representatives, health-care workers and *Chefes de Suco* may be invited either to attend an event or to make a presentation.

In China there is the contentious issue of sex ratio imbalance (SRI) at birth, which is clearly a form of GBV as it mainly results from sex selective abortions. It is manifested in the ratio approaching 120 baby boys born for every 100 girls that far exceeds the natural ratio that universally ranges between 102 to 106 male infants born to every 100 female infants²⁷. UNFPA Country Office in China has succeeded (through its "detoxification" programme as shown in Box 9) in bringing this sensitive issue in the public discourse and at the policy table by employing a number of culturally-sensitive, politically correct and scientifically sound strategies among which is involvement of key figures in government, top demographic institutions, international agencies, and women's NGOs in the dialogue on SRI.

²⁷ Viet Nam Commission for Population, Family and Children and UNFPA 2006

Box 9: UNFPA China Sex Ratio Imbalance (SRI) Programme

- Identification of key potential allies and adversaries at central level and also targeting provincial and county level leaders in its Gender Project
- Though within China there is little challenge to the “one-child policy” which in part is a contributing factor to skewed SRI, UNFPA set about to demonstrate that it was not the only cause by supporting international exchange with other countries experiencing the same phenomenon despite the absence of a similar one child policy, hence providing an international perspective.
- Avoiding using value-laden language like infanticide which is highly inflammatory and does not paint a true picture of the skewed IMR rates but instead using the term “neglect”
- Using incremental approach by addressing the SRB issue first in demographic terms, then in health terms and then in gender inequality terms rather than challenging head on social norms and issues of human rights which china is highly sensitive to. This amounted to getting on board key demographers and official within the National Population and Family Planning Commission to demonstrate that the skewed figures were due to sex-selective abortions and projecting the long term catastrophic societal consequences such as social unrest due to lack of marriage partners, trafficking, prostitutions and spread of HIV.
- Demonstrating that criminalization of ultrasound was necessary but not a sufficient solution to SRB and hence directing UNFPA programme to tackling gender inequalities and supporting research analysis on the root causes of son preference and the institutional barriers to gender equality.
- Gradual involvement of stakeholders in “circle of trust” which included Chinese Academy of Social Sciences, Beijing University and All China Women’s Federation, a Government organized NGO (GONGO) that reaches grassroots levels and is extremely well networked and NPFPC taking the lead.
- Support of robust research and information sharing fora involving national and international community.
- Continuous advocacy and dissemination of information resulting in publications, public supportive pronouncements on SRB by key figures in government and international agencies including UN Resident Co-coordinator, High Commissioner of Human Rights.

Source: Adapted from UNFPA China. October 2005.

5.4 Outcomes for Sustainable Change

As important as it is to develop non-threatening messages, attractive dissemination formats, and effective strategies for transmission, real behaviour change is only possible when it is supported by the delivery of reliable inputs to sustain the desired change. In addition to

highlighting change outcomes identified in the study countries, this section describes some possible limitations (e.g. literacy levels, funding priorities, human resource capabilities, and political climate) in achieving their goals. These outcomes include the issuance of religious declarations, institutional positioning of GBV, formation of community clubs, raising the level of policy dialogue and formulation of laws.

Limitations

In Timor Leste, sensitization education regarding GBV has been conducted from the national to the local level by a wide range of agents (Government, UN agencies and organizations, and international and national NGOs) who include awareness raising within their activities. However, little attention has been given to sustainable change outcomes as evidenced by very little discussion regarding what “education” really means, what methods are most suitable for particular audiences and what the impact of this education has actually been. The biggest challenge limiting public education on GBV in Timor Leste is the level of literacy, particularly in rural areas. In addition, although IEC is recognized as an important activity, donors have preferred funding services for victims or longer-term interventions with communities in order to change attitudes and build systems and structures to respond to and prevent GBV.

As well as the recipient audience being limited by literacy levels, human resource levels of national staff that would be responsible for delivering IEC are also limited. Timorese staff has been trained in educational systems which emphasize learning through memorization and which do not foster more creative educational methods, often making it more difficult for them to think of innovative ways to work towards building awareness of GBV. Staff who are literate may struggle to conceive of ways to communicate effectively with people who cannot read. In attempting to address low literacy levels, organizations have tried to use pictures, in combination with the written word. However, human resource skill levels again place restrictions as there are a limited number of artists and designers who can develop pictures and they may not be familiar with how best to use popular approaches to education.

A more formidable obstacle presents itself

in Myanmar, where the political climate restricts discourse on GBV issues and this is reflected in the lack of IEC. As there is not state-sanctioned admission of a problem, GBV is not addressed in school curricula and state training for teachers, health providers, or judiciary policy. To a limited extent, the state agency MAAF (Myanmar Women Affairs Federation) has conducted research on VAW but the detailed findings have not been made public. MAAF has conducted some awareness campaigns; established counselling centres, and organized discussions at communities, schools and workplaces regarding the laws protecting women against violence. This is perceived as window dressing as practical enforcement of laws is limited with few cases being brought to the MAAF and state-sponsored counselling centres being viewed with suspicion. Further, the climate of fear of political implication effectively muzzles any advocacy role for independent service providers and humanitarian assistance agencies. GBV issues are addressed only when integrated into project services and activities. MSF- Holland, for example, provides a clinical response (this includes treatment within 72- hours with a standard medical response package) for rape survivors. Due to the sensitivity of the subject, the clinic’s services cannot be openly advertised. Ensuring reliable and sustainable support for victims is difficult for change agents to harmonize activities and to establish IEC/BCC training programmes. Rather, government machineries and resources have been devoted to the issue of trafficking, which is more politically expedient, given government focus on cross-border resistance groups threatening the status quo of the military regime.

Reliable Inputs

The issuance of behaviour warnings towards religious devotees can act as a sustainable deterrent as long as the decree is in force. In the island of Mindanao in the Philippines, Muslim religious leaders issued a ‘fatwah’ or decree,

declaring support for reproductive health and family planning. Partly responsible for this decree is the project Reproductive Health Advocacy for Muslim Leaders initiated by the Commission on Population in partnership with UNFPA. This series of IEC activities, including module development, training and facilitators' guide on reproductive health in the context of Islam, included a section on the prevention of violence against women and children.

As discussed earlier, projects in Viet Nam have utilized the institutionalization of multi-sector support and expertise within community-based projects as a sustainable strategy to raise the priority of GBV through clubs namely Husband and Father Clubs, Wife and Mother Clubs, Clubs for Family Happiness and Clubs for the Sustainable Development of the Family. These Clubs, though routinely geared to focus on topics such as agriculture and poverty alleviation, integrate discussions and awareness-raising on GBV issues. They thus variously discuss issues of individuals, couples, victims or survivors of GBV as well those experiencing family conflict or exhibiting 'high risk' behaviours manifested in drinking or gambling problems, strong patriarchal lifestyles, couples with economic difficulties, unemployment, low education, or adultery. This provides a safe and non-threatening environment for GBV affected members, though project staff dismay the fact that majority of participants tend to be women and consequently there is concern to increase male participation.

In Indonesia, a network of NGOs concerned with discrimination against women, JANGKA PKTP, was originally established to push for the enactment of the ADV Law and for supporting the prevention of GBV and the provision of services for GBV victims. After the ADV Law passed in 2004, the network has been advocating for the revision of several bills including the anti pornography bill, the witness protection bill and the migrant workers' bill. Indonesia's National Family Planning Coordinating Board and Indonesian Forum of Parliamentarians for Population and Development are initiating an advocacy project, supported by UNFPA, which aims at strengthening the dialogue and a policy environment conducive for addressing GBV. This is achieved by conducting high level seminars and workshops at provincial level for policy makers, community leaders, journalists and decision makers on GBV.

In Timor Leste, an innovative technology called "Megavoice" was recently introduced by an international volunteer. A small device about the size of a credit card is enabled with a standard recorded message. These devices can be recorded with whatever message is desired and then distributed to communities and individuals. Instead of having to read information, people can hear it. The devices are relatively inexpensive and have long-life batteries. It is hoped that this new technology may enable those working on GBV to overcome many of the challenges of public education.

Medical and Psychosocial Interventions

This chapter presents the experiences of study countries with respect to provision and efficacy of medical and psychosocial services for GBV victims. At the same time, we look at the other side of the coin, namely the service provision. Proper infrastructure, tools and the service providers' ability to recognize cases of violence or potential victims are key factors in providing assistance. It is often the case that due to the nature of the crime, victims (as well as perpetrators) may not self-identify for fear of shame and recrimination. In this regard, some countries have developed protocols as necessary tools for recognizing and recording incidence of abuse so that appropriate treatment of the victim can be assured. In addition, such documentation serves the purposes of monitoring and legal or other follow-up and referrals.

6.1 Medical Centres

The health sector is a key entry point in identifying and treating victims of GBV as well ensuring that women receive appropriate referral services to other sectors in order to improve or resolve their situation. There are negative health repercussions of violence many of which may not be recognized by health providers as emanating from violence. An important weakness in the health sector is the level of knowledge of GBV and expertise in counselling victims. Training of health providers will be needed to improve their "gatekeeper" role.

In the "Gia Lam Women's Centre for Counselling and Health Care" located in Duc



Photo credit : UNFPA Mongolia
Pregnant women in urban life

Giang Hospital in Viet Nam, a strong model exists which integrates health services with referrals to and from the community. Another example of integration of support to GBV victims into medical services is the UNFPA supported “RH at Emergency Situation” project in Indonesia, which has a prevention of VAW as a component. The project was implemented, in collaboration with BKKBN and MOH, from 2001-2005. While the project integrated the Minimum Initial Service Package of RH²⁸ into the emergency medical services during conflict situations, it also provided community-based counsellors based at the IDP (Internally Displaced People) camps to counsel GBV victims and conduct outreach and IEC activities. A referral system, involving various stakeholders, for VAW cases in the context of emergency situations (especially

arising from conflict) was another outcome of the project. In Table 1, the National Commission for the Elimination of Violence Against Women, “Komnas Perempuan” provides a summary of available GBV services in 2005 from data collected by 59 NGOs, 6 Hospital based WCCs, and 50 Police Stations RPKs in 20 provinces.

While hospitals mainly provide general medical services and psychological support for victims, some additionally conduct IEC, establish WCCs with a shelter facility, and others even have a legal aid team. The leading hospitals with established crisis centres in GBV integrated services are the Citpo Mangunkusumo hospital, Sukanto Police hospital and the Navy hospital in Jakarta, and the Panti Rapih hospital in Yogyakarta.

Table 1: Summary of Available GBV Services in 2005 in Indonesia

| Types of Services | No of NGOs | No of Hospital Based WCC | Law enforcement institutions (religious court, legal court & Police) |
|--|-------------------|---------------------------------|---|
| Counselling room | 33 | 6 | 50 RPK, 4 religious courts |
| Medical examination room | 3 | 6 | 50 RPK |
| Hotline services | 19 | 3 | 50 RPK, 1 religious court |
| Counsellor team (psychological support) | 38 | 5 | 4 legal courts, 2 religious courts |
| Medical Team | 6 | 6 | |
| Legal aid team | 27 | 1 | 11 religious courts |
| Volunteer | 1 | | |
| Shelter | 18 | 1 | 1 legal court, |
| Trained personnel (gender sensitive personnel) | | 1 | 13 legal courts |

Source: Komnas Perempuan, 2006

²⁸ The minimal package of RH consists of clean delivery services, prevention and management of VAW especially sexual violence, provision of contraceptives and prevention of STIs and HIV/AIDS infection. This project, co-funded by New Zealand Trust fund and HSTF, was implemented in the emergency conflict areas in six provinces including Aceh.

Another model is Philippines' Project HAVEN (Hospital Assisted Crisis Intervention) which started as a UNFPA-supported (1997-1999) pilot project for a gender-sensitive and holistic one-stop hospital-based crisis intervention centre for women-survivors of violence as mentioned earlier in Box 2. The project, now referred to as Women's and Children's Crisis Care and Protection Unit (WCCCPU) offered:

- Direct medical services to victims of VAWC — screening, physical examination, diagnosis, treatment and referral to WCCCPU
- Psycho-social services including feminist counselling (hotline and face-to-face)
- Information and available resources; medical and health assistance; stress management services; legal assistance and referral; temporary shelter; group counselling; referral to gender-sensitive institutions; respect for survivors' needs and concerns, and; awareness-raising activities
- Recording of findings and recommendations in the VAW Registry Form
- Issuance of medical certificate for physical injuries
- Referral to other institutions for services not available in EAMC such as legal and medico-legal services, among others

In 1997, the Department of Health issued an Administrative Order mandating all government hospitals to establish Women and Children Protection Units (WCPUs), thus institutionalizing the Project HAVEN concept and leading to the establishment of other WCPUs such as the UP-Philippine General Hospital Women's Desk which is located at the emergency room complex and conducts medical management in coordination with the various departments of the hospital as well as offering referrals to other agencies for the victims of GBV²⁹.

²⁹ See NCRFW website www.ncr fw.gov.ph which lists all the government hospital-based GBV services, legal assistance, homes and their telephones and locations available in all regions of the Philippines.

6.2 Faith-Based Organizations

Integration of services for victims into the activities of faith-based organizations can provide a strategic opportunity to eliminate GBV, often arising from the misinterpretation and misunderstanding of religious teachings. In Indonesia where the majority of the population is Muslim, the involvement of an Islamic boarding school (*pesantren*), which provides the foundation of moral education for communities, is a highly potent strategy.

A UNFPA-funded pilot project, which seeks to contribute to the elimination and the management of the consequences of VAW, involves collaboration between the government (MOWE) and faith-based NGO (Puan Hamal Hayati) in two districts of West Java, Tasikmalaya and Indramayu. Unlike the majority of WCC's, which are hospital-based or NGO-based, the alternative model uses an Islamic boarding school-based women crisis centre. In addition to the usual curative and protection services, the *pesantren* provides spiritual counselling and guidance to both the victims and perpetrators. As a boarding school, it offers an opportunity for continued education for school-aged victims (who are often not able to continue their education elsewhere) and an alternative to the victims' re-integration process. The venue provides more privacy and protection to the victim, as services take place within the relatively closed community of the *pesantren*. This base also presents a unique opportunity for IEC and BCC delivery as information is provided on GBV from Islamic perspectives, conducting reinterpretation of the misunderstood Islamic teachings in the area of gender, something that cannot be credibly done by other types of WCC.

Other faith-based organizations in Indonesia such as Fatayat NU, Nasyiatul Aisyiah and Sisters of the Good Shepherd seminary have begun to provide counselling and safe houses for GV

victims. Fatayat NU has established 26 LKP2 at provincial and district level to provide counselling services, referral, mediation and support groups for victims. Similarly, Nasyiatul Aisyiah currently provides consultation, counselling and referral support and is preparing to expand services to include psychosocial support, legal support and limited medical support. In some of the branches of the Sister of Good Shepherd seminary, in addition to providing a safe house, consultation, counselling, spiritual guidance, and mediation between disputing parties are offered.

There are also some faith-based initiatives in Myanmar which offer awareness-raising on VAW issues and legal education relating to VAW; training provision on procedures to follow if one becomes a victim of violence; and free legal advice and counselling to victims where lawyers are available and above all capacity building of local communities to address violence.

6.3 Shelters

Many victims feel that they are unable to leave their abuser because they will not be able to provide for themselves and their children. This is particularly true for less educated women with fewer prospects for earning an independent income. The availability of shelters in situations of extreme violence or repeat victims of gender-based violence, provides a safe house where women (and often their children) can be offered support services, ranging from counselling to transformation activities (e.g. vocational training). It is recognized that efforts will need to be made to strengthen connections between services providing psychosocial support to victims of GBV and services working on livelihood issues.

The UNFPA/SDC project in Viet Nam provides a community based “trusted address”, or safe place, where women can go in extreme cases of violence to ensure their safety. Safe havens are provided in the houses of members of

community based counselling teams and other influential members of the community. With most cases, the woman stays there for a short period of time and during that time the Counselling Team meets with the husband and makes an assessment of how to handle the situation. The pilot operates in 14 residential areas with 42 credible addresses set up. The method is reported to be working as a deterrent in decreasing the frequency of violence, with public awareness that the Counselling Team and Project Steering Committee offer support and prohibit entrance to the “trusted address” by the perpetrator. Vietnamese cultural values associated with “losing face” and not airing one’s problems in public, appear to complement the model as the perpetrator will be reluctant to publicly harass or enter the “trusted address”. Hence, bringing the violence out into the open in a “safe” place, under the authority of respected leaders in the community is a useful strategy that works in favour of the victim. The trusted address model also appears to offer an alternative solution where there is lack of funds to develop shelters at community level and women are reluctant to leave their communities to seek safety in shelters further away.

It remains to be seen what solutions can be offered for serious cases of unresolved violence, when a woman cannot stay at the trusted address for a longer period of time. Also, it is not known whether a woman suffers more violence as “punishment” when she returns home. In response to this need, the Central Women’s Union opened the first shelter for victims of GBV in Viet Nam in early 2007. The centre provides refuge to victims of Domestic Violence living in Hanoi and surrounding areas who are in need of psychological, social and economic assistance. Victims of human trafficking and their children will be catered to at a nearby site, and can receive reintegration services such as counselling, medical care, and vocational training. There are also a few additional shelters in Viet Nam for victims of trafficking.

Mongolia's National Centre Against Violence (NCAV) runs four temporary shelters for women and their children and provides psychological and legal counselling for victims. The shelter acts as a support group for women who have experienced similar problems. Women who need long-term assistance may be accommodated in the NCAV's transition house in Ulaanbaatar. The Centre reports that it has assisted 6310 women and provided shelter for 827 women and 907 children since its establishment in 1995. A study of criminal and administrative cases of Domestic Violence shows that approximately 4000 cases of Domestic Violence are registered to the police every year.³⁰ Further, the numbers of requests to NCAV to live in the shelter has been increasing, with more and more women coming from rural areas to Ulaanbaatar for shelter services.³¹ NCAV has begun to establish shelters in rural areas, opening three shelter homes in Dundgobi, Tuv and Selenge aimags.

In the Philippines, the DSWD (Department of Social Welfare and Development) has established the Rehabilitation Project for Women in Especially Difficult Circumstances, providing temporary care and rehabilitation to women victims of battery, sexual abuse, involuntary or forced prostitution, illegal recruitment, and survivors of armed conflict and detention. They have thirteen homes, called "The Haven", located all over the country that provides residential care as well as psychological services; referrals for legal, psychiatric and other services; and training for livelihood skills. Crisis intervention units are also established in 15 regions with a 24-hour hotline operation, counselling services, rescue operations, referral and other services. Special facilities for girl-child survivors of violence include twelve Reception and Study Centres for Children and four Lingap (care) Centres nationwide.

The Cambodian Women's Crisis Centre (CWCC) is an NGO founded in early 1997 but now with offices in Phnom Penh, Banteay

Meanchey and Siem Reap provinces. It operates "confidential crisis shelters" that not only provide shelter and direct services including counselling, health care, school opportunity for children of clients but also referral services for repatriation, reintegration and job placement as well as community training programme that conducts courses for villagers, local authorities, police officers and volunteers of GBV. In its 2005 report, CWCC documented 1733 clients of GBV who it assisted with direct and legal services at the three regional drop-in centres³².

6.4 One-Stop Crisis Centres

One-Stop Crisis Centres (OSCC) represent residential-based responses to victims of GBV either within or outside the hospital's departments provided by relevant government and/or NGO service providers. OSCC aim to prevent re-victimization of arriving women with physical or sexual assaults by providing the victims with confidentiality and gender-sensitive services. Such a comprehensive service delivery model exist in many of the study countries but vary greatly within and between countries with respect to intake capacity, quality and range of services.

Indonesia has established OSCCs in the top referral hospital in the capital Jakarta, provincial hospitals and district hospitals where medical, psychological and legal services are provided as shown in Box 10. This integrated model thrives on collaboration within the hospital and a network linking clients to legal and other social services systems. This poses a challenge to hospital staff that normally do not function in the same manner when dealing with other clients seeking treatment at the hospital. Similarly, the Ministry of Women's Empowerment units have established crisis centres in some provinces

³⁰ Mongolian Women Lawyer's Association. 2003.

³¹ UN Human Right and Gender Team Group, 2004

³² Cambodia Women's Crisis Centre. 2005

Box 10: Indonesia Integrated Services In One-Stop Crisis Centre

Using the emergency ward as the entry point for the victims, cases are referred to special unit, where victims are treated. Upon need for hospitalization, victims are placed in special anonymous ward, where when necessary special security is attached. Standard procedure issued by Ministry of Health is applied and the staff is trained. A trained counsellor conducts necessary counselling. Temporary protection is provided through shelter that is attached to the hospital or outside the hospital. Legal services are provided by police officer attached to the Integrated Service. Social affairs offices provide social rehabilitation. When a victim has been discharged from hospital and need social rehabilitation, she is referred to organizations providing training on income generating activity to enable her stand on her own.

The term integrated services does not merely apply to one-stop-crisis centre, but also services in a network, where needs of the victims are fulfilled even though it is not done under one roof. In places where shelter is not integrated in one facility, referral within a network is applied. Assistance to the victims who need legal process or psychological recovery is provided, including spiritual assistance. Social workers, both from the government and NGOs, are made available for the victims.

Other services established are in the form of Integrated Services for Women Empowerment and Children or *P2TP2 (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak.)*. This is a community-based integrated service providing information, referral, consultation/counselling and training to the community, in particular to women. At present there are 17 integrated services for women and children at the provincial level, including 23 regencies at Aceh province and 2 integrated services at two regencies in North Sumatera.

Budget to support the operation of the integrated service is provided by the government and also by NGOs and community organizations whenever available. Funds are derived from the government budget for medical service and social service as well as from the social security budget.

Source: Indonesia 28-30 November 2006

(e.g. Aceh, Jakarta, Solo, West Sumatera and Yogyakarta) to provide services for GBV victims as well as conducting women's empowerment activities. Some centres offer more comprehensive support than others such as Yogyakarta province that provide medical services, psychological support, shelter, hotline services and referrals for cases that need further attention. It is also encouraging to note that plans are under way to establish a Crisis Centre by mid-2007 in the Indonesian Embassy in Kuala Lumpur, in order to respond to cases of violations that happen to

Indonesian migrant workers in Malaysia.

Indonesia's Department of Social Affairs has established 10 provincial trauma centres (with a further 16 planned to cover all 36 provinces), in operation with funding from Ministry of Social Affairs. Staffed by a social worker, psychologist, religious counsellor and a medical doctor, the trauma centre provides mainly psychosocial and medical services, including counselling and shelter. They also work closely with the police in providing support during the processing of the case.

In Malaysia, following the National Campaign on VAW, spearheaded by the Joint Action Group of mainly women NGOs in 1985, one of the interventions arising was the establishment of hospital-based OSCC for survivors. The first such integrated medical, legal, and welfare services was set up in 1986 at the then University Hospital, Kuala Lumpur (now known as University Malaya Medical Centre) called Intervention of Sexual Assault and Molestation, still in operation today. This was followed by the OSCC at Kuala Lumpur General Hospital in 1994 to address an emerging increase in women seeking medical treatment as a result of domestic violence. The OSCC concept of integrated services for violence survivors has since been institutionalized in government hospitals throughout the country, comprising ninety-five per cent (108 out of 114) of urban government hospitals nationwide.³³ These services are typically located at the Accident & Emergency Department. The Paediatrics Institute in Kuala Lumpur has also established OSCC for children.

The OSCC in Malaysia applies a patient-focus principle regarding identification and diagnosis; therapeutic and medical care; para-counselling and emotional support; multi-level crisis intervention; legal and court activities; provision of temporary shelter; and medical reporting. The OSCC works as a support network based on close collaboration between government (e.g. Ministry of Health, Royal Malaysian Police, Social Welfare department) and NGOs. Detailed standard operating procedures, known as Crisis Intervention levels or Critical Pathways, have been developed to guide the roles and responsibilities of each agency involved.³⁴ The Ministry of Health train staff of the agencies on the OSCC management guidelines and Critical Pathways. This is complemented by gender-sensitization training for medical providers and social workers conducted by women NGOs such as AWAM, WAO, and WCC. The National Council of Women's Organizations has recruited and trained volunteer counsellors to assist the OSCC

and is developing a Counselling Manual for OSCC volunteers.³⁵ Upon arrival at the OSCC, a staff member followed by a doctor's examination takes the survivor's history. If immediate treatment of injuries is needed, the survivor is referred to the medical officer on call. Within 24-hours, s/he sees the counsellor on duty. The designated counsellor includes medical social workers and volunteers from women NGOs, who provide explanation and guidance on the services offered at the hospital and other agencies. Both police and medical reports are also filed. The OSCC holds monthly meetings to monitor the cases of the survivors.

Another One-Stop Crisis Centre located in General Hospital Kuala Lumpur was established in 1993 and serves as a medical and emotional trauma centre for survivors of violence. While they receive an average of 200 cases a month, with the majority being battered women, they also deal with rape, sodomy, and child abuse cases. The first point of contact is the Emergency Counter. The protocol requires that the survivor self-identify to the Emergency Counter in order to access the facilities especially positioned for victims of violence. If the survivor claims s/he has been abused, then a staff member will escort him/her to a special room, which is "hidden" to ensure privacy (both in the physical sense and also to provide emotional security). Any life-threatening injuries will be attended to immediately and depending upon the state of the survivor, s/he may be sent to the psychiatric/medical officer for specialized treatment. However, if the victim does not self-identify then s/he will have to take a number and wait his/her turn and later be subjected to the same routine as any other patient visiting an Emergency room. Once a survivor accesses the specialized facilities, his/her history and report are taken down, colour coded and

³³ Josiah I, 1997; Hii M, 2001; Thambiah S, Yong C & Wong YL, 2006)

³⁴ <http://www.mvip.gov.my>. Date Accessed: 16/10/2006; Hii M, 2001

³⁵ UNFPA Malaysia. 2006

classified by type of abuse or violence. They are forms for detailed recording of domestic violence, rape and sodomy. By law, a physician is required to file a police report if s/he suspects child abuse. But in the case of domestic violence, the physician can only advise the survivor to make a report.

In Thailand, with the encouragement from the National Commission of Women’s Affairs, the Ministry of Prime Minister’s Affairs has formulated a policy for public hospitals at the provincial level to establish OSCCs. Rayong Hospital and a few hospitals in Bangkok have established centres. Outside Bangkok, with support from international donors and NGOs such as Friends of Women’s Foundation, the first OSCC was established as a model for other hospitals in service provision to victims of violence in Khonkaen. The hospital seeks to deliver a comprehensive service through provision of trained multi-disciplinary staff (including physicians, nurses, psychologists, and social welfare personnel); establishment of a network with both local and Bangkok NGOs and related government staff (e.g. police, state attorneys); and guidelines, protocols and manuals for service provider staff. A centre comprises a special room in the Emergency or

hospital Social Welfare Units, to provide 24-hour services. A specific hospital record form has adapted similar forms on GBV from Australia, Malaysia, Philippines and USA. Since women victims of violence usually receive insufficient and inadequate hospital services and ineffective referrals, protocols for service delivery have been developed for outpatient and inpatient services. Consequently some public hospitals in 20 provinces have established OSCCs. Along with data provided by the standard hospital record form on GBV developed for use by OSCCs, routine records on Injury Surveillance of the Ministry of Public Health have provided patterns and characteristics of women victims of violence who come to use services. Data from 24 provincial hospitals in 2002, showed that while the proportion of female patients receiving physical and sexual assaults were not high (14.2 per cent) compared to all other injury cases, the mortality rate of 5.2 per cent was significant enough to cause concern by the health care sector. Most victims were of reproductive age. Table 2 shows the types of support provided to GBV victims in Thailand OSCC; it is instructive for any institution preparing to offer services to victims of violence.

Table 2: Types of Support Provided to Clients of One-Stop Crisis Centres Reported in 15 Provincial Hospitals in Thailand, October 2002 - April 2003³⁶

| Types of support | Number / per cent |
|----------------------------------|-------------------|
| - Health care cost | 376 (38.3) |
| - Emergency contraceptive method | 251 (25.6) |
| - Antibiotic drugs | 123 (12.5) |
| - Prophylaxis for HIV prevention | 67 (6.8) |
| - Travelling cost | 70 (7.1) |
| - Material support | 50 (5.1) |
| - Support in terms of cash | 44 (4.4) |
| Total | 981 |

Source: Department of Support to Health Services, Ministry of Public Health

³⁶ The 15 provincial hospitals included: Utradit, Nakhonratchasima, Samutsongkram, Khonkaen, Leui, Lampang, Roiet, Chonburi, Ratchaburi, Chumporn, Nakhonsawan, Ubonratthani, Pitsannlok, Pathumthani, Yala

6.5 Victim Counselling

Once a GBV victim has been identified and received initial medical treatment, if necessary, counselling is the primary service needed to guide survivors through further courses of action which may be needed (e.g. forensic examination, referral to other services such as legal advice and shelters).

Counselling Venues

Thailand's Hotline Counselling Centre in Bangkok, established in 1984, provides a service (free for Telephone Organization of Thailand and GSM phone system users) for clients where communication access may be difficult (e.g. reside in distant areas, inconvenient access to e-mail accounts). The office also provides face-to-face counselling, group counselling and/or therapy for different groups (e.g. women, housewives, women with homosexual husbands, lesbian and gay groups, teenagers, parent groups, self-development groups). The Foundation has another centre in Chang Mai, which also provides a shelter for women and children under distress. In addition to the mobile hotline, a Hotline International Training Course is provided for those interested in organizing services using their techniques; various publications are available to share their experiences and solutions to psychosocial problems; and a free AIDS Hotline service has been established. In the last four years, the Foundation has provided counselling and training courses for police and Immigration Officers in 10 border provinces as well as police in Bangkok.

Viet Nam's Family Planning Unit at Tu Du Hospital provides pre-abortion counselling that includes screening for GBV. The counselling consists of ten steps which seek to address: why a woman has decided to terminate the pregnancy; alternatives to terminating the pregnancy; an explanation of medical versus surgical abortion; self-care after the procedure; possible side

effects and consequences; and choosing an appropriate method and screening for GBV. While the counsellors have not received extensive training on GBV, they recognize the need to provide support for victims and referral information for services. Though the project ended in 2005, this model continues to be actively implemented and now serves as a national model for many other health care providers throughout the country. Counsellors identified limited time as a main constraint in more effectively identifying GBV cases. For whereas a standard counselling session typically takes 10 minutes, victims of GBV more often require 30 minutes. When performing 80 abortions per day at the hospital, client load is considerable for counsellors. It was reported that due to the nature of GBV counselling sessions, a lot of emotional support is required. If a woman is quite upset, the counsellor may place her in a separate room while she attends to another client, before returning to continue the conversation. Adequate provision of separate, private space can also be a further constraint. The counsellors currently estimate 10 GBV cases identified per month, although they estimate that the number could be higher if they had more effective investigative skills and time.

Another venue for provision of GBV counselling in Viet Nam is Community-Based Reconciliation Committees, comprised of members from local authorities and mass organizations such as the Women's Union and Farmer's Union. In practice, they usually only become involved in serious cases of violence, as families tend to hide the occurrences, out of shame and fear. Having not been trained in counselling skills or legal knowledge, they have been reported to recommend to women to cope with the problem by avoiding angering their husbands and placing the well-being of their family over themselves.³⁷ Furthermore, recognizing the

³⁷ Vu Mang Loi, Vu Tuan Huy, Nguyen Hu Minh, Jennifer Clement. 1999.

opportunity afforded by positioning GBV support within existing grassroots community institutions in Viet Nam, several projects have been developed to build Reconciliation Committees' capacity in counselling and legal literacy in order to improve effectiveness. In response to the recognized weakness of the Reconciliation Committees' lack of legal power to enforce laws to stop men using violence, Prevention of Domestic Violence Against Women (PDVAW) Boards at the commune level have developed. Membership includes Head of the People's Committee as the head of the Board, the police, health workers, and mass organization representatives (Women's Union, Farmer's Union, Youth Union). Correspondingly, "Intervention Teams" at the village level, are responsible for the majority of the direct counselling. The team consists of Village chiefs and representatives of hamlets, the Women's Union, and other mass organizations. As the head of the village has a dual function as the local police representative, the PDVAW Board and Intervention Teams are provided with greater authority within the community to intervene in cases and apply legal measures, if necessary.

One community-based GBV project, Centre for Reproductive and Family health (RaFH), has developed twenty counselling rooms in the project communes. PDVAW Board members staff the counselling rooms in rotation. These counselling rooms are located in rural areas. In addition to counselling on domestic violence, clients can receive support on gender equality, conflicts within families and with relatives, divorces and land partitioning in the family. IEC materials are also available in the rooms. Local visibility may be hindering attendance at the counselling rooms as it has been reported that RaFH staff at commune level have a hard time to motivate clients to attend the counselling rooms. This may be due to the fact that Intervention Teams provide support at the village level so many people do not want to travel the distance to the commune level or discuss their issues with strangers.

Viet Nam's Counselling Centre for Psychology, Love, Marriage and Family (LMF) in Ho Chi Minh City provides services, with counsellors and professionals, over a range of topics: domestic violence, legal advice, psychology, biology/puberty, SRH, HIV/AIDS, and family relationships. LMF has 10 years of experience, providing 24-hour services, both face-to-face and hotline counselling. With project funding from Netherlands NOVIB, they have worked on raising awareness of Domestic Violence issues since 1998 through the People's Committee and other mass organizations and police. Their activities include broadcasting documentaries on national TV, distributing IEC materials in communities to raise awareness and create demand for counselling services.

Another counselling centre in Viet Nam, the Gia Lam Women's Centre for Counselling and Health Care provides counselling services to GBV victims, acting as a complement to the GBV screening services provided at Dug Giang Hospital in Hanoi. Under supervision by the Hanoi Health Department, it works in close contact with the hospital as well as receiving referrals from mass organizations, the police, court, and walk in clients. It has served more than 2400 clients since 2002. Despite the successes of the centre, counselling staff continue to encounter some barriers to their work.

- Traditional norms prevent many women from realizing they suffer from GBV, due to limited understanding of GBV as only physical violence, excluding sexual and psychological violence.
- GBV victims outside of the project implementation area are difficult to reach when local authorities have limited understanding and capacity to deal with violence or make referrals.
- Repeat clients need higher levels of support (e.g. safe place for victims, assisting children of victims with school tuition), requiring stronger coordination with mass organizations.

In the Philippines, the Capiz Reproductive Health Initiative Project also provides community-based counselling and referral services for the prevention and management of VAW through its centre, popularly known as “The Pink Room”, with 24-hour medical, counselling and police protection services to victims and survivors of violence. The Pink Room has been acknowledged by UNFPA as a centre for learning best practices. In general, counselling centres seem to be more widely established in the Philippines than in other countries as demonstrated by the list of available services both in Manila metropolitan and the regions.³⁸

The Myanmar Women’s Affairs Federation (MWAFF) has Counselling Centres at the township level established in states and divisions around the country. As a state organization, the centres are attached to the local authority. In addition, local MWAFF representatives have organized awareness-raising discussions with community members at school and in workplaces on the laws protecting women against violence. Despite these efforts, few women seek assistance from their local MWAFF representatives and the Counselling Centres. This is due to the population’s general reticence about the state and its local representatives. It does not help matters that official procedure dictates that any act of VAW must be first reported to the local police before the victim can be treated.

Screening and Referral

As not all victims present physical evidence of abuse (e.g. psychological abuse) requiring medical treatment, health providers require sensitive skills in both enquiry and examination of potential GBV victims who may arrive in health facilities. Indeed, victims may be reluctant to cooperate if they feel their privacy is not respected and the examination itself results in further humiliation and trauma. Hospital-based screening-services play an important role in identifying

clients in need of GBV support services. The following examples provide experiences of screening services located in different departments within hospitals (e.g. Family Planning Units, Women’s Centre, Primary Health Care System).

In Viet Nam, a few small-scale projects have developed in the health sector, which include screening clients for GBV. The Family Planning Unit at Tu Du Hospital provides GBV screening in its abortion counselling services. It is not routinely incorporated into other sexual and reproductive health services such as annual gynecological exams or treatment for RH illnesses. Further, no screening is available in any other units of the hospital. However, if a woman has obvious signs of GBV such as unexplained bruises or cuts, then the service provider will raise GBV with her. Unfortunately, the screening and identification of victims of GBV is not supported by a management information system in order to record the number of cases, types of violence experienced, referrals and any follow up provided. The hospital employs forensic doctors and has an Assessment Board that can collect samples and tests in cases of rape. If a client comes to the hospital after a rape, they do not notify the police unless the victim asks for this due to the cultural sensitivity associated with rape in Viet Nam. Having identified and provided initial counselling to GBV victims, the Family Planning Unit does not adequately coordinate with other support services. When it comes to referrals, the Unit has clear procedures for referring victims to counselling centres in Ho Chi Minh City but does not provide referral information for other services such as economic or legal support.

Another example in Viet Nam links screening of clients and referral services. Duc Giang Hospital provides comprehensive screening of clients and counselling through the Gia Lam Women’s Centre

³⁸ See counselling and referral services listed on this website <http://www.ncrfw.gov.ph/helpline/helplineonvaw.htm#> Counseling and Referral Services.

for Counselling and Health Care, based at the hospital. Two additional health centres, Ngoc Thuy and Long Bien, fall under the project. These activities are under the project “ Improving Health Care Response to GBV” which began in 2002, supported by the Hanoi Health Department, Population Council, and Centre for Applied Studies in Gender and Adolescence, and the Ford Foundation. All health staff of the hospital and the two health centres were given training on: knowledge on GBV and relevant laws; skills in counselling, screening, evaluating and documenting cases; and providing emotional support and referrals to counselling centres and other support services. This was followed by an advanced training course in the second year.

The project is the first in the health sector to systematically carry out GBV screening, treatment and referrals to other sectors in Viet Nam. Procedures have been developed to screen and document cases, including a form which documents the number of cases, types of violence experienced, treatment provided and referrals made to the counselling centre in house and to other social and legal services. The hospital and counselling centre work together with local authorities, mass organizations, police and the court of justice in order to more effectively deal with GBV cases in a multi-sector approach. While positive changes in attitudes, awareness and collaboration of health providers, cadres and authorities have been noted in an external evaluation in 2005³⁹, some difficulties still are encountered in their work. It remains a challenge to identify victims and provide appropriate services since many clients are still reluctant to report violence. Further, not all health staff is motivated to screen all clients since there is neither a formal requirement from MOH or Hanoi Health Department nor material benefit to doctors. Screening depends solely on their sense of responsibility, which may be compromised by the 5 minutes allocated for each client examination.

In Timor Leste, victims most often come to the attention of service providers through the police as fewer victims go directly to services. The police in Dili usually contact PRADET (NGO) or FOKUPERS, requesting provision of counselling support and accompaniment to the victim while she goes through the police and/or medical processes. Outside of Dili, there are fewer referral services for the police to call upon. Counsellors work with the victim to determine what she will do after filing a police report, including assisting her for accommodation at the Safe House operated by FOKUPERS. The counselling response emphasizes non-judgmental listening, encouraging the victim to tell her story, indicating that the abuse is not her fault, and respecting her choices. Most victims require information about their rights and what they can expect during legal and medical processes related to the assault. An area of concern is confidentiality in interactions with the victim, as this is a new concept in a traditional community like Timor-Leste. Sometimes this is exacerbated by the cramped office space in which NGOs operate. However, all organizations attempt to keep case files secure in their coordination efforts on behalf of the victim. Service providers attempt to provide follow-up counselling, after initial contact with police and health workers, at the victim's home. This has proved difficult to locate some victims as they move, without informing counsellors, often as a result of shame and community pressure. PRADET has recently begun to offer follow-up support groups for victims. Education and creative activities are used, over a four to five week period, to help victims overcome the shame and isolation they feel as result of their abuse. The support groups are organized according to their experience of violence (e.g. adolescent victims of sexual assault, survivors of domestic violence). Similarly, FOKUPERS offers support groups and creative activities for residents at its Safe House.

³⁹ Le Thi Phuong Mai. March 2005.

Domestic Violence screening was initiated in the Malaysian primary health care system in October 2004 to develop and pilot a procedure for identification of victims. The pilot was conducted within reproductive health services, under the UNFPA-funded “Integrated Comprehensive Reproductive Health Services within the Primary Health Care System” project. Three main agencies were involved (Ministry of Health through its Family Health and Development Division; the National Population and Family Development Board; and the Federation of Family Planning Associations) and were piloted in three clinics in the state of Kelantan Bandar Pasir Mas Health Centre, NPFDB Kota Bharu Clinic, and the Kelantan Family Planning Association’s Kota Bhary Family Planning Clinic. The main activities include development of a manual for early detection of domestic violence within the Primary Health Care system, followed by training support on the manual for health care workers, and public education on domestic violence for community leaders and other stakeholders. The aim of the initiative is to incorporate domestic violence screening into the history-taking protocols for women using specific criteria. The expected outcomes of the pilot are an effective screening method, an increase in awareness of domestic violence amongst health care providers and the community, and increased communication between stakeholders in the management of survivors.

Some organizations are extending GBV assistance to a small number of refugees from Myanmar, living across the border in Thailand. While most of the initiatives are targeted at the long-term residents of refugee camps, some organizations work with migrant workers from Myanmar, in order to ensure knowledge transfer when they return to their communities. Activities include awareness-raising programmes, counselling, and provision of safe house run in the camps. One organization provides counselling training, which they plan to extend from the camps

to include participants in Myanmar in 2007, and is preparing a film on GBV in the local language for distribution inside Myanmar as well as the camps. Several organizations bring participants from inside Myanmar to participate in trainings in Thailand and then return to their communities following the training. The training includes GBV awareness, detection, counselling, and sexual harassment awareness. One human rights organization conducts a ToT workshop on human rights, including GBV, which involves participants from inside Myanmar.

6.6 Support to Provision of Services

As previously stated victims are often reluctant to self-identify when seeking treatment due to the nature of gender-based violent crimes. Oftentimes, survivors themselves may perceive GBV to be only physical violence (excluding sexual and psychological forms) due to cultural norms. This puts the burden on service providers to identify if a crime has been committed in order to provide an effective course of treatment (including referrals if necessary), particularly if the abuse does not leave physical evidence. But, health staff may lack the capacity, facilities and even motivation to screen for GBV. Cultural attitudes often limit their understanding of the nature of GBV and patient contact time is itself a limited resource. Health treatment examination and forensic examination require protocols, including roles and responsibility of collecting evidence. Securing private and secure space within hospitals or in proximity to health care professionals for counselling, forensic examination, and GBV screening can be problematic. Finally, linkages between healthcare providers and a range of service providers (e.g. police, social welfare, community institutions) demand coordination mechanisms and policies. If such a referral system is not in place, healthcare providers may not see it as their responsibility, thus limiting their assistance to physical treatment rather than prevention or transformative activities.

Referral System

A referral system, involving networking and collaboration with several health providers, is the basis of an established support system. In Indonesian cities such as Jakarta, Yogyakarta, Jambi, Surabaya, Mataram, Balikpapan and Balikpapan, many service provision actors network with one another to create such a support system. One Stop Service Centres and Crisis Centres, such as those established by Panti Rapih Hospital, Cipto Hospital and Sukanto Hospital are known institutions, which provide the required services.

Rifka Annisa Federation is reputed to be a centre of excellence for GBV interventions, providing a range of services in Jogjakarta area and being well-connected to other government and NGO institutions. In addition to offering limited medical treatment and hospital referrals for official 'visum et repertum' for victims, the centre has a WCC that provides services such as shelter, counselling, hotline, referral support, legal aid, and economic empowerment. The centre employs doctors, psychologists, counsellors, and lawyers to provide the required professional support. The Federation also has a research division, training division providing GBV training, and a corporation to market goods produced by women involved in their economic empowerment activities. Similarly, Savy Amira in Surabaya, although not as big as Rifka Annisa, provides various services for GBV victims (e.g. shelter, counselling, hotline, medical services and referral) and conduct IEC for GBV prevention. Rumah Perempuan WCC and Pikul Foundation are two other NGOs providing services to GBV victims in the area of Nusa Tenggara Timur and North Maluku, respectively. Services are limited to shelter provision, counselling, mediation and accompanying victims in the processing of their case.

Post Treatment Linkages

In Hanoi Health Department pilot project at Duc Giang Hospital, post treatment linkages are not completely smooth, as the hospital does not work directly with local communes. Rather, the hospital refers victims to the counselling centre where they work with the commune to address the situation. Very few hospital staff follow up clients after discharge. The hospital works, in some cases, with the police when a victim requires a certification of damaged health for legal proceedings. Health sector leaders' work with local government predominantly through meetings of the People's Council which occur twice a year, but to date GBV has not become a topic for discussion in the meetings. Duc Giang Hospital health staff offered the following recommendations to support their integrated model:

- The Hanoi Health Department (and MOH) should develop a regulation requiring health staff to conduct screening with a standard questionnaire.
- Develop a mechanism to ensure that all hospital staff understand gender equality and GBV and are involved in screening and referrals.
- Motivate doctors to provide more consistent screening, treatment and referral by linking performance with promotion.
- Integrate GBV information into the hospital MIS system to monitor GBV prevalence.
- Improve counselling centre activities by working with perpetrators.
- Develop a mechanism for local leaders and organizations to exchange information on a regular basis.

Likewise, the staff at Tu Du Hospital advocated for the following intra- and inter-sector actions:

- Increasing the number of counsellors, trained on GBV, to screen and detect cases

- Private screening and consulting rooms in health centres and hospitals.
- Clients' awareness through dissemination of IEC in the waiting rooms.
- Increased cooperation within the hospital and health sector for prevention and treatment of victims, requiring all units/ departments to screen for GBV.
- Developing collaboration among all sectors (education in schools, mass organizations, health and legal sectors) to effectively address GBV and enforce existing policies on GBV.
- Development of MIS system.

The experiences and recommendations arising from Duc Giang and Tu Du Hospitals show that while much has been achieved, there is more work to be done in the health sector. In addition to the project evaluation of "Improving Health Care Response to GBV", the Centre for Reproductive and Family Health⁴⁰ has conducted more research on health service providers to GBV victims.

Screening, Examination and Communication Protocols

While GBV screening methods must be sensitive in order to elicit victim cooperation, forensic examination protocols must be careful not to further victimize clients. PRADET Timor Lorosa'e, operates the Fatin Hakmatek (meaning "Safe Place") programme and has developed a forensic examination protocol specifically for use in Timor Leste. The protocol is comprehensive and can be used not only to document injuries arising from sexual assault but also from domestic violence and child abuse. This is an innovation because forensic protocols in other countries usually separate these issues, although a victim may experience two or even all three kinds of abuse. Further, the NGO's proposed protocol is more appropriate to the Timorese context as it does not involve complicated testing which is expensive and unavailable (e.g. DNA testing). PRADET

believes that the forensic protocol is primarily a health document and, given the lack of doctors (especially in rural areas), would be useful if nurses and/or midwives had an expanded mandate to perform forensic examination.

PRADET is also working with other actors to simplify the referral process posed in providing proper examination and treatment of victims. For example, permission processes between the police and hospital, authorizing a forensic examination to take place, can delay a victim receiving medical attention and collection of evidence. Victims should have the right to treatment and examination, before they have decided to involve the police in their case. Securing appropriate, private and safe spaces for services such as Fatin Hakmatek has also been an ongoing challenge, as protocols require proximity to health-care professionals where there is high demand for hospital space.

In contrast, basic screening protocols are not well developed. PRADET makes daily visits to the emergency room at Dili National Hospital to build relations with medical staff and to enquire whether there are any victims of domestic violence requiring support. As the Fatin Hakmatek programme has developed, it has received more referrals. However, ongoing efforts to improve the medical response to victims (e.g. ensuring that victims receive information about testing for STIs, including HIV/AIDS, and providing clinic hours for follow-up medical care for victims) need to be sustained until an integrated system is developed. With UNFPA continuing funding for counselling and follow-up services, considerable progress has been made in developing a forensic medical protocol for victims of GBV and for the Ministry of Justice to begin a counselling programme for prisoners convicted of GBV crimes.⁴¹

⁴⁰ Centre for Reproductive and Family Health (RaFH). September 2000.

⁴¹ Briefing by UNFPA Timor-Leste Country Representative at Asia and Pacific Regional Planning Meeting, Bangkok, 13-17 November 2006

In the absence of clear guidelines and protocols in Cambodia, health NGOs do not systematically provide clinical services related to GBV. Rather, assistance to GBV survivors is patchy and inconsistent. Emergency contraceptives are available with a few NGOs working in the health sector. Counselling to survivors depends on the understanding and knowledge of different health care providers. STI and HIV testing can be performed at referral hospitals and voluntary confidential counselling and testing centres. Post Exposure Treatment is currently only available to a few multi and bilateral institutions and therefore is not readily accessible to the general population, including GBV survivors.

In China, there is no standardized requirement for reporting of GBV on medical records from hospitals, clinics, or crisis centres. Although one hospital is piloting its own screening questionnaire,

identification of GBV victims is patchy as not every doctor asks screening questions to determine if a female patient has been abused.

Thailand is developing a National On-Line VAW Information and Coordinating Centre (<http://www.violence.in.th>) with participation of government and NGOs as shown in Table 3. As of November 2006, there were 2,171 reported cases of GBV recorded in the system. At the same time, a gender responsive systematic documentation system on VAW and children was set up by Gender and Development Research Institute (GDRI) with the support from Philip Morris (Thailand) Limited. The compiled data will be utilized for further research and study on violence, awareness raising as well as public policy formulation. Presentation of data and information on violence against women can be viewed on the GDRI website www.gdrif.org.

Table 3: Thailand Entities Participating in National On-Line Information and Coordinating Centre

| | |
|---|---------------------|
| • Hospital(s) under the Ministry of Public Health | 1 hospital |
| • Hospitals under the Bangkok Metropolitan Administration | 8 hospitals |
| • Association for the Promotion of the Status of Women | 2 shelter homes |
| • Office of the Royal Thai Police | 510 police stations |

Source: Thailand 28-30 November 2006.

In Indonesia, a training module for health service providers in counselling GBV victims at community health centres (PUSKESMAS) has been developed by the MOH. The module was piloted, using UNFPA support, during the tsunami response programme and is currently being finalized. There are at least 11 PUSKEMAS in Aceh with established service centres for GBV victims. The health providers and staff are trained to use proper communication techniques so that they can identify GBV cases when a victim comes for medical treatment (e.g. through observation of the type of bruises/injuries, number/frequency of visits, observation of patients behaviour) as well

as provide counselling. Sensitization of GBV to health workers has also demonstrated the importance of networking with other service providers in GBV management, enabling them to make appropriate referrals to victims.

Last but not least is the challenge of ensuring performance standards across a plethora of government institutions and civil society organizations involved in the delivery of GBV interventions. In this regard, Department of Social Welfare and Women Development in the Philippines has not only developed standardized intake and counselling forms, but also an

assessment tool to be applied to all facilities involved in the provision of GBV services in the country (Annex 4). The tool assesses the facilities against a number of indicators: vision and objectives in terms of the international frameworks on VAW and gender as well as Philippine laws

on VAW; resources; nature of IEC; monitoring, evaluation and documentation; the number and qualification of personnel; and the physical facilities as well as the nature of interaction with the victims.

Legal Services

This chapter seeks to analyze how the police and judiciary respond to the prevailing laws and policies. For, while legislation may describe what behaviours and actions constitute a crime, it is up to the police and judiciary to provide effective services to identify criminal behaviours; pursue investigation of reported crime (as opposed to offering mediation between victims and their offenders); establish and implement appropriate protocols and mechanisms for staff to perform their duties (e.g. standard reporting formats, ensure privacy and respect of victim in the collection of evidence); actively collaborate with other service providers offering shelters, counselling and health support to GBV victims and their children; and provide sound deterrents through increased apprehension, prosecution and conviction of perpetrators of GBV crimes.

7.1 Special GBV Police Units

To address the mixed feelings of guilt, shame and anger often experienced by victims of GBV who seek to report crime, special units within police stations have been established in some countries to meet this need. Given some victim's reluctance to report such crimes, guidance of often traumatized survivors through police procedures can give an important signal to others to come forward and utilize police services.

Indonesia has 237 special service units (RPK)⁴² located in police stations in 26 provinces,



Photo credit : UNFPA Indonesia
UNFPA-supported Puspita women's crisis center for survivors of GBV located in a pesantren (Islamic boarding school) complex.

⁴² "Ruang Pelayanan Khusus" - a special service room at the district level police station to handle cases involving women and children.

with the first one established in 1999 in POLDA Metro Jaya Jakarta. The unit, staffed with trained police women and police investigators to assist cases during court procedures, is intended to provide easier access for women victims of violence. There are 460 police women who are serving in the RPK unit. In addition to the special services unit, the police force has established 22⁴³ operational hospital-based crisis centres, Bhayangkara, as a unit within the Police Hospitals. But, the inclusion of Women and Children Desks into National Police organizational structure is awaiting formal approval by the government. The training programme for Police Officers, particularly Police Women is part of the implementation of the Joint Decree on Integrated Services for the Victims of VAW.

Similarly, Thailand's Centre for Children, Juveniles and Women is a special unit established under the National Police office, responsible for investigation, control, support and protection of children, adolescents and women. However, so far there is no such unit at provincial or district levels. While efforts have been made to provide training to police at provincial and district level, high turn-over reportedly makes it difficult to develop standard forms or protocols. A review of yearly police reports indicates a lack of understanding of GBV crime as most cases had been classified under the physical harm and rape categories. As a result of insensitivity and/or lack of awareness on gender issues, most reports had not been classified by age, sex or any other socio-economic categories. Regrettably, omission of such details limits understanding of what types of crime the police are dealing with, as well as development of profiles of vulnerable victims and possible perpetrators in the population and measures to provide public education and deterrents for would-be perpetrators.

In Malaysia, as a result of lobbying by and collaboration with women NGOs in the late 1980's, the Canadian Mounted Police conducted a

training programme on methods to deal with rape for the Royal Malaysian Police. This was followed by the creation of a national police rape squad in order to provide support for rape survivors. A Police Rape Squad now exists in the majority of states in Malaysia, providing an environment conducive for rape survivors (women and children) to make police reports and provide evidence to assist in police investigations. The squads are staffed mainly by women police officers. Procedures on how to handle rape cases have been developed and disseminated to all state police departments. While a component of the new procedures requires a special room to be set aside for rape survivors, lack of room and space has prevented some police stations from meeting this standard.

In Timor-Leste during the United Nations Administration, a special unit of the national police force was established, to assist victims of sexual assault, domestic violence and child abuse. The Vulnerable Persons' Unit was set up at both the national and district level in early 2001, with an office in every district's police headquarters. Efforts were made to ensure that most offices had at least one female officer on staff to facilitate interview of female victims. Officers received 17 days of additional training to fulfil their special role.⁴⁴ However, despite the existence of a special unit, many cases of GBV are taken to the police as a last resort, when traditional processes have not provided the justice the victim and her family desired. It is not uncommon for legal aid organizations such as PRADET to receive victims several months after the assault has taken place. In contrast, people are more likely to take cases of sexual abuse of children to the police (than cases of sexual assault of adults or domestic violence) as there is little doubt that sexual assault of

⁴³ The 22 units were currently active as of May 2005. An additional 14 were still not operational, waiting for building completion and staffing.

⁴⁴ Cited in IRC, Traditional Justice and Gender Based Violence.

children is against community norms and the victim will not be blamed, as can happen during the hearing of GBV cases in traditional justice processes.

While there is not a special police unit to address cases of GBV in Viet Nam, police and local authorities have a presence on PDVAW (Prevention of Domestic Violence Against Women) Boards and Counselling Teams, providing intervention in resolving cases of violence at community level. In many cases, police and local authorities are sensitized with some receiving training in GBV and Domestic Violence counselling. In the RaFH project, the head of police was a member of the PDVAW Board with male perpetrators in unresolved cases of violence, first explaining local and national policies and laws regarding domestic violence they have broken and having them sign a “commitment note”, and later using penalties of broadcasting the perpetrators name over the community loudspeakers and fines if they did not desist from domestic violence. In the strongest cases, men could be taken to criminal court for prosecution.

In the Philippines, GBV is addressed by the police authority through the Women’s Desks that have been established in police stations all throughout the country. Female officers are the ones tasked to handle the desks, and they are expected to have had gender sensitivity trainings to equip them with the necessary consciousness in women’s issues including GBV. To date, there has been no evaluation of these units, although continuous training is being undertaken in collaboration with other government agencies, primarily the Department of Social Work and Development. There have been anecdotal reports as well as some other forms of data where female police officers themselves are victims of GBV. The Anti/VA/C Law also provides for barangay (village) protection order for victims of violence. Through this provision and other provisions in the law, there is an expectation that village officials,

which is often the first government unit women and children victims of GBV go to, be capacitated to address GBV cases.

7.2 Police and Legal Assistance Protocols

Legal protocols establish necessary mechanisms to ensure that justice actors provide accurate reporting, sensitive collection of both verbal testimony and physical evidence from victims and witnesses, actively pursue investigations in a timely fashion, interpret and apply laws faithfully and accurately, and provide penalties which reflect the seriousness of the crime. The following examples demonstrate a mixed record of establishments and use of legal protocols in the study countries.

Formal Justice Processes

Philippines’ National Bureau of Investigation’s VAWD (Violence Against Women and their Children Division) investigates cases and provides protective services, counselling, medical-legal examination and assistance, and proper custody to child victims of sexual abuse. VAWD has developed a number of protocols to assist in documentation such as intake referrals and tracking forms. With reference to the police, the first women’s desk in the police system in Asia was set up in the Philippines in 1993. In late 2001, the Philippine National Police set up 1,612 Women and Children’s Desks (WCD) nationwide, staffed by 2,138 female and 405 male personnel. The WCDs receive GBV complaints by victim-survivors. Where necessary, issuance of protection orders for victims and their families are provided at the barangay. Despite these protocols, many local officials, particularly at the barangay level, have reported that family mediation is still a widespread practice even with the law’s prohibition.

In Thailand, despite the key role police play in dealing with women victims of violence, there is

no specific record form for GBV cases. A tally of women victims of violence is made in the daily record book at each police station. It only shows relationship of abuser to the victim by type of violence and is thus of limited use as descriptive details which could be used, for example, to examine patterns of violence, profiles of victims and offenders is missing. This reporting format only provides evidence for women who have documented repeated assaults, when they want to prosecute.

Notwithstanding the significant work on criminalizing gender-based violence in Timor-Leste, problems with the infrastructure and facilities within the court system continue to make it difficult to fully implement the criminalization strategy. No special prosecutors, judges or courts for gender-based violence cases are employed. When cases do reach the courts, transcripts of hearings is seldom sufficiently detailed, sometimes resulting in the victim having to repeat her story or evidence not being properly considered by the court. Court actors do not yet have precise terminology or a common understanding of how to describe injuries resulting from an assault. In particular, terminology regarding injuries in sexual assaults is often not fully understood. If those prosecuting and defending such a case are not able to effectively communicate the nature of GBV crime to those passing decisions on criminal activity, then the likelihood of a fair outcome diminishes. Similarly, confusion persists regarding definitions of crimes and what law to apply as a result of the interplay of Indonesian and international law. For example, judges are not clear about whether anal rape is, in fact, rape (not criminalized under Indonesian law, but criminalized under international law). Judges are left with the difficult task of interpreting international law in their day-to-day work. This confusion amongst court actors may be a factor in the low level of women-related scheduled court cases and prosecution rates. When the Judicial System Monitoring Programme (JSMP) followed women-related cases in the Dili District Court for

two months in 2003, none of the cases before the court came to a decision. In only 16 per cent of the cases did hearings proceed at all, and in the hearings that did proceed, little progress was made in deciding the case.⁴⁵ At that time, the average length of time that women-related cases were before the court was 274 days.⁴⁶

The number of cases declined significantly once the cases reached court. In 2003, a total of 361 cases of sexual assault and domestic violence were reported to the Vulnerable Persons Unit. From April 2004 to February 2005, JSMP found that decisions had been handed down in only 8 of these cases.⁴⁷ Further, JSMP reported that patterns of sentencing were mixed and tended to emphasize short sentences with inadequate consideration of aggravating factors (such as the age of the victim, the use of weapons in an attack and the relationship of the perpetrator to the victim), which could have resulted in heavier sentences.⁴⁸ JSMP also reported on incidents of judges' failing to use medical evidence appropriately and failing to apply standards of international law when appropriate (such as when to define an assault as rape). JSMP also reported that because of the burden on prosecutors at Dili District Court, they were unable to interact sufficiently with victims and some had insufficient time to prepare a case adequately, so as to ensure that a perpetrator of GBV is charged with all of the relevant articles of criminal law and with the strongest articles. Prosecutors were also known to have sent cases out of the formal justice system to traditional justice processes.⁴⁹

From the perspective of the client considering utilizing formal justice processes, it

⁴⁵ Judicial System Monitoring Programme. April 2004.

⁴⁶ Ibid.

⁴⁷ Judicial System Monitoring Programme. February 2005. Also available at www.jsmp.minihub.org.

⁴⁸ Judicial System Monitoring Programme. April 2005. Also available at www.jsmp.minihub.org

⁴⁹ Ibid.

is easy to see how confidence could be lost in the outcomes of this process. For justice actors working within the formal system, while no doubt confusion over interpretation of Timorese and international laws persists, the fluid nature of the working environment permits some actors to operate with their gender biases unchecked. Given that traditional justice processes are the de facto justice system in operation in Timor Leste with respect to GBV cases; expected protocols such as the composition of justice actors, reporting and investigative procedures, “court hearing” mechanisms, conviction rates and penalties arising give us an idea of the type of justice delivered. The following analyzes these components with respect to the traditional justice system.

Traditional Justice Processes

Although there is no one standard type of “traditional justice” in Timor-Leste, the general approach is the same. The victim’s family often initiates the process. The investigation consists of bringing together members of the victim’s family and/or members of the family given the cultural power to solve the cases, such as elders. In a hearing, the victim (or more often a member of her family) and the accused present their stories and are supported by their respective families. Witnesses can also speak. The administrators of the hearing make a decision and assign blame to one or both of the involved parties. If the decision is against the accused, s/he or the family is directed to provide compensation to the victim and/or her family in the form of cash, animals or traditional items such as weavings.

In cases of domestic violence, fines can range from just making the peace or receiving moral advice from the elders, to exchange of money or exchange of significant animals such as water buffalo, or to public acts of punishment. For cases of sexual violence, fines range from the payment of one water buffalo for less serious cases to more serious cases (especially those resulting in

pregnancy), marriage of the victim to her perpetrator is regarded as the best solution to lessen the shame faced by the woman and her family. Traditional processes have no power to enforce the rulings. There is also no notion of a restraining order, or means to protect a victim from further abuse or harassment. Problems that cannot be resolved at the family level are directed to an appeals process, in which the case is taken to progressively higher levels (neighborhood, village, sub district) until the victim or her family receive acceptable resolution. The police are often considered the last stage after all traditional processes have been exhausted. Research conducted on customary dispute resolution in every sub district of the country found that the police were involved in only 13 per cent of cases.⁵⁰

As a community-based system of arbitration, the administrators of the hearings seek to find solutions, which are not necessarily based on the validation of the individual, but rather the status and well-being of the family or even larger community. The ruling of marriage of the two parties in dispute, from a sexual assault resulting in pregnancy, is an example of this approach. Assigning blame and apportioning a value to trespasses against a woman (in the form of fines) for different actions is culturally imbedded. Much attention may be given to events leading up to the assault which may result in apportionment of blame against a woman due to traditional beliefs about women’s role - for example, a married woman may be blamed for not knowing how to handle her husband and prevent his violence. Therefore, cultural (as opposed to legislated) “boundaries” are defined in which a “crime” has occurred. GBV is not defined as a crime in its’ own right, but rather conditionally depending upon the context in which it occurred. The notion of “punishment” which can provide a deterrent for the perpetrator (and signal to other community

⁵⁰ Peace and Democracy Foundation, in cooperation with Mediation partners. November 2004.

members) is not necessarily the underlying strategy. Rather, the judgment may emphasize the need for a perpetrator to take responsibility for his actions so the families can reconcile their differences and live in harmony again.

Community and traditional leaders believe that handling cases informally serves to preserve the community, especially at the local level where the power of government and formal justice institutions may not reach.⁵¹ When judgments are able to hold offenders accountable, it is believed that they can be used to educate the community regarding behaviour (however gender-biased), which is acceptable to the community elders.

A further critique of the mechanisms within traditional justice processes is the composition of justice actors and the inability of the system to enforce decisions. Traditional justice processes tend to give little recognition to the rights of women and, in particular, inadequate control and voice in the process. While traditionally it is expected that the woman's family speak on her behalf, in the case of sexual offences it is seen as an offence against the entire family. In research conducted by the Asia Foundation, less than 2 per cent of elders making decision in traditional processes were women. Traditional processes have no power to enforce their rulings as they have neither the capacity for forced incarceration of recalcitrant actors nor linkages with police to take over "convicted" offenders to enforce decreed punishments. No established mechanisms or protocols governing how traditional and formal justice processes should work together currently exist. "The current status of justice in Timor-Leste is having disastrous effects on those women whose problems are being lost amidst the confusion and power struggles that are occurring between the local and formal systems".⁵²

7.3 Police Collection of Data

Upon examination of the limited data that are collected across study countries, the picture

that emerges is that GBV incidence is high, yet it is not associated with correspondingly high investigation, court hearing, and sentencing and conviction rates. Further, given uncertain legal frameworks and definitions in some countries, it is difficult to determine if the reporting of GBV is undervalued.

In Timor Leste, the National Vulnerable Persons' Unit of the police began collecting statistics regarding cases of GBV in October 2000. In 2003, for example, a total of 445 cases involving GBV were pursued by the police, meaning that they went beyond an initial report (attempted rape – 25, domestic violence – 303, rape – 10, sexual assault – 18, sexual harassment – 9).⁵³ While from the months of January to August 2004, 370 GBV cases were handled by the police nationwide, representing 67 per cent of the total cases reported to the police.⁵⁴ The General Prosecutor's Office reported that from July 2003 to June 2004, 201 domestic violence cases were being handled and 155 rape cases. The percentage of sexual assault cases appearing in Timor Leste's four district courts are as follows:⁵⁵ Bacau, 28 per cent; Dili 23 per cent; Oecussi, 13 per cent; and Susi 13 per cent. Based on two months of court monitoring of women-related cases in the Dili District Court, JSMP found that women-related case were the majority (55 per cent) of all criminal hearings scheduled, and that 78 per cent of these cases involved serious sexual assaults.⁵⁶ Further, despite the many domestic violence complaints received by the police, not one domestic violence case was scheduled for hearing during the monitoring period.⁵⁷ The signal received

⁵¹ International Rescue Committee, Aisling Swaine, ed. August 2003.

⁵² IRC. *Traditional Justice and Gender Based Violence*, p. 66.

⁵³ Statistics provided by National Vulnerable Persons' Unit.

⁵⁴ Ibid.

⁵⁵ Judicial System Monitoring Programme. February 2005. Also available at www.jsmp.minihub.org.

⁵⁶ Judicial System Monitoring Programme. April 2004. Also available at www.jsmp.minihub.org.

⁵⁷ Ibid.

to observers is that domestic violence, unlike serious sexual assault, is not a valid crime worthy of the judicial process.

A cursory glance at data collected by police in the study countries shows that the cases are typically recorded by types of violence (e.g. Royal Malaysian Police data for 2000-2004) or types of violence by relationship to the perpetrator (e.g. Thailand's Information Centre of National Police Office). These data often lack disaggregation by age, marital status, ethnicity and other important social economic statuses not to mention the proportion of such cases that were charged, convicted, and sentenced. Moreover in many countries, GBV cases may include only physical and sexual assault and rape cases. Without any standard forms to record data from victim reports, the collection of information varies by definitions of violence and sensitivity of police involved in collecting the information from the victim. Without reporting protocols, definitions on whether a "criminal act" has occurred or not may vary, resulting in uneven documentation of incidence of particular crimes. Low reported incidence rates can have an impact on the judgments made by legal officers with regard to the "seriousness" of certain types of crimes, justifying resource allocation and priorities in criminal investigation, deterrents provided, and levels of prosecution.

7.4 Efficacy of Legal Services

Justice actors may not provide an effective service to GBV survivors, owing to their lack of understanding of the nature of gender-based violent crime; culturally-learned attitudes towards victims; confusion over definitions; application of competing justice systems (e.g. international, national, traditional systems); or limited technical capacity and resources under their command. Unfortunately, this situation often characterizes the justice seekers themselves.

Uncertain Legal Frameworks

In Cambodia, law enforcement by police and judges is perceived as slow and uneven toward GBV. The uncertain legal framework, in light of definitions of rape and abuse, combined with limited knowledge of GBV and gender-related concepts results in poor quality of investigation and investigative procedures by police and low conviction rates by legal officers. Patriarchal values held by judges and police also, in effect, obstruct them in the exercise of their authorities to combat GBV, thereby potentially leaving gender-based violence legislation ineffective. Survivors of GBV, in many cases, refrain from seeking legal assistance and, instead, either accept monetary compensation or marriage to the rapist. In addition to the absence of a clear message that violence towards women will be punished; and the victim's lack of education and knowledge of their rights, fear of revenge and social expectations abate perpetrators of violence to act with impunity.

In Mongolia, the general police deal with sexual violence crimes and victims are required to have medical examinations at the Forensic Hospital if their case is to go to court. There are no special police or medical services for rape victims. Further, given the criminal code definition of rape – "sexual intercourse by force, threats, or by taking advantage of the helplessness of a victim" – courts are required to thoroughly consider previous and future relationships between the victim and defendant in order to ascertain whether a "rape" has actually occurred. The lack of sensitivity in police and medical investigation, combined with the close examination of the victim's relationship to her perpetrator, can effectively act as a deterrent for a rape victim in seeking justice. Some aspects of the rape provisions and their interpretations by the Supreme Court have been criticized as raising unfair barriers to the prosecution of the crime. Provisions, which

can unfairly favour the defendant, include the requirement of evidence of resistance, the analyses of past sexual history and the reliance on a defendant's evidence of consent.⁵⁸

In seeking to provide legal services to the Timorese community, the police have unique challenges to face in establishing their credibility. The Timor-Leste force was completely rebuilt following the crisis of 1999 and subsequent establishment of the United Nations Transitional Administration in East Timor. In addition to the task of identifying appropriate recruits, the police force inherited community misunderstandings and mistrust regarding the role of the police, due to the involvement of the Indonesian police in human rights, harassment and corruption throughout the Indonesian occupation. The police are a relatively unfamiliar institution in a traditional society accustomed to traditional justice processes.

Competing Justice Systems

Despite the fact that efforts to criminalize GBV are located in Timorese law, Timorese people tend to be most comfortable and accustomed to bringing legal issues to traditional justice processes (*adat*). Research undertaken by the Asia Foundation in 2003 on people's perception of justice issues in Timor-Leste confirmed that

while most people generally approve of formal justice processes, most are not familiar with the process, especially if they are from districts outside of Dili. The formal legal system was perceived to be less fair, less accountable, more complex and a greater financial risk. Only 52 per cent stated that they would want a judge or officials from the formal court system to come to their area to help settle disputes.⁵⁹ Further, the research showed that most people were less likely to say that formal courts reflect the values of their community.⁶⁰ To an extent, people may feel less comfortable with the formal justice system because of negative experiences within the court system during the Indonesian occupation, when courts were known to be corrupt and seldom respected standards of human rights.

In contrast, 81 per cent of surveyed respondents felt that community leaders were the people primarily responsible for law and order in the community, with only 14 per cent maintaining that the police hold the main responsibility for preserving law and order. Ninety-four per cent of people were comfortable with bringing a problem either to the *Chefe de Suco* or to the traditional *adat* process.

When people were asked why they decided to resolve their dispute through traditional justice

Table 4: Reasons Given for Resort to Traditional Justice in Timor Leste

| | |
|--|-----|
| The matter was too small to take to formal court | 44% |
| Traditional process saves face and avoids embarrassment | 30% |
| In accord with how my community always handles disputes | 28% |
| Traditional process requires less travel time than formal courts | 22% |
| To keep the peace/harmony | 18% |
| Traditional process is a low-cost method of resolving disputes | 14% |
| I had to go there | 2% |
| Other | 2% |

Source: Asia Foundation April 2004

⁵⁸ Arthi Patel and D. Amarsanaa, 2000.

⁵⁹ Asia Foundation April 2004.

⁶⁰ Ibid.

processes, they responded as follows:

Interestingly, of those who took their dispute to the formal court system, 56 per cent did so because they thought they would get a fair decision there and 34 per cent because they considered the dispute a serious matter. The research also found that 56 per cent of people felt that if a man beats his wife seriously, traditional justice processes should address the matter. Only 42 per cent of people felt that this should be dealt with in the formal justice system. In cases of rape, however, 72 per cent of citizens felt that the formal justice system is the most appropriate way to resolve the case.⁶¹

Given that Timorese people seek to resolve issues within their community, of those who took their dispute to the police, half said their dispute was settled. A trial occurred in only 11 per cent of the cases. A full 30 per cent of people who took their disputes to the police were dissatisfied with the outcome, including 17 per cent who were “very dissatisfied” with the outcome. Conversely, only 8 per cent of people reported being dissatisfied with adat or traditional justice processes. This dissatisfaction may arise from the fact that some cases are dropped either because there is insufficient evidence to proceed, because the victim wants charges withdrawn or because justice actors forward the case to mediation/traditional justice processes. Eighty-two per cent of people felt that the formal justice system protects women’s rights, and the same proportion felt that the adat process also protects women’s rights.

Many of the obstacles to victims entering the formal justice system are not unique to Timor-Leste. Some of the obstacles include:

- The victim may not wanting to report crime due to shame and damage that has already taken place as a result of assault;
- The victim may want to protect the good name or reputation of her family or the abuser’s family;

- The victim may not fully understand the processes in the formal court system;
- The victim may not want news of her story to appear in the media;
- The police may be too far away for the victim to make a report;
- The victim may not have confidence that making a report to the police will make a difference;
- The victim may not know that the abuse that she has experienced is a crime;⁶²
- The victim may fear the long time it takes to settle cases in the formal justice system; and
- It may be difficult to obtain appropriate evidence, especially if the victim delays reporting to the police.

While clients may perceive some dissatisfaction with the formal justice system, this may, in part, be due to limited understanding of GBV issues and training of police officers and the environment in which they conduct their work. New recruits undergo a relatively short training programme – three months in Police College and three months in field training.⁶³ New police officers can then be confronted with complicated cases in a confusing legal environment. Further, they must conduct their work within a limited infrastructure (e.g. lack of external telephone systems connecting them to the community outside, inconsistent electricity supply possibly endangering forensic evidence, lack of functioning computers to establish and utilize a criminal database, limited transportation to respond to reports).

It is not difficult to see how these factors may affect use of proper procedures, thus

⁶¹ Ibid.

⁶² Written comments from Prosecutor at Dili District Court (Dr. Vicente Fernandes Brito), May 2005. Provided to PRADET.

⁶³ Government of Timor-Leste, UNMISSET, UNDP and Development Partner Countries for the Timor-Leste police Services. Jan 2003.

hampering efforts to enforce criminalization of GBV cases. For example, the 72-hour limit for the holding of a suspect is intended for investigation of a crime, but is often used by police as a type of “cooling off” period, apparently to give the victim time to think about (and presumably withdraw) her report of gender-based violence. Similarly, concerns have been expressed that in some cases of gender-based violence, officers do not respond quickly enough or do not investigate cases thoroughly; giving the message that it is not a serious crime.⁶⁴ For example, police officers admitted that although they know domestic violence is a crime they pursue cases only if there is serious injury.⁶⁵ In these cases, police attitudes may restrict observation and delivery of the law.

7.5 Support to Law Enforcement Agents

Given the challenges of the law enforcement agencies in handling GBV, almost all the study countries have set up programmes of training and sensitization. In Cambodia, the Ministry of Women’s Affairs and the Ministry of Interior have finalized a national training manual on GBV (trafficking and domestic violence). Training on the principles of the GBV law and gender-based violence awareness have been conducted to relevant government officials from the Ministry of Justice (as well as Ministry of Interior, Ministry of Education, Youth and Sports and Ministry of Women Affairs) at national level, and are now ongoing at sub-national level with support from donors. With support from UNICEF, further training has been conducted for specific groups of law enforcement officers, police, judges, court clerks, lawyers, local authorities (provincial line departments, commune chiefs, commune clerks,

and village chiefs and women and children focal points) and NGOs to increase their understanding, knowledge and principles behind gender-based violence law. Special attention has been given to application of the protection order, legal framework and working with men to eliminate violence against women.

Additionally, the Cambodian Ministry of Interior is being supported by AUSAID (Australian Agency for International Development) to work with the national police, Ministry of Justice and prison officials to raise gender awareness, and incorporate gender in both recruitment and investigative procedures. Thus, a gender-training course, which is compulsory for all newly recruited police officers, has been introduced in partnership with Gender and Development in 13 provinces. It covers gender and sex, relationships, gender strategy, GBV and HIV/AIDS. Another focus of the programme is strengthening the quality of investigation of crimes against women and demonstrating the efficacy of women police officers. The programme also covers prison officials and families. Similarly, in partnership with FHI (Family Health International) a 5-day course is offered to police officers featuring training and reflection on attitudes towards women, sexual behaviours, violence, alcohol, and HIV risk. Likewise, the International Organization for Migration (IOM) has worked with a number government institutions including Ministry of Women Affairs, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Interior, Ministry of Social Affairs, Veterans and Youth Rehabilitation on Trafficking and Sexual Exploitation issues of women and children. The projects cover prevention, protection, resettlement and promotion of human rights and legal/policy support of victims.

⁶⁴ Centre for Applied Research and Policy Studies, Dili Institute of Technology, Sept. 2004.

⁶⁵ Ibid.

National Debates and Dialogues

Gender-based violence attracts a lot of scrutiny, and is subjected to a range of debates and dialogues locally, nationally and globally. Culture, gender and human rights perspectives are fundamental in understanding and addressing GBV. Definitions of domestic violence, for example, in most of the study countries are understood broadly to include a range of actors, not exclusively defined by gender relations.

For example, in Timor-Leste, most people support a broad definition of domestic violence, covering relationships often characterized by differing power relations such as employer and maid, husband and wife, father and mother, stepchildren, uncles and aunts, grandparents, dating relationships and even work colleagues. Similarly, in Viet Nam, domestic violence is understood to refer to all kinds of violence that one family causes to another family member regardless of sex of the victim. Correspondingly, the latest draft of the Domestic Violence Law defines Domestic Violence as “the willful act of family member(s) which results in or is likely to result in physical mental, sexual or economic harm to other member(s).⁶⁶

Some advocacy groups in the Philippines frame the discourse even wider by linking violence with discriminatory attitudes, behaviours and practices. The lesbian/gay/bisexual/transgender (LGBT) community seek to define victims of



Photo credit : Ogilvy and UNFPA Philippines

⁶⁶ National Assembly of the Socialist Republic of Viet Nam, Draft, Law on Domestic Violence Prevention and Control, October 2006

violence more broadly than gender-based violence but, rather, as an outcome of power-related violence due to one's sexual orientation. Violence of all forms (physical, psychological, economic, sexual), they argue, arises not only within heterosexual relations but also between hetero/homosexual and single-gender/trans-gender relations. The LGBT community has filed and has been lobbying for the passage of an Anti-discrimination Bill. *Ang Ladlad*, an LGBT group, has filed for status as a political party and intends to run on an anti-discrimination platform in the coming national elections.

However, the strategy of widening the platform for all victims of violence can have the effect of making gender-motivated violence invisible to policymakers and reducing the responsibility for specific GBV legislation. In addition to definitions, cultural perceptions, economic and political environments, and media coverage and depiction of GBV can affect the level of discourse. This chapter examines how some of these factors have framed national debates and dialogue in the study countries.

8.1 Cultural Perceptions

The discourse on GBV in Timor-Leste arises from the concept of human rights, the core advocacy aspect in Timorese independence, rather than the women's rights movement. Those developing new domestic violence legislation consulted with communities on their beliefs and definitions concerning GBV. Examples of community definitions appear in Box 11. The definitions focus on violations of the integrity and human rights of victims, resulting in various forms of human degradation such as emotional humiliation, psychological coercion, and physical damage.

It is interesting to note that communities are cognizant of the various forms in which GBV presents itself - physical and sexual as well as,

more surprisingly, economic and psychological violence. However, when you consider community perceptions ranking the seriousness of these forms of violence and corresponding resolution as shown in Box 12, different tolerance levels suggest that some factors such as frequency of abuse (e.g. less than 3 slaps), physical abuse which does not leave evidence (e.g. hitting which does not involve injuries, hitting with small objects) and location of abuse (e.g. rape within conjugal rights of marriage) determine whether the act is "normative" or worthy of criminal punishment. The two Boxes juxtaposed seem to demonstrate a discord in perceptions of human rights and gender-based violence as a violation of human rights.

Suggestions of resolution, arising from these consultations, affirm that most people believe that the community has an important role to play in regulating domestic violence amongst its members. When asked about the punishment that someone who has committed domestic violence should receive, doing work for the good of the community or public shaming rituals⁶⁷, rather than incarceration, was identified. Hence, resolution is justice meted towards the community rather than the individual victim, reflecting the culturally valued priority of community cohesion.

Similarly, cultural attitudes, norms and behaviours limit an understanding of GBV in Viet Nam. The term "violence" in Vietnamese ("bao luc") is considered too strong for people to use it in reference to family members, unless the abuse causes serious health and other consequences. As in Timor-Leste, many forms of violence perceived as "less serious" such as verbal abuse, slapping, or coerced or forced marital sex will often not be considered violence.⁶⁸ The lack of precise language

⁶⁷ Public shaming rituals include having to walk around the village with a sign or shouting phrases such as "I am guilty of domestic violence, don't do what I did".

⁶⁸ Vu Manh Loi, Vu Tuan Huy, Nguyen Hu Minh, Jennifer Clement 1999 and Phan Thi Thu Hien, 2004.

Box 11: Timor Leste: Community Definitions of Gender-Based Violence

| | |
|---------------------|--|
| Physical abuse | <ul style="list-style-type: none"> • Raping of a foster child, a stepchild or a worker by a foster father, stepfather or an employer; • Violence which results in significant physical injury such as bruises, bleeding, breaking of bones; • Injuries caused by sharp objects; • Pulling of hair; and • Punching, hitting, pinching, throwing things, slapping. |
| Psychological abuse | <ul style="list-style-type: none"> • The mother-in-law forcing the daughter-in-law to follow her demands because she has already paid the bride price; • Husband or wife having an affair with another person; • Verbal abuse (including defamation, slander, shouting); • Degrading a person in public; • Verbal threats, including threats of divorce and injury; • Ridicule; • Stalking; • Polygamy/polyandry; • Forced marriage; and • Intimidation. |
| Economic abuse | <ul style="list-style-type: none"> • A wife pressuring her husband about financial issues when the husband is unemployed and has no stable income; • Partner spending money on gambling or extravagance without the consent of the other partner; • Withholding of money; • Keeping a mistress; and • Forbidding a person to work. |
| Sexual violence | <ul style="list-style-type: none"> • Sex outside of husband-wife relationship; • Sexual relations which cause a woman to become pregnant but the male partner does not want to take responsibility; • Trading people (selling people for money); • Forced sexual intercourse in a husband-wife relationship; and Incest. |

Source: Ainara Consultation Report 14 - 15 May 2003.

to express issues can also limit public debate in China. The revision process of the Marriage Law and *Law on the Protection of Women's Rights* gave rise to national debates and policy dialogue on GBV in China. As a consequence of new discourse, language was created (in the form

of two new terms on "domestic violence" and "sexual harassment") to express ideas and issues previously not in the public consciousness.

When we examine the persistence of certain cultural practices in China, despite legal

Box 12: Timor Leste: Assessment of Seriousness of Domestic Violence and Suggestions for Resolution

| Level of seriousness | Abuses included in this category | Suggestions for resolution |
|------------------------------|--|--|
| Heavy: | <ul style="list-style-type: none"> • Loss of life; • Killing using sharp objects; • Beating till unconsciousness; • Complete disability; • Sexual violence (may be seen as more serious than other kinds of violence; a woman who has been raped loses the community's respect and will find it difficult to find a man to marry her); • A husband having two wives without the consent of his legal partner; and • Medium domestic violence if it happens often. | <p>Must be resolved by formal law and the justice system (police and judges) and treated as a crime, without mediation.</p> <p>The victim should not be able to withdraw the report.</p> |
| Medium: | <ul style="list-style-type: none"> • Loss or breaking of part of a body; • Beating which results in injury, bleeding, swelling and sprain; • Use of abusive and demeaning language; • Hitting which does not involve injuries; and • Psychological and economic abuse. | <p>Should be solved through mediation using a group of people who live in the same village as the victim but who are not her family.</p> <p>If violence happens again, the offender should sign an agreement not to commit violence again. If it happens a 3rd time, it becomes a serious case and should be handled in the formal justice system.</p> |
| Light (may not be criminal): | <ul style="list-style-type: none"> • Verbal abuse; • A husband beating his wife to educate her (may not be regarded as criminal); • Hitting with small objects; • Less than three slaps; • Rape within marriage (may not be regarded as criminal; some believe that a husband has the right to require sex of his wife). | <p>Should be solved first through mediation within the family. If violence happens more than once, it becomes a medium case.</p> |

Source: Ainara Consultation Report 14 - 15 May 2003.

regulations, one has to conclude that the law seeks to regulate the effect rather than the origin of gender-related cultural values. Two topics giving rise to national debate and policy examination are regulation of marital rape and punishment on sex selection. In both instances, Chinese law protects victims, but convictions

against perpetrators for violation are not delivered in practice. While Chinese law does not exclude marital rape from rape, the court has not convicted any marital rape case, except occurring within marriages undergoing divorce. The message being, that unless the marriage is dissolving, forced marital relations are not a criminal act

worthy of conviction.

Chinese law also prohibits non-medical sex determination and sex selective abortion. Public debate arose concerning who and how to punish people who violate the law, particularly when the Criminal Law amendment was under review in 2005. Much discussion arose on who to punish: those who practice illegal sex determination that results in illegal sex selective abortion or the medical person who performs the service. As it was difficult to prove that the latter's service intentionally led to abortion, the Standing Committee of the National People's Congress declined to criminalize the related provision on non medical sex determination of the fetus, giving the rationale that no consensus was reached. Hence, the debate skirted the issue of why non-medical sex determination is in demand in China in the first place. The value underlying the debate is son preference for male infants, giving rise to the practice of sex determination and selective abortion of female foetuses. It is interesting to note that son preference appears so culturally embedded as to not be included in the discourse.

8.2 Political and Economic Environments

Gender-based violence can be seen as a political and development problem. Examples from modern history in ESEA (e.g. Indonesia, Timor Leste) and elsewhere (e.g. Sudan, and Democratic Republic of the Congo) indicate that GBV increases with conflict, relocation, and the presence of rebel forces. These represent additional layers of vulnerability when we include poverty, social conservatism, and existing inequality between male and female relations. It becomes difficult to hold governments accountable for these outcomes where limited resources and poor governance lead to these situations in the first place.

As in Myanmar, national debates and dialogue on GBV can be further limited by political context. As a political and social issue, gender and empowerment are linked to the sensitive concepts of human rights and political freedom, respectively. The state has reasons to be guarded on this subject, apart from the political agenda it raises. Any admission to internal social problems would be perceived as demonstrating weakness by the authorities. They are particularly sensitive to criticisms as there have been accusations of state-sanctioned rape for political and military purposes. It is instructive that research conducted by the Myanmar Women's Affairs Federation identified the main causes of GBV in Myanmar as: poverty, alcohol, disharmony between relatives, and adultery. A sense of powerlessness, arising from poverty, when fueled by alcohol abuse can lead to a climate of increased violence.

Political agendas can increase GBV vulnerability in particular geographic areas and for particular ethnic minorities. It has been reported that in the Karen and Shan states, gender-based violence has increased due to ongoing conflicts in those areas, giving rise to the presence of the military and continuing population relocations. Similarly, in the Wa region, the presence of rebel forces, which are not well controlled, combined with drug use, has resulted in increased vulnerability for the population. In Northern Rakhine State, where the majority of the population is Muslim and stateless, their increased vulnerability is partly a result of the difficult circumstances associated with a lack of mobility and income generation options. These low-resourced areas are layered with a socially conservative environment in addition to the relatively higher level of inequality between women and men. On the other hand, a number of high profile reports have accused the State of the systematic use of rape in its internal conflicts. While it would be difficult to link

government policy with these actions, evidence of military and local authorities committing rape and other GBV offenses in communities in conflict areas is well documented. The potential for abuse exists, as the military is exempt from prosecution under the Penal Code, permitting them to commit GBV offenses with impunity.

Similarly in Indonesia, during the Soeharto regime, GBV was conducted by the state in the name of national security and integrity, particularly in the conflict areas of Aceh, Papua, North Maluku and East Timor (when it was still part of Indonesia). These acts amounted to state sanctioned GBV as evidenced by the reluctance of the state to recognize the incidence, tolerance from law enforcement officials, and cases that remain unprosecuted. Despite democratization that is being pursued by the new regime, it is feared that violence conducted by the state is increasing in the form of laws and regulations at local and national level, violating women's human rights. Ironically, one of the unintended consequences of decentralized system of local government is the tendency for some districts to enact byelaws, which infringe on women's rights in the realm of personal behaviour. In Aceh and West Java, for example, the perpetuation of traditional gender roles that disadvantage women are justified by a fairly orthodox interpretation of religious (Islamic) teachings including reassertion and formalization of traditional, patriarchal values such as requirement of wearing the headscarf in public. Failure to observe these rules has made women targets of GBV and other risks. Up to now there are at least 26 local regulations bill that have potential to violate women's human rights in the name of modesty/morality.

Scapegoating ethnic, national or religious groups for political or economic disasters is another potential source of GBV. When economic and political rivalries flare up in violence, women tend to be disproportionately affected. In Indonesia

and Malaysia for instance, riots that broke up in 1998 following the South East Asia economic meltdown, women of Chinese descent were tortured and raped as an act of 'revenge' against their ethnic group which in Indonesia controlled over 60 per cent of the economy. Such grotesque acts of violence and rape united women across socio-economic backgrounds and brought the issue of GBV into the public discourse.

In the same vein, political sensitivities between nations can raise national interest in debate and dialogue over GBV particularly over the issues of migrant workers, illegal migrants and cross-border trafficking. Frequently however, political debate has arisen over the lack of accountability and efficacy of existing public institutions and constitutional law with regard to GBV. For instance, recent media interest of female child abuse raised discussion on the efficacy of Thailand legal institutions and police procedures in place for protection. It was found that current institutions do not provide protection for abused children and women, particularly during the process of investigation and case procedure. Law does not enforce effective reporting procedures and follow up. For example, there is no law to punish parents and or officers for neglect when ignoring cases of children or persons within families who are abused by persons within or outside the family.

Likewise, despite the Philippine Constitution (Article 13: Social Justice and Human Rights, SEC.1) which states that: "The Congress shall give highest priority to the enactment of measures that protect and enhance the right of all the people to human dignity, reduce social, economic, and political inequalities, and remove cultural inequities by equitably diffusing wealth and political power for the common good" and subsequent creation of the Commission on Human Rights (CHR), public debate over government commitment and efficacy of the CHR has arisen in light of recent cases seeking redress. The CHR

powers and functions, among others, include (SEC 18) the investigation of all forms of human rights violations, within and outside the country; provision of appropriate legal measures including preventive measures and legal aid services for the protection of human rights especially to the underprivileged; establishment of a continuing programme of research, education, and information to enhance respect for the primacy of human rights; and the monitoring of Government's compliance with international treaty obligations on human rights. Despite these functions, the CHR has an advisory rather than implementation role as it remains an investigative body which can make recommendations to government agencies, based on its findings. Human Rights advocates and women's groups have brought cases before the CHR, but it lacks influence over the executive, legislative and judicial systems.

8.3 Media Coverage

In most cases, the nature and extent of media coverage on GBV issues tend to be sensational and commercially motivated, thus distorting public understanding. In Thailand, Women's Health Foundation surveyed reports concerning women and child violence published in five newspapers during January to April 2003. Stories of news interest were 681 items related to sexuality, of which 44 per cent were sexual violence. Storylines revealed that mass media reporter attitudes on sexual discourse were misleading. The stories distorted female and male sexuality by assigning blame to victims and justifying perpetrator violence as a normal response. Story headings providing justification or removing censure included "rape is sexual disorder", "sexual harassment is normal for man", "free sex must be blamed", "family violence resulted from sexual problem", "sex is privacy", and "sexuality is medical issues". Defining women's status by her sexuality and thereby removing personal control was also exploited with headings

such as "woman status is framed by sexual physiology", "woman is the sexuality prey and violence" and "sexual problem leads to woman insensibility".

Mass media reporters have a commercial duty to get news, which satisfies their readers without necessarily providing analysis of underlying issues or rationale. Readers, particularly the teenage audience, have been found to be interested in sexual violence stories concerning rape, followed by sexual abuse, domestic violence, abortion, and homosexual and love affairs. Media reporting of sexual violence tends to perpetuate misunderstanding about GBV by either portraying female victims as inviting the violence or justifying less control by male perpetrators over their actions. Stories invite personal blame on female victims by emphasizing her body shape, dressing, or carelessness by moving in isolated areas. In contrast, media depictions of male perpetrators argue that rape is a result of uncontrollable sexual desire.

Public debate over the moral responsibility of the media is warranted when commercially-motivated detailing of violent sexual crime has the effect of re-violating the victim's integrity and privacy for "entertainment". An example from Thailand demonstrates the issue: The media thoroughly and repeatedly aired the story of a 14 year-old female victim, showing pictures of her brutalized body in every newspaper. The criticism being that although the perpetrator was arrested, the after effects of the mass media onslaught caused increased psychological harm to the victim.

In China, media coverage of cases of date violence and violence against schoolgirls has raised public discussion over GBV. The internet played a huge role in bringing to public attention the lethal case of date rape of a young schoolteacher in Hunan province in 2003. The case provoked discussion over the labeling (and

assigning as criminal) of behaviour previously not considered requiring regulation in the public consciousness. Women's Rights advocates argued the position that date rape or date violence was a case of violence against women rather than an accident of intimacy. While there has been increased acceptance of this viewpoint from the media and general public, legislative support remains muted. Correspondingly, several cases of violence against schoolgirls were exposed in the media in 2003. Following this attention, China's Ministry of Education, Ministry of Public Security, and Ministry of Justice announced a crack down on sexual criminals among teachers in accordance with the law. Interestingly, final responsibility was aimed at the principal for such cases, requiring that s/he immediately report to the higher level Education Department and Public Security Department. The focus is removed from underlying gender-based issues to institutional control of member's behaviour. Thus

gender violence is reduced to an administrative and public security issue.

Media portrayal of sexuality, specifically public distribution of pornography, acts as a form of sexual education. The Media Monitor Project in the Philippines revealed that television programmes aired during 16:00 to 20:00 (hours most watched by children and adolescents) showed violence and use of inappropriate language. Patterns of media seeking to stimulate sexual emotion were also found in other easily accessible forms such as DVDs and VCDs, rape story on-line games, video clips, and webcam and sex phone services. Despite attempts by the government and related agencies to control certain types of media distribution, the problem remains unsolved. With the advent of inexpensive pirated DVDs and games in combination with unscrupulous sales agents selling age-guidance material to children, public distribution in the commercial market, in effect, remains unregulated.

Conclusion

The review of interventions and programmes on GBV has revealed significant work being carried out by government and NGOs supported by UNFPA, sister UN agencies, and other partners. It is significant to note that the interventions we have seen in the study countries encompass all six dimensions recommended in the Secretary-General's in-depth study of what works in the fight on violence against women⁶⁹.

9.1 Achievements

GBV on the Development Agenda

Addressing the GBV issue has been facilitated by its incorporation in the global development and human rights frameworks as discussed in Chapter 1. The women's NGOs working in close collaboration with government gender machineries have given GBV visibility and credibility as a priority issue on many fronts. In this regard, by bringing GBV issue in the public arena, it is de-stigmatized as an "immoral" or "dirty linen" issue that should rightly be addressed as a rights issue and take centre stage on the national development agenda. In support of this momentum, the review has shown a concerted effort by donors in rendering technical and financial support for policy advocacy and preventive and service delivery initiatives as well as capacity building to institutions and NGOs.



Photo credit : UNFPA Malaysia

⁶⁹ United Nations 2006.

Enactment of laws and creation of gender machineries and other relevant institutions entrusted with formulation, implementation and coordination of gender programmes have created an enabling environment for addressing GBV. We have seen that these institutions' political clout and advisory status depend on whether they are given Ministerial status (i.e. Mongolia and Cambodia), placed in departments associated with lower priority welfare concerns or established a specific GBV support institution, such as Indonesia's National Commission for Elimination of Violence Against Women or Philippines National Commission on Role of Filipino Women which coordinates inter-agency committees focusing on strategic VAW mechanisms.

Multi-Pronged Approaches

Government and gender advocates have applied a variety of innovative approaches to addressing GBV.

Most initiatives have centred on preventive measures by way of awareness-creation/sensitization on GBV to a variety of stakeholders including lawmakers, youths, men and women, community leaders, medical and law enforcement agencies. Multi-media campaigns, workshops, school curricula and training courses have constituted channels for dissemination of change messages and deconstruction of masculinity norms which breed the culture of violence and impunity. Popular culture including community radio, traditional art, puppetry, posters, shopping bags, T-shirts and folk theatre are some of the useful mechanisms that have been used to disseminate IEC and behaviour change messages on GBV across age, sex and other socio-economic categories. For the most part, awareness and sensitization have been geared to raising awareness of GBV as a gender equality and human rights violation issue and the need for victims to seek and receive necessary services, safety and protection. All targets are trained to recognize

and understand the nature of GBV as a criminal, rather than a domestic management measure.

Ensuring culturally sensitive and gender sensitive approaches to addressing GBV have taken many forms in the study countries. One is partnering with men's groups such as Malaysia's (MAN.V), Cambodia Men's Network and Timor-Leste's Association of Men against Violence (Asosiacao Mane Kontra Violencia) to play visible roles in enlightening fellow men on GBV. Second, religious leaders have also been effectively enlisted to make progressive interpretations of religious texts to debunk justification of GBV on moral grounds in some countries including Malaysia, Indonesia and Philippines. Involvement of leaders at grassroots communities, youths and the media constitute some of the rewarding collaborations and strategies that are prevalent in the region. In addition, national and international women or GBV commemorations days have also been credibly used as campaign platforms to raise the profile of issues and enlist political and other high-level public pledges of support and commitment.

Another approach to addressing GBV in the study countries is provision of services to GBV victims/survivors ranging from shelters, referrals, medical treatment to psychosocial and legal counselling. Some of these services are integrated in the relevant institutions such as health centres, police units or else they are community-based and offer comprehensive care for the victims and their children. Some countries have special police units, sometimes staffed by women, to handle GBV cases. In recognition of the need for and attempts to ensure gender and culturally gender-sensitive GBV services, an array of training manuals and kits for specific groups of law enforcement officers, police, court clerks and village chiefs and women and children focal points have been designed. Similarly training for health service providers in communicating with, identifying and counselling GBV victims feature commonly.

9.2 Challenges

Media, Cultural and Religious Contexts

The review has revealed the constructive deployment of media and popular culture in the dissemination of IEC/BCC messages on GBV issues. But countries have also discussed how they are equally confronted by the destructive images and messages on the internet, print and entertainment media especially concerning sensational and sometimes pornographic portrayal of the victims of GBV.

Another significant challenge countries are facing in the efforts to end the culture of impunity against GBV, is the backlash of some cultural and religious notions, particularly at the family level, which do not recognize certain acts as forms of GBV. In this regard, the report has revealed two pronged factors that incapacitate the ordinary victim in accessing justice. On one hand there is the gender insensitivity of the law enforcement agencies combined with bureaucratic obstacles, corruption and lack of capacity and resources to handle cases equitably and efficiently. On the other hand is the victim's lack of resources and the usual reticence and stigma attached to many forms of GBV, a situation that often results in withdrawal of the case from the police by the victims themselves.

These complex factors culminate in a tendency to refer GBV matters to traditional or family-based mediation processes and cultural means of resolving conflict such as compelling the victim to marry his perpetrator or getting some sort of minimal compensation. Also, in some circles, there is fear that the formal justice system may lead to breakdown of the family through separation and divorce. Altogether, these controversies have given consideration to devising culturally appropriate strategies such as restorative judicial approach which focuses on victims and offenders in mutually resolving the conflict or receiving restitution. The restorative

approach, though not advocated for in very severe cases, purports to overcome the basic hindrances and obstacles in the criminal law enforcement mechanism such as the victims' fear and heightened sense of insecurity occasioned by prosecution of GBV crimes.⁷⁰

Scale and Sustainability of Interventions

Many of the services we have reviewed are located in national and provincial capitals and hence, have limited access for people living in rural and geographically remote areas, including marginal groups such as ethnic minorities. Sadly, these are the very groups that are even more exposed and less empowered to deal with the many forms of harmful practices including GBV. As a result, breadth of coverage and scale of operation are problems featured in all study countries.

With respect to the many initiatives on sensitization of the GBV issue, the one area that has not received commensurate effort is the popularization of the laws themselves. Their application, dissemination in user-friendly packages and monitoring of their implementation remain critical challenges. At the same time, there is still a problem of reforming related laws that are in disharmony with the newly enacted gender-sensitive and rights-based laws.

In the majority of the study countries the increasing number and types of GBV services that are needed have raised concern about resources and sustainability as well as the need for standardization, harmonization and quality control. Correspondingly, building capacity of service providers in the law enforcement, medical and psychosocial sectors is another key issue that countries are grappling with. A related problem is that oftentimes, many initiatives such as crisis centres or sensitization workshops are successful but operate on a small scale due to resources

⁷⁰ The case for and experiences of restorative justice are persuasively presented by Kittiyarak, Kittipong. 2004.

being limited to short-term project duration. Equally challenging is the issue of classification and data collection of different forms of GBV as well as the formation of databases. This limits capacity to analyze the extent and variation of prevailing GBV in the countries and, hence, constrains the design of appropriate and adequate interventions. Lastly, but more importantly is a dearth of initiatives in monitoring and assessing government and other efforts directed at addressing GBV.

These challenges call for increased collaboration among international agencies, donors and NGOs to mount coordinated and complementary initiatives on GBV. Such collaboration would facilitate replication and scaling up of successful approaches, harmonization and standardization of guidelines, protocols, training manuals and modules for example.

9.3 Way Forward

Overall the review shows that UNFPA and UN sister agencies are all offering significant support to a variety of GBV initiatives either independently or jointly. UNFPA is seeking to consolidate its work and increase effectiveness in its efforts to eradicate GBV in its three programming areas of reproductive health, population and development and gender.

UNFPA Programming to Eradicate GBV

Concerning future programming on GBV, it is instructive to highlight the UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment for 2008-2011⁷¹. The framework identifies six priority-programming areas with components that seek to eradicate GBV through:

1. Strengthening the Health Sector's Role, Responding to Gender-Based Violence as an Integral Part of Sexual and Reproductive Health and HIV and AIDS Services

2. Mainstreaming Responses to Gender-Based Violence:
3. Supporting Initiatives Exclusively Focused on Gender-Based Violence:

UNFPA support to GBV specific initiatives will continue to cover a multiplicity of issues focused on advocacy for law formulation and implementation, IEC/BCC, capacity building and partnerships with civil society, male coalition and interventions on selected issues including sexual trafficking and harmful practices.

Multi-Agency and Multi-Coalition Partnerships

As the review has clearly demonstrated, both in the achievements made as well as the challenges that are discussed in the study countries, GBV is one area that presents unique opportunities for actualization of the United Nations goal of "Delivering as One at the Country Level"⁷²

In Chapter 2, we made references to multi-agency and regional initiatives on GBV. These regional partnerships also aim to foster coalitions working on the same issue such as men coalitions speaking against domestic violence or sex-ratio imbalance. Such coalitions have great potential for mobilizing and pooling resources as well as strengthening the effectiveness of advocacy while enhancing the visibility and credibility of GBV approaches across a diversity of constituencies within and across countries and region. It is envisioned that this operational strategy will become more established and effective in the coming years.

⁷¹ This strategy is currently undergoing final process of approval and adoption. UNFPA April 2007

⁷² These include : enacting clear policies and laws; monitoring, review and reform of legislation, implementing laws, improving criminal justice systems, providing services, and preventing violence against women. United Nations <http://www.un.org/events/panel/index.html>.

ANNEXES

Annex 1: Implementers and Donors/Supporters of GBV Interventions in China 2000-2006

| Donor/Supporter | Implementing Agency | Interventions/Services Rendered |
|--|--|---|
| ILO Combating Human Trafficking in the Greater Mekong Sub-region 2001-2004 | Ministry of Public Security, Women's Federation of Yunnan Province | Young rural women in border area. Training and education, agricultural development and employment opportunities. |
| DFID and ILO Programme on Prevention Trafficking in Girls and Young Women for Labour exploitation in Four years, from May 1 st , 2004 | All China Women's Federation | 16-24 years migrant girls and young women, trade unions and employers in Anhui, Hunan, Henan as export provinces and Jiangsu, Guangdong as import provinces. Direct assistance locally, and policy recommendation nationally. |
| ActionAid International, China office | Shangchen Women's Federation, Henan Province | Gender training for villagers, especially women by using REFLECT method; form women REFLECT groups to disseminate anti-domestic violence knowledge and establish self-help network among villagers. |
| UNICEF Cooperation Project on Prevention Trafficking and Community Rehabilitation 2001-2005 | All China Women's Federation | Girls and young women seeking to move out of poor areas for marriage or employment. Women with experiences of being trafficked; potential buyers like bachelors who have difficulty to marry local women, and owners of entertainment places. Other influential stakeholders included local officials, teachers, and journalists. |
| | Maple Women's Psychological Consulting Service Centre | Hotline telephone for Anti-Domestic Violence since March 2003 |
| Ford Foundation | The Centre for Women's Law Studies and Legal Services of Peking University | Legal service, such as consultation, Legal representation for Domestic Violence victims |

| Donor/Supporter | Implementing Agency | Interventions/Services Rendered |
|--|---|---|
| | Women's Federation of Hebei province, several cities and counties | Women's shelter for Domestic Violence victims; room and board, income generating activities; legal help |
| Ford, Asia Foundation, and Oxfam HK Jan. 2004-Dec.2005 | Shaanxi Research Association for Women and Family | Telephone consultation for about ten thousand women, face to face psychological and legal consultation, emergency help for over 50 women, run 15 supporting groups of Domestic Violence survivors, legal representation for 250 women |
| Oxfam HK Integrated Community Intervention in Domestic Violence in Louhe, Henan April.2004-Aug.2006 | Louhe Anti-Domestic Violence Association | A one-stop service centre will be set up to strengthen the empowerment for domestic violence survivors and counselling for men |
| | Xuzhou, Jiangsu | Shelter: room and board for DV victims |
| Novib | Women's Federation of Xiaogan city, Hubei province | Volunteer training and aid to victims of DV: vocational trainings, legal aid, appraisals and medical care |
| Novib | Liaoning Women's Federation | Legal aid to DV victims in Liaoning province. 120 women received services from 6 shelters, legal aid in 2004 |
| The Ford Foundation, NOVIB, SIDA, Human Rights Centre of Oslo University, Norway | ANTI-Domestic Violence NETWORK | "Medical intervention green channels", clinical services, referrals for Domestic Violence victims |
| UNFPA, UNIFEM 2003-2005 | Anti Domestic Violence Network. | Promotion of gender equality through sensitization and awareness- raising for law makers, judiciary, prosecutors, police officers and women's organizations from selected provinces |
| Oxfam HK June 2005-Sep. 2007 | Younamen Street, Fengtai Distric Beijing | Targets are residents of urban community. Establishment of an anti-domestic violence volunteers' organization in Beijing to further explore community-based domestic violence intervention mechanism and model in China |

| Donor/Supporter | Implementing Agency | Interventions/Services Rendered |
|------------------------------------|---|---|
| Oxfam HK Aug-Dec.2004 | Sex/Gender Education Forum, Sun Yat-Sen (Zhongshan University) | To produce a documentary of the performance and making of 'Vagina Monologue', as well as public discussion. It is disseminated through universities and various training groups to different walks of Chinese society. |
| Oxfam HK Aug 2004-Nov.2005 | Sex/Gender Education Forum, Sun Yat-Sen (Zhongshan University) | To support the production of 2 documentaries on women fighting against sexual violence and related advocacy in China and conduct lectures and campus campaigns. |
| Local Company 2001-2002 | Network of Anti Domestic Violence General Public | Bus Stop Ads and oversize posters |
| Local Company 2004 | Network of Anti Domestic Violence | Roadside signs and flags targeted at the general public |
| UNIFEM Nov.2001 and Nov. 2002 | General Public, male activists, media | Skit, white ribbons and rally for commemorating the International Day for the Elimination VAW |
| Ford, and 3 others 2000-2005 | Journalists from selected national and local media | Gender training for media, follow up reports, |
| AusAid | All China Women's Federation (ACWF) | Developing strategies to assist ACWF in the exercise and enjoyment of their rights. |
| China Gender Facility 2006-2007 | Inner Mongolian Women's Federation | Gender and Law Training for Inner Mongolia Minority Region Targeting staff in public security organs, prosecuting offices, courts; jurors, community workers, and volunteers on how to handle domestic violence; standardize procedures in dealing with domestic violence |
| Ford 2005-2006 | Aizhixing, Maple Women Centre | Training on gender related violence and HIV/AIDS advocacy to enhance communication, information sharing, and partnership on advocacy, education, training and community services between two type of groups; mainstreaming gender into HIV/AIDS prevention, treatment, care and advocacy. |
| Ford and three others 2000-2006 | ANTI-DV NETWORK | Targeting deputies of National People's Congress (Parliament) and NGOs working on draft proposal of Law on Domestic Violence |

| Donor/Supporter | Implementing Agency | Interventions/Services Rendered |
|------------------------------------|---|---|
| | Local Branch of All China Women's Federation | Advocacy for People's Congress at Provincial level on Regulations or resolutions on Prevention and Control DV in about 20 provinces |
| | All China Women's Federation (ACWF) | Deputies of National People's Congress, people who involved in revision process. Revision of Women's Law 2005. Added a clause prohibiting sexual harassment |
| Novib | Changsha Women's Federation | Establishment and Spreading of " Zero Domestic Violence Community" of Changsha city, Hunan province; have extended from urban districts to four counties. Each of the counties picked up one town as an experimentation area |
| Oxfam HK April 2004-Aug.2006 | Louhe Anti-Domestic Violence Association | Integrated Community Intervention in Domestic Violence in Louhe, Henan. Capacity building for Louhe Anti-domestic violence association; A draft of anti-domestic violence law will be produced to facilitate the enacting of local legislation. |
| UNFPA Nov. 2004-2005 | National Centre for Women and Children Health, CDC, MOH | Producing GBV resource book for medical professionals |
| UNFPA 2004-2005 | National Centre for Women and Children Health, CDC, MOH | Research on DV situation in 3 counties in three rural provinces |
| China Gender Facility 2006-2007 | XuZhou Domestic Violence Shelter | Research advocacy to promote setting up functional women's shelters in China to protect domestic violence victims |
| China Gender Facility 2005-2007 | Rights Department of Xinjiang Women's Federation | Research on situation, peculiarity, and prevention of VAW in multiethnic Area |
| China Gender Facility 2005 | Jiangxi Administration College | Gender Analysis and Recommendation on "Care for Girl Action" (an intervention on Sex ratio by birth) in Jiangxi Province |
| Ford and 3 others 2003 | ANTI-DV NETWORK | Professional Guideline for media and writers on covering DV. |

| Donor/Supporter | Implementing Agency | Interventions/Services Rendered |
|---|---|--|
| Ford and 3 others. June 2000-May 2003, June 2003-2006 | ANTI-DV NETWORK | Production of 21 booklets on Theory and Practice in Combating Domestic Violence. The English one titled Combating Domestic Violence Against Women: China in Action |
| Oxfam HK Aug 2005-Sep 2006 | Institute of Sociology, Chinese Academy of Social Science | A qualitative research on sexual harassment in workplace to facilitate the formulation of anti-sexual harassment laws and policies to eliminate sexual discrimination and violence, promote gender equality in China |

Annex 2: Implementers and Donors/Supporters of GBV Interventions in Indonesia

| Donor/Supporter | Implementing Agency | Focus Area of GBV |
|---|---|--|
| | Fahmina | Gender and Islam |
| HIVOS, The Asia Foundation, USAID, Netherlands, Global Ministries, CHRF-PBHI, ASPPUK | Flower Aceh | <ul style="list-style-type: none"> • Counselling, shelter • General GBV, GBV in conflict/emergency situation |
| | ICMC | <ul style="list-style-type: none"> • Migrant worker, trafficking |
| CIDA, USAID | Indonesian Women's Association for Justice (LBH APIK) | <ul style="list-style-type: none"> • Provide paralegal training • Women's rights and the law, gender responsive laws and regulations |
| Ford Foundation, HIVOS, NOVIB, Oxfam GB, Tifa Foundation, Mamacash, Global Fund, EED Germany, Cordaid, KIOS Finland | Kalyanamitra | <ul style="list-style-type: none"> • All forms of discrimination against women |

| Donor/Supporter | Implementing Agency | Focus Area of GBV |
|--|---|--|
| | Kelompok Perjuangan kesetaraan Perempuan Sulawesi Tengah (KPKPST) | <ul style="list-style-type: none"> • State/military violence, GBV in conflict area |
| | Jambi | <ul style="list-style-type: none"> • All area of GBV |
| Government | KOMNAS Perempuan | <ul style="list-style-type: none"> • All area of GBV |
| | LBH Justicia Annisa | <ul style="list-style-type: none"> • Women's rights and the law, gender responsive laws and regulations • Legal aid and counselling |
| UNFPA | Pendapa | <ul style="list-style-type: none"> • Women study, advocacy and resource centre |
| | PIKUL Foundation | <ul style="list-style-type: none"> • IEC/BCC/Advocacy • Services (counselling, shelter, legal, aid, etc.) • Support for technical capacity building |
| UNFPA, Ford Foundation, IOM | Puan Amal Hayati | <ul style="list-style-type: none"> • For pesantren based crisis centre • Islam and gender/GBV |
| UNFPA | Pulih Foundation | <ul style="list-style-type: none"> • Psychosocial support |
| | Rahima | <ul style="list-style-type: none"> • IEC/Increasing awareness, advocacy, public/women's education, research, public campaign |
| Ford Foundation, World Population Fund, Global Fund, TDH | Rifka Annisa | <ul style="list-style-type: none"> • All areas of GBV |
| UNFPA, Canada fund, HIVOS, PACT, USAID, Ford Foundation | Rumpun Tjut Nyak Dien | <ul style="list-style-type: none"> • Focusing on domestic workers |
| Global Fund for Women | Sahabat Peduli | <ul style="list-style-type: none"> • Counselling sexual violence |
| | Samitra Abhava | <ul style="list-style-type: none"> • All area of GBV |
| | Savy Amira | <ul style="list-style-type: none"> • All area of GBV |

| Donor/Supporter | Implementing Agency | Focus Area of GBV |
|-----------------------------|--|--|
| Global Fund for Women | Solidaritas Perempuan | <ul style="list-style-type: none"> • Discrimination/GBV at the workplace, trafficking, marginalized women, migrant workers |
| UNFPA and Mamacash | SpekHAM | <ul style="list-style-type: none"> • Women's right protection |
| IOM, ICMC | Sukanto Police Hospital WCC | <ul style="list-style-type: none"> • All area of GBV, currently extra attention for migrant workers through IOM supported project |
| UNIFEM | The East Indonesian Women's Health Network (JKPIT) | <ul style="list-style-type: none"> • Domestic violence, stop rape and military violence/GBV in conflict situation |
| | Yayasan Jurnal Perempuan | <ul style="list-style-type: none"> • Increasing awareness and influencing policy making through the media |
| ILO/IPEC, ICMC, IGTC | Yayasan Kesejahteraan Anak Indonesia | <ul style="list-style-type: none"> • Child trafficking |
| Government budget and UNFPA | BKKBN | <ul style="list-style-type: none"> • IEC/BCC advocacy |
| UNFPA | MOWE | <ul style="list-style-type: none"> • All areas of GBV |
| ICMC, IOM | Police | <ul style="list-style-type: none"> • Data collection on GBV |
| UNFPA, WHO | MOH | Medical treatment |
| | Dept of Law and Human Rights | Support capacity building on GBV |

Annex 3: Implementers and Supporters of GBV interventions in Philippines

| Implementer & Funding Sources | Target Group and Interventions/ Services Provided |
|---|--|
| <p>Bantay-Bata Hotline ABS-CBN, Quezon City Dial: 163 Supported by Corporate funds; public and private donations</p> | <p>For children only — Media advocacy; medical, counselling, referrals, legal, follow-up visits; shelter, hotline, support group/social, etc</p> |
| <p>Centre for Family Ministry (CEFAM) Ateneo de Manila University Quezon City. (02) 426-4289 to 98 (by appointment)</p> | <p>Face-to-face counselling</p> |
| <p>Intouch Foundation Makati City Tel: 893 1893 Fax: 893 1892 Funded by membership fee</p> | <p>A non-profit organization for newcomers helping them to understand the Philippines and its people, with resource centre, newsletter orientation programmes and telephone hotline.</p> |
| <p>Crisis Line Makati City (02) 893-7603</p> | <p>Hotline counselling</p> |
| <p>Arugaan ng Kalakasan 45 Maalalahanin St., Teachers Village Quezon City (02) 921-8013/928-7774</p> | <p>Counselling, referrals, support group/social group; networking and advocacy</p> |
| <p>Batis Centre for Women Rm. 711, Don Santiago Bldg. Ermita, Manila (02) 521-1279/529-1256 (fax) 522-4357</p> | <p>Specific focus on women victims of trafficking especially to and from Japan</p> <p>Counselling, temporary shelter, referrals, support group/social group; networking and advocacy</p> |
| <p>Centre for the Prevention and Treatment of Child Sexual Abuse (CPTCSA) 150 Sct. Fuentebella St., Brgy. Sacred Heart Diliman, Quezon City</p> <p>Tel: (+63 2) 434 75 28 TeleFax: 426 78 39 cptcsa@cptcsa.org http://www.cptcsa.org/ Funded by UNICEF supported through foreign and local grants, supplemented by individual donations and a beginning fee-support system based on the purchase of preven-</p> | <p>Programmes:</p> <p><u>PREVENTION</u> - These materials, referred to as Personal Safety Lessons (PSL), aim to give information, develop skills, and build self-esteem in children to increase their ability to resist sexual offenders. CPTCSA helps prevent child sexual abuse and provide early intervention by reaching out to children in schools, and their parents.</p> <p><u>TRAINING</u> — CPTCSA provides three levels of training that involve child sexual abuse orientation, prevention education, and treatment information.</p> <p><u>REFERRALS</u> — to other organizations for income-generating projects, educational assistance, psychological testing, medical/psychiatric services,</p> |

| Implementer & Funding Sources | Target Group and Interventions/ Services Provided |
|---|--|
| <p>tion education materials training a sliding scale for therapy and operate on basic funds of approximately Php. 5,000,000 per year</p> | <p>technical training, housing assistance, legal and court assistance and temporary shelter Family Advocacy Sessions (strengthen the capability of family and community to fulfill their role as child protectors; developed the “ Family Advocacy Manual” KTCP - Kids and Teens Court Programme (Court preparation for victim-witnesses) organized for child sexual abuse victims who want to seek justice. Publishes a newsletter</p> |
| <p>Centre for Women’s Studies University of the Philippines Diliman, Quezon City (02) 920-6880</p> | <p>Referrals, support group/social group; networking and advocacy</p> |
| <p>Dial-A-Friend Foundation for Adolescent Development (FAD) 1037 R. Hidalgo St. Quiapo, Manila 1001</p> <p>Tel (632) 7341788 Telfax (632)7348914</p> <p>fadinc@codewan.com.ph fadinc@pworld.net.ph</p> <p>Funded by</p> <ul style="list-style-type: none"> • UNFPA • AusAid • Johns Hopkins University Centre for Communications Programme • Office of the Philippine President, • Philippine Stock Exchange Foundation, • Levi’s International • Coca-Cola Foundation • Procter and Gamble, Penschoppe, House of Sara Lee and PLDT <p>The Foundation has also collaborated with civic organizations such as the Rotary Club of Chinatown and the Manila Jaycees.</p> | <p>Programmes: MCYA, Dial A Friend (DAF), Teen Health quarters (THQ), the Campus-Based Programme on Adolescent Health, Sexuality and Development and Life Planning Education and Vocational Skills Training. Campus Based Programme on Adolescent Health, Sexuality and Development</p> <p>Hotline and counselling Dial-a-Friend at (632) 734-8902, (632) 734-8903, (632) 734-9663 and (632) 734-9664 from 10:00 am to 10:00 pm.</p> <p>Empowering Parents On Adolescent Sexuality And Reproductive Health</p> <p>Life Planning Education and Vocational Skills Training Programme for the Out of School Youth of Depressed Urban Poor Communities in Manila</p> |

| Implementer & Funding Sources | Target Group and Interventions/ Services Provided |
|--|---|
| <p>Project Haven East Avenue Medical Centre</p> <p>Women's Crisis Centre 7th Floor, East Avenue Medical Centre East Avenue, Diliman, Quezon City 1101 Philippines</p> <p>Fax and Phone: +632 925-7132 to 33 Email: wccmanila@pacific.net.ph Web: www.wccmanila.org Funded by UNFPA</p> | <p>Support group/social group; networking and advocacy Face-to-face counselling Legal referrals Court accompaniment</p> <p>Raquel Edralin-Tiglao Institute for Family Violence Prevention (RETIFVP) develops training courses in responding to domestic violence, sexual assault, and child sexual abuse.</p> |
| <p>KALAKASAN 46 Maginhawa St., UP Village, Quezon City Telephone: (632) 921-0955</p> | |
| <p>Ma. Rosanna E. de Guzman, M.D. Programme Coordinator</p> <p>June Caridad Pagaduan-Lopez, M.D. Training Coordinator Contact Nos. (632) 524-2990/ (632) 521-8450 local 3072</p> <p>E-mail: womens_desk@yahoo.com</p> | |
| <p>Women's Education, Advocacy and Defense (WomenLEAD) Unit 3D VSI Bldg., Quezon City Telephone: (632) 924-6045 loc. 18, 435-6823</p> | <p>Legal counselling / advice, referrals, support group/ social group; networking and advocacy</p> |
| <p>Women's AIDS Hotline Manila (02) 524-4427; 524-4507</p> | <p>Counselling, referrals, support group/social group; networking and advocacy</p> |

| Implementer & Funding Sources | Target Group and Interventions/ Services Provided |
|---|---|
| <p>Remedios AIDS Foundation (RAF), Inc. 1066 Remedios St., cor. Singalong Malate, Manila (02) 524-0551; 524-0921; 523-6338</p> <p>Funded by:</p> <ul style="list-style-type: none"> • AusAid http://www.remedios.com.ph/fhtml/programs_sstp.htm • <u>Community Aid Abroad, Australia (CAA)</u> • Filipino Health Advocacy Network (FHAN) Northern California • <u>Filipino Task Force on AIDS (FTFA) of Northern California</u> • <u>Global Campaign for Microbicides</u> • Global Funds AIDS Project Filipinas PNGOC • <u>Global Network of People Living with HIV/AIDS (GNP+)</u> • <u>Health and Development Network (HDN)</u> • <u>International Treatment Access Coalition (ITAC) Geneva Switzerland</u> • IPAS • <u>Japan International Cooperation Agency (JICA)</u> • <u>Japan Official Development Assistance</u> • <u>Johns Hopkins University Baltimore USA</u> • <u>Levi Strauss & Company USA</u> • Margaret Sanger Centre International (MSCI) New York City USA • <u>The David & Lucile Packard Foundation</u> • The Ford Foundation Inc. • <u>United Nations Educational, Scientific and Cultural Organization (UNESCO)</u> • UNFPA • <u>University of South Hampton - UK</u> • UNAIDS • World Bank (WB) | <p>PHONE COUNSELLING via HOTLINES</p> <ul style="list-style-type: none"> • AIDS HOTLINE: (632) 524-05-51 Mondays to Saturdays - 10:00 am to 8:00 pm • FAMILY PLANNING HOTLINE: (632) 522-01-76 Mondays to Saturdays - 10:00 am to 10:00 pm <p>TRAINING INSTITUTE</p> <ul style="list-style-type: none"> • Modules Development • Accredited by the Professional Regulation Commission (PRC) with corresponding Continuous Professional Education (CPE) units for multidisciplinary professions. <p>Adolescent Reproductive Health Services</p> <p>Care, Clinical and Diagnostic Services</p> <ul style="list-style-type: none"> • Malate clinic operates every Thursday to Friday, 2 pm to 6 pm Address: 1066 Remedios St. Malate, Manila Telephone Number : (632) 524-09-24 / (632) 524-48-31 • Kalusugan@com clinic Cebu operates from Fridays to Saturdays, 1:00pm to 6:00pm. Address: 3/F Colonade Mall Oriente Colon St., Cebu City Telephone: (032) 255-05-41 <p>Community support services to PLWHA</p> <p>Prevention services to vulnerable communities</p> <p>Resource centre</p> <ul style="list-style-type: none"> • Opens from Tuesdays to Saturdays 9:00 am to 5:00 pm. <p>Global Partnerships, Networking / Advocacy</p> |

| Implementer & Funding Sources | Target Group and Interventions/ Services Provided |
|---|---|
| <p>Bathaluman Women’s Crisis Centre Foundation (BCCF), Inc c/o DPF, Kilometer 5, Bajada Davao City 9000 (074) 227-7714</p> | <ul style="list-style-type: none"> • Support systems, including a service and referral centre, to help survivors deal with their physical trauma. • The Centre admits survivors of violence against women aged 15 and over, with those under 15 considered on a case-by-case basis. Victims may have suffered from rape, incest, wife battering, abandonment or militarization. • Support Group Volunteers provide assistance, and psychological interventions may also be initiated at the centre. • Referrals to other agencies |
| <p>Ing Makababaying Aksyon (IMA) Foundation Angeles City (045) 602-3820/602-3983</p> | <p>Referrals, support group/social group; networking and advocacy</p> |
| <p>Development Through Active Networking (DAWN) Foundation c/o Women’s Centre Rm.209 JL Bldg., Lacson-Burgos Sts. Bacolod City (034) 526-256 102 P.del Rosario Extension Cebu City</p> <p>Tel: 63-32-2548092/25611341 Fax: 63-32-2548072</p> <p>Email: lihok@durian.usc.edu.ph</p> <p>Contact Person: Tessie B. Fernandez</p> <p>Funded by foreign donors, e.g., from Germany</p> | <p>Counselling, referrals, support group/social group; networking and advocacy</p> <p>Community Based Response to Domestic Violence</p> <p>The Family Watch Group (Bantay Banay) is a comprehensive programme of activities and interventions to alleviate, if not totally eliminate domestic violence against women, currently covering four villages in Cebu City. With support from Germany, it is now expanding to ten cities in another five provinces.</p> |
| <p>Women’s Legal Cordillera Task Force on Violence Against Women 362 EDNCP Bldg., Magsaysay Ave. Baguio City (074) 445-4395</p> | <p>Counselling, referrals, support group/social group; networking and advocacy</p> |

**ANNEX 4. PHILIPPINES DEPARTMENT OF SOCIAL WELFARE and DEVELOPMENT REVISED COMMUNITY/CENTRE-BASED VAW
FACILITY ASSESSMENT TOOL***

Name of Agency: _____ Name of Respondent: _____

Name of Facility Being Assessed: _____ Position: _____ Contact No. _____

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|--------------------------------|---|-----|--------|----|---------|
| A. POLICY AND FRAMEWORK | The Unit/Centre: Has a vision, mission and objectives both general and specific based on: <ul style="list-style-type: none"> - CEDAW - DEVAW - UNHR - BPA - UN CRC - ICPD - Philippine laws on VAWC, e.g., RA 7610, 9298, 9262, 8353, 8505 | | | | |
| | Has a well- written guidelines in handling VAWC cases | | | | |
| B. PHYSICAL FACILITIES | The Unit./Centre: Has an accessible 24-hour hotline | | | | |
| | Has a friendly (welcoming, painted with bright colours and images for children and women) and comfortable (with tables and chairs, and clean) reception area | | | | |
| | Has separate rooms for staff's working and meeting areas | | | | |
| | Has a play area for children | | | | |
| | Has a wellness/resting room for survivors and staff | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS | |
|---------------------|--|-----|--------|----|---------|--|
| | Has a mini library area where reading materials are available to clients | | | | | |
| | Has computer database for VAWC cases | | | | | |
| | Has a separate private room for interviewing, crisis counselling, and medical examinations (NB: emergency contraception will be offered as option for incest and rape survivors within 72 hours after the incident of abuse) | | | | | |
| C. PERSONNEL | Presence of at least: - 1 registered nurse - 1 retained psychologist - 1 social worker to 30 clients | | | | | |
| | The Unit/Centre has: • Sufficient number of staff for management | | | | | |
| | • Training staff | | | | | |
| | • Advocacy, networking and public information unit/staff | | | | | |
| | The staff have undergone the basic trainings on gender sensitivity and VAW to upgrade their knowledge and skills, including but not limited to the following: | | | | | |
| | a. Gender analysis of nature, extent and causes of VAWC and trafficking - Minimum of 30 hours - Topics to include power dynamics, GST analysis of different forms of VAW | | | | | |
| | b. Gender-responsive approaches to crisis intervention - Minimum 30 hours - Topic in the context of VAWC (crisis theory, crisis intervention methods) | | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|------------|--|-----|--------|----|---------|
| | c. Medical and legal literacy <ul style="list-style-type: none"> - Minimum 30 hours - Laws and procedures on women and children (RA 9262, 9208, 7877, 8353, and other related laws on VAW) - Basic medico-legal information | | | | |
| | d. Self-care <ul style="list-style-type: none"> - Minimum of 15 hours - Stress management techniques | | | | |
| | e. Critical Incidence Stress Debriefing <ul style="list-style-type: none"> - Minimum of 24 hours - Topics to include stages of traumatic incidence, types of trauma and handling trauma | | | | |
| | Accreditation of social worker as service provider and as counsellor (RA 9258) | | | | |
| | Requirement to immediately replicate acquired education and training through staff meeting sharing and inclusion in re-entry plans | | | | |
| | Institutionalize continuing education programme for staff | | | | |
| | Capability building programme for volunteers | | | | |
| | Counsellors/crisis workers are on-call to attend immediately to victims-survivors who come to the Unit | | | | |
| | Conducts at least once a month case conferences for collective management and learning in handling VAWC cases | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|------------|--|-----|--------|----|---------|
| | <p>The unit/centre:</p> <ul style="list-style-type: none"> • Has adequate care for caregivers programmes to address burn out • Has adequate management structure and system for regular supervision, monitoring and evaluation and planning of the units activities • Has on-call supervisors for day to day case consultations • Conducts case monitoring and limitation of case load • Has quarterly stress debriefing and management sessions • Has annual rest and recreation activities for staff and management • Has annual team building activities • Has counselling for counsellors service • Has additional wellness leave • Has retirement benefits for service providers • Has medical benefits for service providers <p>The Unit has gender sensitive service providers who display the following attitudes and ethics of work:</p> <ul style="list-style-type: none"> • Accepting and non-judgmental (respect for clients rights, pace and decisions) • Sensitive and sincere • Patient and understanding • Empathetic • Firm commitment to end VAW (persistent and determined) • Observes and safeguards confidentiality (keep records in confidential place) | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|------------|--|-----|--------|----|---------|
| | <p>The unit/centre:</p> <ul style="list-style-type: none"> • Has a woman-centred and woman-friendly crisis counselling • Facilitates the acquisition of medical certificates, laboratory results of the strictest confidentiality • Has provision for food, medicine and transportation allowance as needed • Has a referral mechanism to gender-sensitive lawyers for consultation and filing of legal cases • Assists clients in court preparations and escorts them in court trials • Provides assistance in para-legal procedures/work • Has group counselling and other therapeutic activities for victims-survivors' continuing healing, recovery and empowerment • Has education programmes for survivors including: <ul style="list-style-type: none"> - Nature, dynamics and social roots of VAWC - Women's human rights based on international and national laws (sexual, political and socio-economic rights) - Assertiveness - Taking care of the self - Livelihood skills and management training - Practicing non-violence • Conducts at least monthly case conferences for collective management and learning from the cases • Has a flow chart to guide clients in accessing services | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|--|---|-----|--------|----|---------|
| D. Duration/time of service provision | The unit/centre observes the following standardized time/duration to address/respond to a certain client: <ul style="list-style-type: none"> • 10 minutes waiting time before intake interview • 1 hour to complete the intake sheet • 1 hour initial counselling • 2-5 days to prepare the social case study report | | | | |
| | <ul style="list-style-type: none"> • Has a wide network of referral system for: <ul style="list-style-type: none"> - Medical assistance - Police assistance - Legal assistance - Emergency shelter - Psychological and psychiatric services - Provision of other welfare assistance <ul style="list-style-type: none"> - financial assistance - educational assistance - livelihood assistance • The unit/centre organizes inter-agency referral network with similar perspectives and standards | | | | |
| E. Monitoring, Evaluation and Documentation | Receipt of monthly LGU reports regarding comprehensive welfare services for abused women and children | | | | |
| | Intake Form (that includes demographics, history of abuse, effects of the abuse, victims/survivors behaviour and physical condition, needs and concerns of victims/survivors and action to be taken) | | | | |
| | Conducts follow-up counselling | | | | |
| | Properly accomplished case management forms: <ul style="list-style-type: none"> • Referral Forms • Progress Notes • Quarterly and annual reporting Form • Masterlist of clients | | | | |
| | | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|---|--|-----|--------|----|---------|
| | Proper accomplishment of social case study report (SCSR) two weeks after admission | | | | |
| | Proper accomplishment of comprehensive SCSR two months after admission | | | | |
| | Update SCSR after 6 months vis-a-vis treatment plan | | | | |
| | Submission of report/s per type of service rendered to VAWC clients | | | | |
| | The unit/centre: <ul style="list-style-type: none"> • Has adequate, safe and confidential filing system • Has separate logbook for recording VAW cases • Has computer database for VAW cases • Has collated regular reports for submission to supervisors, managers and funders (including financial reports) | | | | |
| F. Information, Education and Communications | The unit/centre: <ul style="list-style-type: none"> • Conducts advocacy and networking for policies to continuously improve the government and civil society's response to VAWC • Has public information and training on VAWC for at least once a year for the general public • Has VAWC related reading materials which are translated in popular language and are reader-friendly • Has printed guidelines and protocols in handling VAWC cases for easy reference of Unit staff • Has copies of anti-VAWC laws and implementing rules and regulations and other relevant anti-VAWC materials | | | | |

| PARAMETERS | INDICATORS | YES | PARTLY | NO | REMARKS |
|---------------------|---|-----|--------|----|---------|
| | <ul style="list-style-type: none"> Has an updated and comprehensive directory of resources all over the country Has flyers and brochures that explain the goals of the protocol of the Unit Has flyers on VAWC in popular form for distribution to clients Has posters to popularize the work of the unit, written in popular language | | | | |
| G. Resources | <p>The Unit/centre:</p> <ul style="list-style-type: none"> Has adequate funds for its programmes and operations GAD Budget is allotted to fund gender responsive programmes and operations of the unit/centre or inclusion in the work and financial plan of the LGU Has sustainable and multiple sources of funds <p>Compliance to fund utilization ratio: 60 per cent for programmes and 40 per cent for personnel</p> <p>Has an existing trust fund strictly for use in service to victims of VAWC</p> <p>Has sound financial system for planning, monitoring and reporting of resources</p> <p>Has resource mobilization committee to raise funds and resources for the Unit</p> <p>Presence of advocacy plan for marketing services in the centre</p> <p>Compliance to AO 79 on the Omnibus and Regulations on Public Solicitation</p> <p>Has strong linkages with civic organizations and other NGOs</p> | | | | |

* Finalized 12 December 2006

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