

SERVICE PROVISION for Gender-Based Violence Survivors in Myanmar



April 2018



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for Gender-Based Violence Survivors
in Myanmar**



The Gender Equality Network



Yangon, Myanmar
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Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organisation
DSW	Department of Social Welfares
MOHA	Ministry of Home Affairs
DV	Domestic Violence
DEVAW	Declaration on the Elimination of Violence Against Women
FGD	Focus Group Discussion
GA	General Administration
GBV	Gender-Based Violence
ILO	International Labour Organization
INGO	International Non-Governmental Organisation
MJA	Myanmar Justice Association
MMCWA	Myanmar Maternal and Child Welfare Association
MOHS	Ministry of Health and Sports
MSI	Marie Stopes International
MSM	Men who have Sex with Men
MWCUC	Mon State Women and Children Upgrade Centre Team
MWAF	Myanmar Women's Affairs Federation
LCM	Legal Clinic Myanmar
NGO	Non-Governmental Organisation
OSWSC	One Stop Women Support Centre
PoVAW	Prevention and Protection of Violence Against Women
PWO	Palaung Women's Organization
TWO	Ta'ang Women's Organization
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USC	Union Supreme Court
WAO	Women's Affairs Organisations
WLB	Women's League of Burma
WOMEN	Women Organization for Modern Economy and Nursing

Definition of key terms in the assessment¹

Term	Definition
Gender	Socially constructed roles, behaviors, and attributes that society considers appropriate for men and women.
Child	A person under the 18 years of age.
Violence Against Women	Whether in social, economic and cultural sector or in workplaces or networking or in media, or in other places, discriminates against woman, for being a woman by violating women's rights. It includes acts or omissions that inflict physical, mental, sexual or economic harm or threats and coercive acts.
Domestic Violence	Any act which causes woman harm by a blood related family member or other family members or her intimate partner. This can include physical, psychological, sexual or economic abuse through violating woman's rights and discriminating against her.
Marital Rape	Without the consent of the woman, sexual act committed by spouse or ex-spouse with no legal divorce but who lives separately.
Rape	Rape is defined as "forced or coerced sex; the use of force, coercing or psychological intimidation by one person that requires another person to engage in a sex act against her or his will, whether or not the act is completed" (Fulu et al., 2013) ² .
Physical Violence	Any form of abuse with or without a weapon or an object to harm a woman's body or body parts or to cause damage or death to a woman, intentionally or unintentionally torturing, abusing, insulting, forced imprisonment, isolation or restraining the freedom.
Psychological Violence	Any form of abuse causing emotional harm, and causes to diminish a woman's reputation including acts of verbal abuse, harassment, control, humiliation, intimidation, negligence, isolation, silence with grudge, or disgrace.
Sexual Violence	Rape, sexual assault, sexual torture, sexual slavery, sexual harassment or disclosure and distribution of sexual acts to be witnessed by others.
Economic Violence	Any act to damage, confiscate, limit, exploit or prohibit a woman's

¹ Definitions here are extracted from "The Prevention and Protection of Violence against Women Law (Draft)" as of January 2017, with only key terms quoted for the purpose of this assessment study.

² GEN, 2015

	property and money, opportunity for income, or financial independence and prevent a woman's business opportunities
Workplace	Any place where a person earns income or benefits by working there.
Intimate Partner	A person living with or without living with the women currently or in the past in a romantic, marital or marriage-like relationship, regardless of present or previous cohabiting, but legally not married.
Victim of Violence ³	A person experiencing any form of violence against women.
Disabled Person	A person who suffers over a prolonged period one or more of the impairments of a person's movements, sight, speech, hearing, intelligence, and senses, or activities whether it is inborn or not
Harassment	Any form of abuse, either act or verbal abuse and causes to diminish a woman's reputation that creates an unpleasant, intimidating, hostile, disgrace, humiliation or offensive environment to a person; or that causes disturbance or harm.

³ For this assessment, the term "victim" is not preferentially used but the term "survivor" is more often used throughout the report. This is because the term "victim" implies helplessness and pity which might not adequately describe the experiences of some women who have experienced VAW. Additionally, the term 'victim' is often perceived to be related to the criminal justice process, and many women who experience VAW never engage with that process. On the other hand, the term "survivor" implies that women are able to take control of their own lives by overcoming VAW experiences.

Acknowledgement

This mapping study aims to contribute to the implementation of the Prevention and Protection from Violence Against Women Law draft (PoVAW) once it is adopted, to effectively provide support services for survivors of violence against women. The study identified available support services through in-depth interviews with duty bearers and rights holders, as well as civil society organizations across Myanmar. Special thanks to Professor Nakagawa Kasumi, international consultant commissioned by Gender Equality Network (GEN). Valuable inputs were made by Daw Sanda Thant, Director of Socio-Economic & Gender Resource Center (SEGRI) and her team, and Dr. Aye Myat Lwin, who conducted interviews to gathering data for analysis. GEN would like to thank all the survivors of violence who participated in study, and thank various government institutions, CSOs and NGOs/INGOs that have provided inputs into the report. The concrete feedbacks from GEN's Research Working Group and Steering Committee Members were a substantial help in completing this study. GEN also would like to sincerely thank for the valuable financial support provided by CARE Myanmar, LIFT, PyoePin and TROCAIRE that enabled this study possible.

Executive Summary

Introduction

Emerging from decades of isolation, Myanmar is undergoing a major economic, social, and political transformation. Along with these developments, fundamental policy and legal frameworks and national mechanisms have been gradually established to address GBV in Myanmar. Such political will is highlighted in the formulation of the Prevention and Protection from Violence against Women Law draft (PoVAW), which is still an on-going process at the time of this study. Encouragingly, government institutions, CSOs and UN agencies/development partners have started to collectively work together to respond to GBV issues in Myanmar through awareness raising forums/campaigns and capacity building amongst stakeholders to ensure necessary services for GBV survivors are provided.

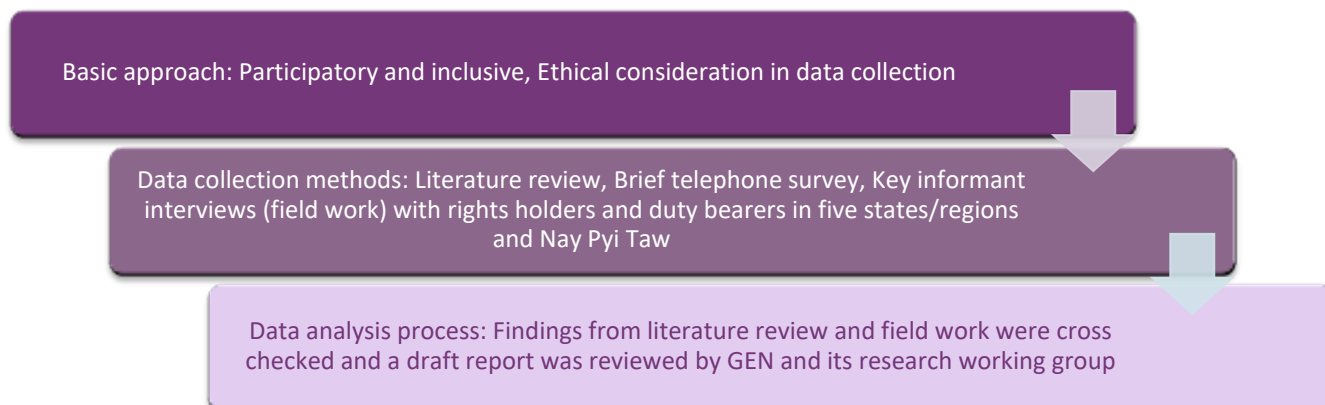
Purpose of the Study

This study aims to provide a mapping of available services for GBV survivors in Myanmar by identifying the practical needs of survivors and the accessibility to those services. The specific objectives include:

- 1) Situational assessment and analysis of GBV in Myanmar (data, studies, laws/policies)
- 2) Identify the needs of GBV survivors and map existing services, accessibility and their quality for survivors of GBV
- 3) Identify challenges faced by women accessing services and create concrete recommendations to improve service provisions for GBV survivors.

Methodology of the Study

This study applied several different methods in the process to produce reliable and accurate data. Below is a summary of steps taken in the entire process.



Duration and Fieldwork of the Study

The study was accomplished in a seven-month period between November 2016 and May 2017.

Limitations of the Methodology

- **Limited literature:** Research or evaluation studies in relation to the support services for GBV survivors were restricted. Accessibility to most literature cited in GBV-related reports in Myanmar was also difficult because they usually charge a high price to access them.
- **Geographic coverage:** The study did not directly investigate all states/regions due to time constraints.
- **Limited quality assessment for each service:** Minimal attention was paid to investigate or assess the quality of those services provided and an insufficient amount of evidence was provided to present an overall view of GBV service quality in Myanmar.
- **Limited focus on women's diversities:** The focus on this study was primarily on the needs of survivors of GBV who are not extremely marginalized by society.
- **No direct contact with faith-based organisations:** This study collected some anecdotal information about faith-based organisations, however, this data was not identified as "systematic" and no follow-ups were conducted.

Available Services in Myanmar for GBV Survivors

- Crisis services
- Counselling services
- Health services
- Legal services
- Safe space/shelters
- Rehabilitation and reintegration services
- Prevention services

Gaps and Challenges for GBV Survivors for Accessing to Services

- **Customary and perceived barriers amongst women:** Entrenched cultural and social norms around gender in Myanmar impact on women's ability to talk about abuse and their ability to leave relationships even at the time of violence. Customary law/practices are often the resolution mechanisms used to settle GBV incidents and general public also regard GBV as "normal". The majority of survivors in this study reported that they did not report their abuse to the authorities or the police.
- **Limited information and accessibility to services for GBV survivors:** Due to many women living in marginalized situations, many survivors in this study reported that they did not know where to ask for help.
- **Limited access to safe shelters:** Most female survivors have inadequate access to safe shelters even when their lives are at risk. Nine shelters were found in this study for GBV survivors, but all of the shelters are concentrated in only 4 states/regions and other than those four states/regions, there is no shelter at all.
- **Gaps in knowledge and capacity amongst duty bearers:** Local authorities such as ward/village administrators have very restricted skills and understanding relating to GBV dynamics which are essential to provide safe and survivor-centred interventions. Cultural and traditional perceptions that discriminate against women also negatively influence duty-bearers' attitudes in handling with GBV cases. Counselling skills among those personnel is poor to serve as a first entry point for GBV survivors.
- **Lack of protocols for GBV identification and responses in the health care system:** The government health care system in Myanmar has restricted capacity to deal with GBV cases except in the provision of forensic examinations.
- **Cost as a barrier to seek services:** Survivors of GBV face difficulties at all levels as a result of the cost of obtaining services. Absence of money to pay for the transportation costs to the various service providers or to the cities can make seeking help impossible.
- **Confidentiality was almost non-existent:** GBV cases are routinely discussed amongst service providers and duty bearers without the permission of the survivor and this is normal practice in Myanmar.
- **Referral/Monitoring:** Some GBV cases were reported to government agencies such as the police or CSOs or NGOs such as MAAF and MMCWA. Nevertheless, recording systems for those cases are not in place and information sharing amongst duty bearers is not effective or coordinated.
- **Infrastructure/Transportation:** In Myanmar, poor transportation is one of the central accessibility concerns for service seekers. When GBV survivors are living in remote areas where infrastructure is not functioning, or if they have no means to travel to safe place, it is simply impractical for them to get away from the GBV situation.

Next Steps and Recommendations

Clearly, different agencies and government departments in Myanmar are undertaking a number of interventions for survivors of GBV - many of which are reported as being effective and are making a difference in the lives of survivors. The government and CSOs have started to make a number of significant efforts to prevent GBV in Myanmar, highlighted by the development of the draft PoVAW law. For facilitating this process, an effective mechanism needs to be in place to coordinate all of those efforts.

Fundamental Approach: Survivor-centred Approach

Women who are survivors of GBV have considerably differing and individual needs. Any type of support service for survivors and their families (especially children) should be based on a survivor-centred approach or women-centred approach, and the individual situation of each survivor and their decisions should be of paramount importance in all support service provision.

Based on the findings from the study, and with an emphasis on a survivor-centred approach, below is a summary of recommendations for further consideration and actions to be taken:

- **Ensure the PoVAW law (draft) includes service provision as a state obligation:** It is anticipated that the creation of a new PoVAW law (draft) could effectively fill the gaps in existing legislation, particularly with respect to sexual violence. In order for this to happen, the relevant ministries responsible for the prevention, protection and provision of services need to include specific budgets for support services for GBV survivors within their respective strategy/annual operational plans.
- **Expand the availability of GBV services:** Although this study demonstrated that services for survivors of GBV are available in Myanmar, much of that service provision is scattered and accessibility poses many challenges for survivors. In addition, expanding the availability of primary prevention services is vital across the country.
- **Develop a coordinated response at all the levels:** In some areas, a variety of support services are available, but those services are not well-coordinated amongst service providers in a horizontal manner. Therefore it is principal to bring together various government agencies (including the police and health professionals), CSOs and faith-based institutions at the township or ward levels to know of each other's service, build up trust among them, share information, coordinate resources and strategies, and increase collaboration through building skills to effectively and collectively respond to GBV. Vertical cooperation and information sharing is also crucial because there are many GBV cases which cover different levels of administrative areas.
- **Develop a system of referral/case management:** Train a professional to be the first point of contact for GBV survivors to be able to act as a case manager; that person can be the focal point for coordination with other services to ensure that the survivor receives seamless and responsive care.
- **Continue to provide and expand training:** It is elemental to continue providing training courses on VAW for police, law enforcement actors, local authorities, line ministries, local departments and health care providers on the dynamics of various types of GBV and the roles each sector should play

in GBV prevention and response; in addition to training on the law relating to violence against women and girls.

- **Strengthen the standard operational manuals/procedures/protocols and health protocols:** In Myanmar, although the operational standards or a code of conduct for how the duty bearers respond to GBV cases has been developed, the implementation is still not in place. In relation to protocols for health responses, it is fundamental to strengthen the current mechanism, in collaboration with health professionals for the identification, treatment and referral of GBV victims beyond the forensic examination. A standard to supervise and control the quality of shelters should also be set up for the best interest of GBV survivors.
- **Support efforts that respect survivors' safety, rights and confidentiality:** Give priority attention to confidentiality, privacy, disclosure and informed consent in all responses to gender-based violence. Great care must be taken not to re-victimise the survivor.

1. Introduction

Violence against Women (VAW) is the most serious manifestation of discrimination against women and the disempowerment of women. The government of the Republic of the Union of Myanmar has recognized addressing VAW as one of the priority development agendas for the advancement of women. “The National Strategic Plan for the Advancement of Women (NSPAW) 2013-2022” details the government's commitment “to eliminate all forms of violence against women and girls and to respond to the needs of women and girls affected by violence”. This mapping study was designed to provide an overall picture of where services for survivors are provided, who is providing those services and additionally to identify gaps and challenges for further interventions, responding to the priority area number 4 of the NSPAW below.

The National Strategic Plan for the Advancement of Women (2013-2022)

Section on Violence against Women: The key objective is to develop and strengthen laws, systems, structures and practices to eliminate all forms of Violence against Women and Girls and to respond to the needs of women and girls affected by violence.

a. Research and Surveys

1. All forms of violence against women and girls in urban and rural areas.
2. Causes and consequences of violence.
3. Social services for women affected by violence, legal protective measures, and the challenges faced by women accessing these services.
4. Satisfaction levels with the responses duty bearers give to women and girls who report violence. Remark: When carrying out research and surveys, it is necessary to collect data disaggregated by sex, age, ethnicity and location.

b. Awareness Raising

1. Implement awareness raising activities for male and female staff in designated focal Ministries and with duty bearers, at national, regional and local levels, responsible for the prevention and appropriate responses to all forms of violence against women and girls (including CEDAW, the Beijing Platform for Action, and the Millennium Development Goals)

In this report, the terms VAW and Gender-Based Violence (GBV) are often used interchangeably, as most VAW is gender-based or based on discrimination against women.⁴ GBV is one of the most prevalent human rights violations in the world and Myanmar is not immune to it although currently national statistics relating to the issue are not available. Worldwide, an estimated one in three women will experience physical or sexual abuse in their lifetimes.⁵ GBV undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence. GBV is a manifestation of, and a tool to maintain gender inequality.⁶ Survivors of GBV often suffer from complex trauma including sexual and reproductive health consequences such as forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death. GBV can affect any woman regardless of age, race, religion, culture, economic status and sexual orientation. The harm caused by GBV undermines the survivor's ability to lead an autonomous life and free from fear and coercion, and imposes great costs on society.

VAW and its consequences can increase inequality, insecurity, and conflict for the entire household, and these livelihood factors, in turn, can increase women's vulnerability to violence as well as to poverty, hunger and powerlessness.⁷ It still remains a challenge to address attitudes and behaviours, which underlie GBV, and the stigmatisation of survivors, along with increasing protection and counselling options available to survivors. This study also revealed that keeping quiet and doing nothing is by far the most common response to GBV in Myanmar. For those who experienced GBV and sought help, many went to talk with neighbors/someone that they trust, ward authorities or CSOs. Very few reported to the police or courts or sought help from health services. It is essential to ensure access for GBV survivors to immediate medical care and to the justice system, and ultimately to hold perpetrators accountable for their acts and crimes.

⁴ United Nations, Declaration on the Elimination of Violence against Women, 1993, <http://www.un.org/documents/ga/res/48/a48r104.htm>

⁵ UNFPA, Gender-Based Violence, <http://www.unfpa.org/gender-based-violence> (last accessed 10 January 2017)

⁶ ADB et al., 2016

⁷ GEN, 2014

Emerging from decades of isolation, Myanmar is undergoing a major economic, social, and political transformation.⁸ Alongside those developments, fundamental policy and legal frameworks and national mechanisms have been gradually established to address GBV in Myanmar. Such political will is highlighted in the formulation of the Prevention and Protection of Violence against Women Law draft (PoVAW), which is still an on-going process at the time of this study. Encouragingly, government institutions, CSOs and UN agencies/development partners have started to collectively work together to respond to GBV issues in Myanmar through awareness raising forums/campaigns and capacity building amongst stakeholders to ensure necessary services to GBV survivors are provided.

Forms and contexts of gender-based violence against women: “Violence against women shall be understood to encompass, but not be limited to, the following:

- a) Physical, sexual and psychological violence occurring in the family; including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.
- b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs” (Article 2 DEVAW).

⁸ ADB, 2012

2. Purpose and Methods of the Study

2.1. Purpose of the Study

This study aims to provide a mapping of available services for GBV survivors in Myanmar by identifying the practical needs of survivors and accessibility to those services. The study also aims to identify the gaps in services for survivors and make recommendations for next steps and ways forward to address those gaps.

The specific objectives include:

- 1) Situational assessment and analysis of GBV in Myanmar (data, study, law/policy)
- 2) Identify the needs of GBV survivors and map existing services, accessibility and their quality for survivors of GBV
- 3) Identify challenges faced by women accessing services and create concrete recommendations to improve service provisions for GBV survivors.

2.2. Methodology of the Study

2.2.1. Basic approach:

Participatory research

The research was conducted as a partnership between the research team, GEN staff and GEN's members. GEN's staff collaborated with the research team at every stage of the research and this allowed the researchers to identify the right approach and direction to obtain valid data and information for evidence-based analysis.

2.2.2. Nature of research:

Qualitative research

The approach to the mapping study was preliminary qualitative due to limited resources for conducting a quantitative study.

2.2.3. Literature review

A literature review was conducted in regards to the relevant national laws/policies of Myanmar, as well as international conventions that Myanmar has ratified. In addition, a desk review of a large number of study/research reports about gender, gender relationships and GBV in Myanmar was also conducted to obtain background information for the study. The documents reviewed for this study are in Annex 2.

2.2.4. Data collection methods

This study was conducted mainly using a qualitative methodology for two reasons. Firstly, as there is a scarcity of literature about service provisions for GBV survivors in Myanmar, this research needed to be rather exploratory. Therefore, the use of open questions within a semi-structured questionnaire was

utilised to enable new information to emerge for analysis. Secondly, this study aimed to examine gaps in service provisions for GBV survivors, and the qualitative research method allowed those issues to be explored in more details.

A. Brief telephone survey

A brief telephone survey was conducted with staff in 88 members of Gender Equality Network (GEN) members. The purpose of this survey was to identify existing services or interventions for GBV survivors in each state/region and/or any gaps in services. During the telephone survey process two additional community service organisations that were not already known were identified. This survey provided the main entry points for key informant interviews with CSOs working in the field and contributed to the draft mapping of service providers.

B. Key informant interviews with duty bearers (government)

In-depth interviews/key informant interviews using a semi-structured questionnaire were conducted with government officials at the union, state/regional and township levels. These interviews allowed the thoughtful investigation into a range of predetermined focus areas of the study, while providing the flexibility to follow-up on unanticipated responses.

A total of 95 government officials were interviewed for this study: 16 at the union level and 79 at the regional/state level.

BOX1: List of Key Informants (Government)

Site	Mandalay		Mon		Sagaing		Shan		Yangon		Union/NPT	
Sex	M	F	M	F	M	F	M	F	M	F	M	F
Number	2	14	2	13	1	15	5	10	2	15	5	11

C. Key informant interviews with duty bearers (CSOs/NGOs/INGOs)

In-depth interviews were conducted with CSOs/NGOs/INGOs identified as service providers in 5 target

areas. In total 36 people (F=22 M=14) from 18 organisations were met for the study.

BOX2 List of Key informant CSOs

No.	Organisation
Lashio, Northern Shan State	
1	Winner Law Firm
2	The National Council of YMCA of Myanmar
3	Northern Shan State Women's Organisation Network
4	Kachin Lawyers Network
5	Ta'ang Women Organisation
Mandalay, Mandalay Region	
1	Myanmar Justice Association
2	Marie Stopes International
3	CARE Myanmar
4	Legal Clinic Myanmar
Mawlamyine, Mon State	
1	Sanpya Social Development Organisation
2	Legal Clinic Myanmar
3	Mon State Women and Children Upgrade Centre
4	Marie Stopes International
Monywa, Sagaing Region	
1	Future Light
2	Bar Association
3	The 88 Generation
4	Marie Stopes International
Yangon, Yangon Region	
1	Akhaya Women Myanmar
2	Yangon Karen Baptist Women Association
3	Karen Women Empowerment Group (KWEG)
4	Sex Worker In Myanmar Network
5	Legal Clinic Myanmar
6	Marie Stopes International

D. Key informant interviews with rights holders

An in-depth interview utilizing the semi-structured interview questionnaires was conducted with 41 GBV survivors. GEN's members partly facilitated the mobilisation of two groups of survivors and the research team also accessed them through informal channels. One group was those women who had already sought out services and another was those women who were suffering/had ever suffered but had not sought out external assistance. This facilitated the identification of gaps in service provision itself, as well as highlighting the barriers for women in seeking those services.

E. Sample/Field work of the study

The study was completed in Nay Pyi Taw, Mandalay, Mon, Sagaing, Shan (North) and Yangon. Nay Pyi Taw is the governance centre at the union level and the centre for the line ministries while Yangon is the centre for many national and international community service organisations as well as development partners. Four states/regions – Mandalay, Mon, Sagaing and Shan (North) – were selected for in-depth visits to better understand the available services and responses to GBV. These areas were chosen due to the high incidence of reported GBV, but varying levels of responses from government and CSOs/INGOs. Mandalay and Sagaing were selected because of the availability of many services whilst Mon and Shan (North) has limited or no service availability. Additional states/regions were not visited due to the time limitations.

2.2.5. Ethical considerations

Considerable care was taken to ensure the protection of respondents from any harm. The research team members were trained on sensitive interviewing techniques with the following materials: *“WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies”* (2007) and *“Ethical and safety*

recommendations for research on the perpetration of sexual violence” (2012).⁹

Throughout the study, the research team made conscious efforts to:

1. Ensure informed, voluntary consent was given by all participants,
2. Follow guidelines to prevent participants' distress,
3. Ensure research was conducted in a gender sensitive manner, and
4. Ensure the safety of research study members.

To ensure safety and confidentiality, no names or identification of GBV survivors was taken and all participants were coded for analysis purposes.

2.2.6. Data analysis process

Qualitative data was used as a primary data source for analysis because of the nature of the study. All the interviews from the field work were coded for confidentiality and transcripts and/or summary of all the interviews were made into English for analysis. This study was exploratory in its nature and focused on the accessibility and quality of services for GBV survivors. Thus, an analysis of results from the in-depth interviews was primarily based on a qualitative analysis. The process of analysis was participatory amongst the research team members, and main issues from the qualitative data were analyzed against needs of GBV survivors and available services by identifying the gaps in the current services.

At the final stage of the data analysis, both the qualitative data and quantitative data was compared and cross-referenced. A set of findings from the analysis was then cross-checked against the existing literature/study/research to ascertain whether findings built on existing knowledge. The draft report was also circulated to the GEN's Steering Committee members and GEN's research working group

⁹Jewkes R, Dartnall E and Sikweyiya Y., 2012

members for a final check to ensure accuracy of the contents.

2.2.7. Duration and fieldwork of the study

The study was accomplished in a seven-month period between November 2016 and May 2017.

2.2.8. Limitations of the methodology

Limited literature: Research or evaluation studies in relation to the support services for GBV survivors were restricted. The lack of prior measures to assess accessibility and the quality of services made it difficult to assess whether the results from this study were addressing all of the issues that needed to be examined.

Geographic coverage: The study did not directly investigate all states/regions due to time constraints. The visits to five states/regions were conducted within a short timeframe and there was not adequate time to follow-up on direct contact with every service provider identified in the process.

Limited quantitative data: Some quantitative data was also collected but this was rather small, except in relation to the phone surveys that attempted to identify the available services in all states/regions across Myanmar. This quantitative information may

not fully cover all of the services available because there may be some institutions/ agencies, particularly religious based organisations, which were not identified or accessed via the telephone survey or the snowball method.

Limited quality assessment for each service: This study aimed to map services for GBV survivors, and diminished attention was paid to investigate or assess the quality of those services provided and a insufficient amount of evidence was provided to present an overall view about VAW service quality in Myanmar. However, analysis was conducted based on the qualitative data garnered during the interviews to assist with identifying gaps in service provision.

Limited focus on women's diversities: The focus of this study was primarily on the needs of survivors of GBV who are not extremely marginalized by society. Accordingly, this study is partial in addressing the diverse needs of special groups of women including lesbian women, internally displaced women, women from a variety of ethnic groups, or women with disabilities.

No direct contact with faith-based organisations: This study collected some anecdotal information about faith-based organisations, including monasteries who occasionally provide support services for GBV survivors. This data was not identified as "systematic" and no follow-ups were conducted yet.

3. Gender-Based Violence in Myanmar

There have been a number of international and local research studies addressing gender inequality, and its manifestation in relation to GBV in Myanmar. A plethora of those research studies highlights a widespread prevalence of GBV across Myanmar. The patriarchal social structure allows men to enjoy greater freedoms and it also tolerates the perpetration of GBV to maintain that system. This type of widespread understanding amongst the general population highlights patriarchal norms that accept men's perpetration of GBV. Tolerance of GBV is related to the dominant role of men in Myanmar society.¹⁰ Although no prevalence data on GBV is available as of March 2017, a number of qualitative research studies provide some perspective of GBV in Myanmar as a serious human rights concern that affects the lives of women and girls.¹¹ However, there is a large knowledge gap mostly because women "were unwilling to discuss in detail instances of household violence."¹²

“

*My husband shouted
at my parents,
'I can do whatever
to my wife,
that is none of
your business'."*

A 34-year-old survivor

The negative consequences and legacy of the long-lasting civil war of more than five decades have bred a culture of male domination, fear, and violence in Myanmar,¹³ and this has reinforced the cycle of GBV and the oppression of women. On-going conflicts continue to impact the safety and livelihoods of women and girls, and GBV is a part of their daily lives in conflict zones.¹⁴ Women who are displaced from their homes due to security reasons are also more vulnerable to sexual and gender-based violence and they lack access to legal and other support services.¹⁵

3.1. Types of GBV in Myanmar¹⁶

GBV in Myanmar takes many different forms and is perpetrated by many different types of perpetrators.¹⁷

¹⁰ Ministry of National Planning and Economic Development, 2012

¹¹ A study by Tripartite Core Group (2013) recorded that among the 1,337 female respondents who answered a question "how often acts of violence committed against females occurred in their village." 20 per cent indicated that this happened often or sometimes in their community.

¹² For example a study by Smith (2006) encountered a large number of obstacles in obtaining a clear picture of domestic violence because commonly people do not want to talk about it.

¹³ PWO, 2011

¹⁴ Ibid.

¹⁵ GEN & Global Justice Centre, 2016

¹⁶ This part is extracted from GEN's study in 2015 on VAW, which was based on the interviews to categorize types of VAW in Myanmar.

¹⁷ GEN, 2015 a

BOX 3 Types of GBV in Myanmar

Category	Types Identified in GEN's Study
Physical	<ul style="list-style-type: none"> • Hitting/Slapping • Punching/beating • Kicking • Strangling or smothering • Pulling her hair • Use of weapons or other objects to physically harm her • Physical abuse during pregnancy
Psychological/Mental	<ul style="list-style-type: none"> • Humiliation or insults, including in front of other people • Yelling • Threatening bodily or financial harm • Forced isolation from peers, friends or community members • Controlling behaviours • Destruction of property or possessions • Abandonment • Throwing her out of the house • Neglect
Sexual¹⁸	<ul style="list-style-type: none"> • Marital rape • Non-partner rape • Gang rape • Unwanted sexual touching • Sexual harassment
Economical	<ul style="list-style-type: none"> • Denying funds to support household expenses when the husband knew there wasn't enough money • Denying food/basic needs (including woman and children's healthcare) • Controlling access to employment • Stealing from wife
Harmful Practice¹⁹	<ul style="list-style-type: none"> • Survivor of rape being forced to marry the perpetrator • Survivor of rape or her family are forced to recover the reputation of the entire village/community by organising a party • Women are not allowed to inherit properties

In addition to the above, threats of GBV or fear of GBV is a serious concern as they affect the well-being of women and also affect the freedom and mobility of women. The UNFPA study (2010) noted, "GBV includes physical, sexual

¹⁸ GEN (2015, a) does not categorize "sexual violence" as one category, therefore, types of sexual violence here were written by extracting this type of violence under different categories in GEN's 2015 study.

¹⁹ There has been no comprehensive study of harmful practices in Myanmar, and more GBV in this category could be found when a further research into this specific topic is conducted.

and psychological harm/suffering including the threat of such harm”. However, existing researches/studies are rather focused on actual incidents of GBV. Accordingly, security concerns or fear of attacks are not well investigated or documented in Myanmar yet.

3.1.1. Domestic violence

Although there is no national prevalence data on Domestic Violence (DV), some studies documented DV is a serious problem that violates fundamental rights of women and is affecting women’s well-being. For example, GEN’s study on intimate partner violence (2015) found that respondents typically had experienced more than one type of violence, including physical, economic, emotional and sexual violence. Women’s Organisations Network Myanmar (WON) study (2016) also found that DV is perpetrated not only by husbands but also by in-laws and family members. In addition, Palaung Women’s Organisation (PWO)’s study (2011) reported that 90% of the respondents in the study had experienced or seen physical violence within families in their community, and 62% claimed to have experienced or witnessed physical violence within the family on an almost daily basis. This PWO’s study was focusing on one ethnic group and thus it cannot be generalised, and it can be applicable or similar to other ethnic groups in Myanmar yet. The PWO’s study concludes that domestic violence and gender discrimination in Palaung Community could be attributed to several factors, including a lack of legal protection, government failure to raise awareness of women’s rights, economic crisis and unemployment.

“

As my husband did not stop using violence, and my children were also suffering, I went to the Women’s Affair Federation and asked for help. At first they suggested we had to negotiate between us because we already had children.”

An English teacher, 34 years old

3.1.2. Sexual violence

There are numerous cases of sexual violence including rape against minors reported in this study. Normally,

“

(After I was raped), I told my mother as she asked me why it took a long time for me to go to the toilet. My mom then woke the farm owner and told her about it. She begged my mom not to report it. So, my mom decided not to report to the police as it is shameful and it would bring dishonor for me.”

13 year old survivor of rape

perpetrators were someone known to the survivors who abuse power and authority over them and sexually violated them. Although marital rape is not yet recognised in criminal law in Myanmar, many survivors that we met during this study reported that their husband or intimate partners had repeatedly raped them. Government officials, lawyers and CSOs members all confirmed that rape against minors was a serious concern although there are no uniform statistics that can demonstrate the magnitude of this problem.

3.1.3. Sexual violence by state

“

One day I and my friends went to one of the pagoda festivals. When I was in the toilet, a man sexually assaulted me. I was shouting and most of my friends came and helped me. At the same time, the police came and arrested the man (who tried to attack me) and all the MSM (Men who have Sex with Men) who were with me. When we arrived at the police station, the man somehow was set free but we (MSM) were violated again by the police. We all were forced to be naked and one of my friend's breast was bitten. He was taking pills so his breasts would become larger, so the police humiliated him in such a horrible manner. We had to stay until the morning at the police station when the police finally let us go.

A make-up artist, 24 years old, MSM

Myanmar is still under-going the process of peace-negotiations, and high prevalence rates of GBV in conflict-affected areas have been reported.²⁰ One of the women's CSOs, Women's League of Burma (WLB) has been focusing on the ongoing perpetration of state-sponsored GBV in ethnic communities and has published three reports on the issue.²¹ Those research studies documented a large number of GBV cases perpetrated by military personnel. It was reported that GBV in conflict zones are not random occurrences but rather widely and systematically used. Even in the areas controlled by the State Peace and Development Council (SPDC), WLB documented GBV being perpetrated with impunity.²²

In addition, this study documented a number of cases where sex workers were targeted by the state for sexual abuse. A CSO staff member reported, “The most vulnerable population to GBV is sex workers. With their work illegalised, there is no place where they can seek help or justice.” The abuses against them include; verbal abuse (use of discriminatory terms), physical attacks and sexual violence. A 40 years old sex worker reported, “Most of the violence committed against me was perpetrated by the police, and not the client. The police forced me to have sex without paying anything, and also beat me.” Not all sex workers carry national identity cards due to a variety of reasons, and this increases their vulnerability to State-Based Violence.²³

“

One time, while I was standing on the street in Lashio, Shan state, a policeman requested me to have sex with him and I denied his request. Then, he imprisoned me without giving me a reason. I was imprisoned for one year in Lashio prison. I am always scared of the police since this imprisonment but I have to work on the street to support my sick husband.”

A sex worker, 28 years old

²⁰ In areas that have been or continue to be affected by conflict, a high prevalence of GBV is reported. See, UNFPA, 2014

²¹ WLB, 2013

²² WLB, 2008

²³ Sex workers may not carry a national identity card simply because they could not pay the authorities to make one for them since they were a child or when they moved from one place to another, they might have lost it. Due to stigma they could not request the local authority to issue a new one. Some even did not know the importance of carrying one with them due to a fundamental scarcity of knowledge of their civil rights.

3.1.4. Sexual harassment

GEN's report (2015, b) documented an alarmingly high prevalence of unwanted sexual touching on the public transportation system, mainly on the buses although there are no substantive statistics or studies on sexual harassment in public spaces in Myanmar. Internationally, female students are often targeted for sexual harassment in academic institutions and female workers are also at a higher risk of sexual harassment in the workplace in comparison to their male counterparts. To date, there is no overview showing the magnitude of this issue in Myanmar. A study "The Prevalence, Antecedents and Consequences of Sexual Harassment in Myanmar Workplace" (2003) documented that over half of all female workers interviewed had experienced at least one incidence of harassment during their working life. Due to the insufficient research and the knowledge gaps in this type of violence, the real prevalence of this type of violence is unknown.

3.1.5. Cross-border trafficking

Women and girls in Myanmar are at high risk of GBV even outside of the country. Myanmar is also identified as a source country for men, women and children subjected to forced labor and for women and children subjected to sex trafficking - both within the country and abroad.²⁴ Unknown number of Myanmar men, women, and children who migrate for work abroad — particularly to Thailand and China, as well as to other countries in Asia, the Middle East, and the United States — are subjected to forced labour or sex trafficking.²⁵

Over 120,000 internally displaced persons (IDPs) have fled to the Myanmar-China border since 2011 in an attempt to avoid local violence and conflict. These civilians, especially the women, are extremely vulnerable to sexual violence, rape and trafficking. A JICA report (2013) also noted that those women who were trafficked to Thailand, China, Malaysia, Korea

and Macao were forced to be labourers in factories and on fishing boats, and were exploited as domestic labour. In addition, a recent research project conducted by Erin Kamler focused on the rise of trafficking issues across the Myanmar-China border and presented analysis from the perspectives of both survivors and community members.²⁶ According to the survivors in the report, the increasing number of trafficking cases is mainly due to the demand from China and this study also confirmed that there are many cases of human trafficking to China, mainly from the Shan state. Survivors commonly face stigma and shame along with challenges integrating back into their community after their traumatic experiences upon return to Myanmar. Additionally, Kachin Women's Association Thailand (KWAT) has documented trafficking across Myanmar -China borders for many years.²⁷



I was raped by a Chinese Manager while I was in China and I just thought that my life was over. So I lived with him for a month and I became pregnant then I was told to have an abortion. A female boss took me to a place without telling me where I was going. I had no choice and had to do it. After the abortion, I was not allowed to rest and had to work immediately."

28 year old survivor of sexual exploitation
in China

²⁴ US state department (2016) Human Trafficking report, available at <https://www.state.gov/documents/organization/258876.pdf>

²⁵ INTEM Consulting, Inc. 2013

²⁶ Erin Kamler, 2015

²⁷ Human Rights Resource Centre, 2013

3.2. Consequences of GBV

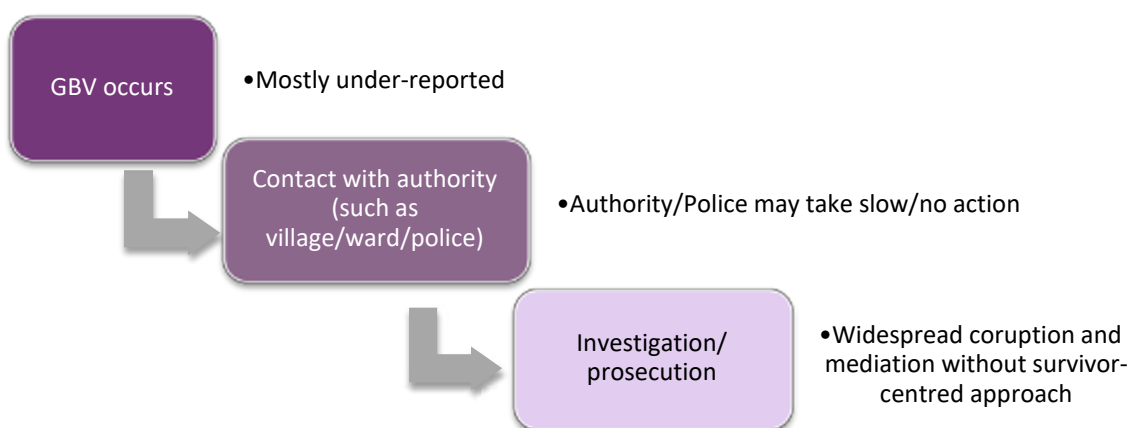
Due to cultural norms and the pressure on women to tolerate their husband's violence to maintain family harmony, survivors don't report violence to the authorities. One schoolteacher who we met during this study said, "I feel it is very shameful because if I report violence, people around me would know about it and they would gossip about me. But I want to help my sons who are suffering from their father's bad behavior." Furthermore, parents-in-law or brothers/sisters-in-law, and even the survivors' parents pressure them to tolerate their husband's violence specifically when they already have children. This culture of shame reflected in the social norms forces survivors to stay in violent relationships and so it is very difficult for them to escape this vicious cycle of abuse.

“

I tried to get help from the ward authority a couple of times, but no help was provided. They kept saying 'be patient'”

41 years old, Divorced

BOX 4 A flowchart of GBV case responses demonstrating the negative consequences



For rape cases, many CSOs members reported that it is rare if a case is submitted to the court. A lawyer said, "Most of the rape cases were solved with compensation". The local authority can play an important role in facilitating mediation between the perpetrator and the survivor. A rape survivor with disabilities said, "One day, the ward authority came to my house and told us to accept the compensation (200,000 Kyat)" (23 years old survivor who decided to keep the baby resulting from the rape).

The devastating physical and psychological impact of GBV often prevents survivors from seeking support services and access to justice or obtaining redress. This study confirmed that such an impact is compounded by the stigma attached to such crimes, including the fear of being ostracised by families and communities as a result of disclosing the crimes, and survivors prefer to remain silent and endure hardship. Survivors are often scared of further victimisation by insensitive administrative or local authority officials including police officers, who may in turn, blame them for provoking the GBV.

4. Legal and Policy Frameworks in Myanmar for GBV Survivors

The Myanmar Constitution and a number of international human rights conventions that Myanmar is a state party to, all oblige Myanmar to protect its citizens from human rights violations including any form of GBV.

4.1. Laws and Policies

Myanmar is party to several international treaties that require the prohibition of VAW. It ratified CEDAW on 22 July 1997 and submitted its initial report in 2000 and “The Combined Fourth and Fifth Periodic Report” was submitted to the CEDAW committee in 2014. Myanmar is also a signatory to the Universal Declaration of Human Rights (UDHR) and the Beijing Declaration and Platform for Action; and party to the Convention on the rights of Children (CRC). It has committed to the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs), and was a participant at the 1994 International Conference on Population and Development (ICPD), and is a member of the ASEAN Committee on Women and Children (ACWC).

At the time of this study, the Penal Code containing provisions for crimes against women including rape, abuse and seduction of and sex with under-age women applies. In the Penal Code, marital rape is not recognised as a crime unless the wife is younger than 14 years old. Article 375 of the Myanmar Penal Code prohibits rape and Article 376 allows the courts to sentence convicted rapists to life in prison. In regards to the human trafficking of women, the Myanmar government adopted the “Anti-Trafficking in Persons Law” on 13 September 2005.

The framework for Economic and Social Reforms and the Comprehensive National Development plan (2011-2030): This framework addresses VAW and human trafficking under Youth and Gender (under the Social, Environmental and Cultural Dimensions of Development section), but no details are noted as to what types of actions should be taken to actually respond to those serious violations of women and girl’s rights. To address this issue, the Government of Myanmar has already started to establish some mechanisms that can be put in place to address and respond to GBV. In addition, CSOs, INGOs and UN agencies had been actively working to address the issues through awareness campaigns, capacity building, and providing direct service provisions to survivors such as social services, legal services, and shelters.

Draft law on Prevention of Violence against Women: Myanmar is taking proactive steps to adopt specific domestic legislation against GBV and is in the process of formulating the core law on Prevention and Protection of Violence against Women (draft) for responding to GBV in a holistic and comprehensive manner. This will align with the National Strategic Plan for the Advancement of Women (NSPAW), which sets addressing GBV as one of the priority areas.

4.2. National Mechanism for Protection of Women from GBV

The government of Myanmar has established some mechanisms to ensure the safety of women and children from violence, and to provide protection and services for survivors of GBV. At the national level, key entities include the Ministry of Social Welfare, Relief and Resettlement; the Myanmar National Committee for Women's Affairs (MNCWA); and Myanmar National Working Committee for Women's Affairs (MNWCWA). At the sub-national level, a variety of government and non-governmental agencies play a role in responding and providing services related to GBV. These entities and their roles are briefly described below.

BOX 5 Service providers at state/regional level

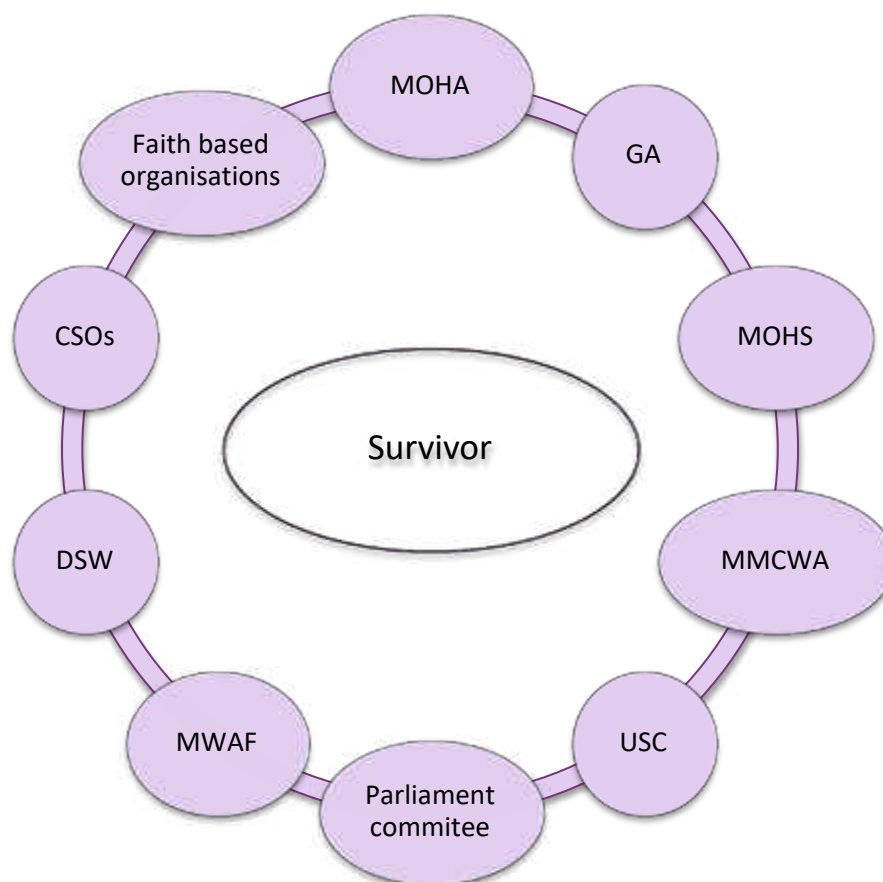


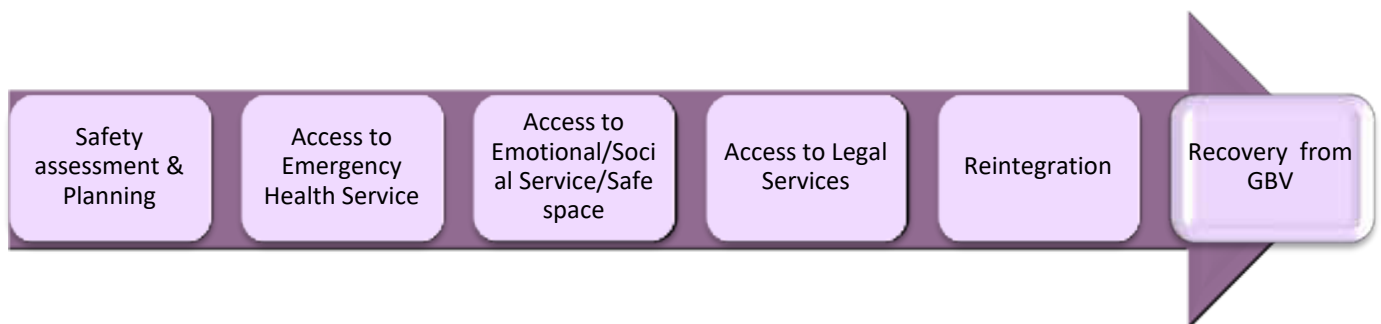
Table 1 Service provided by each agency

Agency's name	Service provided
DSW	<ul style="list-style-type: none"> • Direct support for survivors • Hotline/ Helpline • One stop women support centre – still developing • GBV guideline and SOP – still developing • Referring survivors to other institutions • Awareness trainings and talks to the different Government agencies
MOHA	<ul style="list-style-type: none"> • Securing people's safety in the community • Police officers provide protection for survivors • Arresting the suspects for justice
MOHS	<ul style="list-style-type: none"> • Provide health services including forensic examinations • Central level - GBV guideline and SOP – still developing • Referral network with related agencies such as police and court
Parliament Committee	<ul style="list-style-type: none"> • Formulating and amending laws on GBV
GA	<ul style="list-style-type: none"> • Securing people's safety in the community
USC	<ul style="list-style-type: none"> • Prosecuting the suspects/perpetrators for justice
MMCWA	<ul style="list-style-type: none"> • Direct psychosocial and material support for survivors • Referring survivors to other institutions • Psychosocial Counselling
MMAF	<ul style="list-style-type: none"> • Direct psychosocial, material and financial support for survivors if they need • Receiving complaints • Psychosocial support and Counselling to the survivors and families • Referring survivors to other institutions
CSOs	<ul style="list-style-type: none"> • A variety of services (emergency, health/legal, safe house/shelter, and reintegration) are provided but no legal authority to assist survivors
Faith-based Organisations	<ul style="list-style-type: none"> • Shelter/safe house

5. Current Needs of Survivors of GBV in Myanmar

The key informants interviewed identified current needs for support services for GBV survivors as categorised in the diagram below.

BOX 6 Needs of GBV Survivors



The box below summarises the current needs of GBV survivors in Myanmar, based on the desk reviews and findings from this study.

BOX 7 Needs of GBV Survivors

Needs of Survivors	Actions/Interventions Necessary
Safety Assessment	<p>The very first consideration about the needs of GBV survivors when GBV occurs is her own and/or her children’s safety. Regularly, survivors were not feeling safe, or were already injured, but there was no safe place to escape to. Many officials who met in this study also emphasised the importance of safety assurances for survivors.</p> <p>A local authority needs to conduct safety/risk assessment, to ensure that GBV survivor or/and her children are safe from the perpetrator. For example, in case a survivor is not safe, she should be consulted about potential safe places for her to escape to, such as with extended family members, friends, CSOs or faith-based institutions, etc.</p>

Survivors need to be assisted to be safe, to be away from abusers, and to access to necessary services. For this, a case management file is necessary to record any support offered which will also detail the outcomes of the legal and social service processes in the longer term.

Case Management

In the process, the survivor needs to be sensitively asked whether she wants to report the violence to police (and should not be coerced to keep silent), if she needs health care, or a safe shelter etc. Services need to respond to the woman's needs and not what others might think she needs.

After an initial assessment is conducted by the first point of contact, the first consideration should be about the need for treatment of any physical injuries, if it happened.

Access to Urgent Medical Needs

In case a woman has been sexually assaulted, she will need urgent medical care for preventing any unwanted pregnancy or sexually transmitted disease as well as gathering evidence for the legal process (if that applies) through a forensic examination.²⁸

Deficiency of proper treatment in a timely manner can result in long-lasting devastating health consequences additional to the trauma or post-stress traumatic syndrome (PSTD) she may be suffering.

GBV survivors mostly try to be patient or endure “because they are women” or they blame themselves that they provoked or deserved the assault. This can lead to the perpetuation of the cycle of violence and will inevitably impact on the welfare of not only the woman but her children too. What survivors need is an assurance that she is not wrong.

Emotional/Mental Support

Once a survivor makes the decision to report the violence to outsiders, which is a very difficult thing to do in Myanmar because of the aforementioned social norms; the emotional support offered should respond to the woman's specific needs.

Emotional support also needs to continue to affirm that she is not the one to be blamed and that she deserves support and help in the aftermath of an assault. She should also be assured that the abuser/perpetrator will be held to account and punished for their wrongdoings/crimes.

²⁸ According to WHO “*Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines*” (2013) and “*Health care for women subjected to intimate partner violence or sexual violence, A clinical handbook*” (2014), it is recommended to provide emergency contraceptive (EC) pills as part of comprehensive and survivor-centred care because pregnancy resulting from sexual violence can be very traumatic.

Access to Social Services

Generally, GBV survivors, particularly DV survivors, are financially dependent on their partners, and they often have no means to support their livelihoods if they escape from their abusive partners. GBV survivors need means to be independent even away from perpetrators.

When GBV survivors decide to escape, she may need emergency shelter/safe place, health care services or care for her children, food/clothing and other social services.

Safe houses/shelters should also provide mental health support and vocational/educational support for survivors to become economically independent once they move on from that care.

Access to Legal Service

Once a survivor decides to take action, she should be able to have access to information about legal support she can receive to prosecute the perpetrator if she so desires.

Some survivors may make a decision to divorce their abusive husband, and so in most cases they will have to go through the legal process at the court. This is not an easy process, especially when they are not legally married, or when they married across religions.

For sexual abuse cases, a survivor needs legal support with the case and to support her throughout the court proceedings, mostly when the survivor is a child; special care is necessary to protect her from any further harm and to keep confidentiality to sustain her reputation.

Reintegration

Where survivors are protected in a safe house, a case manager needs to consider a reintegration plan for her to go back to her original community or to a new place when it is impossible for her to return home.

Safety considerations are of paramount importance.

When a survivor has children who need access to education, cooperation with the education sector will be of vital importance.

Access to vocational training or employment/livelihood for GBV survivors is vital to enable her to be economically independent and to increase her self-esteem.

6. Available Services for GBV Survivors in Myanmar

This study identified that services for GBV survivors are available in many areas but they are scattered and no effective referral system has been established yet. Government officials including those from the justice sector frequently noted that referral systems are weak and survivors find it difficult to access support services due to limited referrals and coordination amongst service providers. Unfortunately, even when a survivor reports a case of violence and seeks help from the formal authorities, the response is minimal and/or women are often advised/ told to be tolerant of and accept the abuse that they are suffering. Even worse, the minimisation of GBV by the authorities can trivialize the degree of criminalisation of these acts which leads to a survivor feeling more vulnerable to abuse or feeling more helpless about her situation (GEN, 2015).

“

Of the 96 GBV cases dealt with in 2016, only 15 cases (14%) were reported directly to the office by the survivor or by survivor's family. Most of the cases were reported first via the hotline phone by people who had received GBV awareness training from communities and other CSOs.”

A CSO worker

Below is a summary of services available in Myanmar that was found in this study.

6.1. Crisis Services

Crisis service here refers to 24-hour hotline or other services that offer immediate and short-term help to GBV survivors that experience emotional, mental, physical or behavioral distress or problems. There are two helplines for GBV survivors that cover the whole of the country provided by DSW. At a time of crisis or emergency, survivors of GBV may seek help from family members. It was also identified in GEN's study (2015) that more commonly, GBV survivors contact the formal authorities with help from their relatives or family members. There are few support services available during the night when most cases of GBV happen. In areas where conflicts are still on-going, access to crisis services may be impossible. According to the Ministry of Social Welfare, Relief and Resettlement (2008), any Myanmar women who wish to complain about gender-based discrimination and violence can send letters of

complaint to MAAF.²⁹ The MAAF has formed groups for screening and reviewing complaint letters at the Central, State, Division and District levels.

6.2. Counselling Services

There are many CSOs that are providing some type of counselling or psychosocial support for GBV survivors. MAAF also provides free counselling assistance and may advise survivors to take further actions such as to make formal complaints. Approximately 100 staff of DSW at District level has been trained counselling skills that also included crisis management. Cases of DV are handled at the counselling centres in each division.³⁰

In general, service providers have rigid traditional concepts that DV is a family matter and a wife should tolerate it for preserving family harmony. Based on such concepts, those services are rather directing survivors to be tolerant of the violence or they attempt to teach the women to behave



Among all the people that I met, I like most the support received from MAAF. I feel safe whenever I meet them.”

18 years old girl, who was forced to have an abortion as a result of sex with her boyfriend who wanted to marry her

well and be good wives. A survivor-centred approach to respect survivor’s rights and to believe that a survivor can make her own decision, is neither considered, nor applied. There appears to be no standard or agreed-upon protocol for counselling GBV survivors; therefore, the quality of counselling and the methods used can vary enormously from one counselor to another. Even though many CSOs are directly providing assistance for GBV survivors, not all of them trained with counselling skills and they lack a basic knowledge on survivor-centred or rights-based approaches for GBV counseling although their passion to support the women cannot and should not be underestimated.

²⁹ This function of the government was also confirmed by officials of Myanmar Women’s Affairs Federation (MAAF).

³⁰ The Ministry of Social Welfare, Relief and Resettlement, 2008

6.3. Health Services



At the public hospital, the doctor and nurse took care of my daughter very well. They provided pills and asked me again and again to ensure my daughter took the medicine. They also encouraged me not to blame her, to treat her nicely and encourage her.”

A mother of a rape survivor
(12 years old)

This study found that GBV survivors commonly do not attend health clinics, most often due to financial reasons or stigma and feelings of shame. More than half of the GBV survivors interviewed in the GEN study (2015) approached their family members but very few survivors went to a medical facility such as a health clinic. In some areas, there are some CSOs that are providing some basic health care, such as first aid to GBV survivors, but those are rather a crisis response and not a long-term health response for the injuries from the GBV. Some CSOs do have arrangements for longer-term health care to follow up, but it was reported that survivors may not continue to see doctors due to many complex reasons.³¹

The health clinics and hospitals do provide services for injuries from GBV. Only government hospitals can conduct forensic examinations that can be provided as evidence for the legal proceedings.³² At the time of this study, the health system does not have any GBV prevention programmes or protocols for working with GBV survivors beyond the forensic examination.

6.4. Legal Counselling

In Myanmar, it is very rare for survivors of GBV to start a legal process to press charges against their perpetrators. As described in the subsequent section, there are multiple layers of barriers for survivors of GBV to take legal action. When they decide to take any action, they normally approach a legal aid type CSOs seeking help. These legal aid CSOs then provide legal representation usually in regards to civil matters such as divorce and property settlements. In some cases, the MAAF provides free legal assistance and advice to complainants.

CSOs usually inform GBV survivors about the choices open to them such as the option to go to the police to make a formal complaint. They may also consult about the options for divorce but this doesn't often happen. This is because divorce is seen to be the very last option that survivors may wish to take due to cultural and social norms and stigma and shame of divorce in addition to financial dependency on husband. Other support offered includes helping

³¹ Some reasons why GBV survivors stop meeting with doctors are: distance to the service; limited free time away from family responsibilities; fear of their partners/husband complaining about their visiting health facilities; lack of women's understanding about the importance of follow up from the injuries.

³² However, there is no rule or law stating to authorise only government hospital to do forensic examination.

women to obtain their documentation papers such as marriage certificates so that they have the necessary documentation needed for any legal action they may wish to pursue.

6.5. Safe Space/Shelter

There were 9 places/shelters identified in this study.³³ Those space/shelters also offer basic counselling, legal services, and health care. There are faith-based/religious establishments where women may escape to seek help. However, the number of those places is unknown and they may provide only temporary shelter and lack long-term support. Additionally the quality or nature of those services is unknown. There is no minimum standard for shelter. And the quality of services could be varied with absence of a standardised principle for service provisions. Thus, it can further endanger survivor's safety or leads to traumatising of survivors without proper treatment.

6.6. Rehabilitation and Reintegration

All of the above services form a critical part of a comprehensive response that is needed for survivors of GBV to overcome their experiences. For many GBV survivors, it is necessary that they also have access to longer-term support for rehabilitation purposes so that they can start a new life away from the abuser and do not have to return to the cycle of abuse. Such processes may include ensuring the long-term safety of GBV survivor (and her children), counselling/mental health support over a long period of time, and access to vocational training that can directly link them to income activities. In Myanmar, GBV survivors are most often economically dependent on their husbands or partners who are at the same time their abusers. Hence, in order to break the cycle of violence, GBV survivors need to have the means and resources to become economically independent along with other support necessary to build their self-esteem and self-confidence to encourage and enable their independence.

6.7. Prevention Services

This study focused mainly on service provision for GBV survivors, and thus, its scope to investigate prevention efforts was narrow. Nevertheless, when prevention work is undertaken, people's awareness of the issues increases and they start to raise their voices - not only survivors themselves but also their family members. The study also asked government authorities, CSOs, NGOs and INGOs about their prevention efforts. Mostly CSOs/NGOs/INGOs provide awareness raising sessions in their target communities or campaigns and utilise social media to raise awareness of the issues related to GBV with the general public.

³³ According to the periodic report to the UN CEDAW Committee by the government of Myanmar (2007), "The Federation has been working in cooperation with governmental and other organisations to prevent violence against women and trafficking in persons. 54 counselling centres have been established in the States/Divisions and Districts providing counselling services to the victims of violence against women and trafficking in persons." However, this number was not confirmed as the actual number of functional shelters in this study.

7. Organisations Providing Support Services in Myanmar

CSOs/NGOs/INGOs providing a variety of support services (DV, sexual assault and trafficking) were identified in this study. As of February 2017, 33 CSOs/NGOs and INGOs were identified as service providers for survivors of GBV, and this number includes 10 organisations that were starting new programmes to support GBV survivors.³⁴

Details of service provided by state/region are in Annex (1).

8. Gaps and Challenges for GBV survivors to Access to Services

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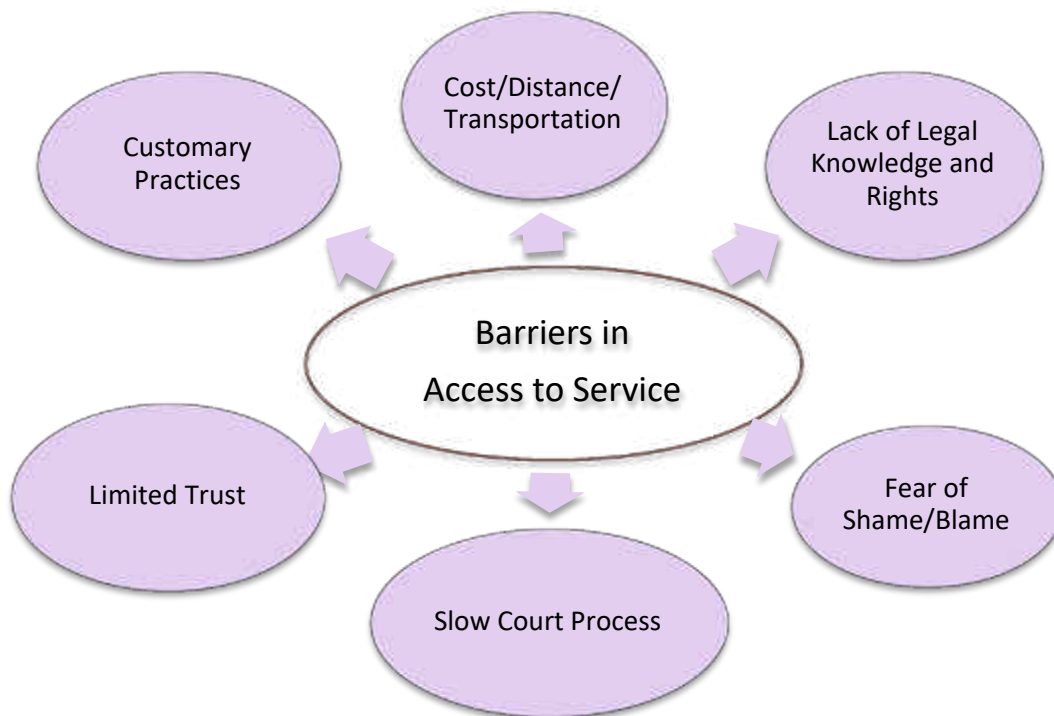
I reported the case to the village authority and explained the entire story. The village authority asked me to meet a woman from MMCWA. I met with her and after I talked to the women she called a nurse, and then together they checked my girl's body and vagina in a small room. Then we went to the police station to open a case. I explained the issue to the police and they asked me to go to the township hospital for a medical certificate. We went to the hospital, explained the case and the doctor checked my girl's body and vagina again and then we went back to the police. After two weeks, we were called by police who told us that the case was filed with the court for attempted rape.”

9 years old rape survivor's mother

There are very few recorded cases of survivors reporting their cases to the authorities. A court official said, “Most DV cases are solved by mediation”. This study confirmed the reduced access to justice for survivors due to a variety of reasons.

³⁴ 10 NGOs/INGOS include: Potential organisations – CARE Myanmar, COM, CPI Myanmar, Htoi Gender Working Group, MEDA, MIT, Oxfam, Thingaha Gender Organization, TROCAIRE, World Vision Myanmar.

Table 2 Barriers for women in accessing support service



The key informants identified the following gaps and challenges in accessing services for survivors of GBV. These have been summarised and categorised below.

8.1. Customary and Perceptual Barriers amongst Women

8.1.1. Women's awareness of GBV is limited

Entrenched cultural and social norms around gender in Myanmar impact on women's ability to talk about abuse and their ability to leave relationships even at the time of violence.³⁵ Many survivors in this study reported that it is extremely difficult to leave an abusive relationship because they do not generally know their legal rights. Violence by a husband towards his wife is understood to be a "family issue" or to be "normal". This perception was also identified as frequently seen amongst the general public. A government official said, "Commonly, only when a stranger uses violence, then people accept it as violence." There is also restricted public awareness

that GBV is a crime and a violation of women's rights.³⁶

“

DV is widely perceived as a family or private affair, and then everybody including the ward/village authorities neglects it (or do not pay attention). They don't see this as a serious case. So, women who want to seek help from being attacked by their husbands have nowhere to go.”

A CSO staff

³⁵ GEN, 2015

³⁶ GEN & Global Justice, 2016

8.1.2. Customary practices preventing women from seeking justice

Customary practice is often used to settle disputes (GEN, 2013) and this study found that it is indeed referred to the GBV resolution mechanisms. This practice that also condones violence creates and negatively contributes to a cycle of impunity for perpetrators. It was reported that a rape survivor was forced to marry her perpetrator to save her and her family's reputation. Survivors of DV are commonly pressured to endure their abuse by their family members. A survivor who was almost abandoned by her husband in a remote place from her own village said, "I was so depressed. It is not possible to go back to the village and I don't know how to show my face to the villagers, especially to my parents and brothers." (A survivor, 33 years old) Due to cultural norms, women are oppressed and for the harmony of the community, she feels she has no other option than to endure the abuse.

“

I tried to get help from the ward authority a couple of times, but no help was provided. They kept saying 'just endure it'”

41 years old, Divorcee

8.1.3. Limited trust amongst women in the police/authorities

The majority of survivors in this study reported that they did not report their abuse to the authorities or the police because they did not trust them. The mother of a daughter who was raped by her own father and who also endured his violent abuse said, "I used to seek help from the ward authority asking for help to stop my husband's violence. My husband was beating me almost every day. So, I reported it to the ward authority so they might protect me, but nothing happened, no action was taken. I was told to be tolerant and to solve it by ourselves" (A 34 year old survivor of DV who was forced to marry at the age of 14). WON's study (2016) also reported that only a few

women attempted to report DV cases to the police because of their reduction of trust in them. Whilst this study also confirmed high levels of mistrust in the police and authorities, women also spoke about the dearth of effectiveness and poor response from the judiciary.³⁷ One CSO staff member also reported "the unfriendly treatment by the police, the hospitals and the courts is a major barrier, but the biggest challenge is with the police."

“

I liked CSO staff. I felt safe whenever I met them. They treated me as a human. But I felt afraid of the ward authority, the police and the court I don't think that they are with me so I cannot trust them.

A rape survivor who was forced to marry with a perpetrator as a second wife

³⁷ Framework for Economic and Social Reforms, 2012.

8.2. Limited Information and Accessibility to Services for GBV Survivors

Due to many women living in marginalised situations, many survivors in this study reported that they did not know where to ask for help. A member from MAAF noted, “Counselling services may not cover township levels systematically”. WON’s study (2016) also reported the shortage of women’s knowledge about available services for GBV cases. Combined with the social and traditional internalisation of oppression amongst women, they may not dare to seek information about their options to be free from GBV.

“

There are places such as Ye township (the most remote township in Mon State) and villages (some are islands) which have less access to services due to poor infrastructure.

A CSO staff

In general, accessibility to services for survivors is very poor and this is a nationwide problem.³⁸ A 34-year-old survivor who suffered from DV for almost two years until she reported it to a CSO said, “I feel really frightened. I feel constant fear and insecurity, and I feel worried all the time that he can kill me.” In Yangon and Mandalay, services for GBV survivors are available but are scattered. Whilst in other areas, services are extremely small or don't even exist. The government has not yet established coordinated support mechanisms to ensure services are available, but rather it relies on CSOs/NGOs/INGOs to provide basic services for GBV survivors.

8.3. Limited Access to Safe Shelters

Most female survivors have very restricted access to safe shelters even when their lives are at risk. Nine shelters were found in this study for GBV survivors but all of the shelters are concentrated only in 4 states/regions: in Kachin (4 shelters); Rakhine (3 shelters); and one in Yangon and Sagaing respectively.³⁹ Other than those four states/regions, there is no shelter at all. A large number of government officials made the same comment: “Social security is essential because most victims are scared of the perpetrator who threatens to kill them when they talk about the violence to others.” DSW has initiated a One Stop Women Support Centre (OSWSC) approach which enables GBV survivors to access to all services at one place including safe space/shelter, but it is not yet institutionalised. Availability and accessibility to such a safe house/shelter remain as a challenge.

³⁸ ADB, 2012

³⁹ Those nine shelters are run respectively by: Akhaya Women Myanmar (Yangon); Lutheran World Federation (Rakhine); CARE Myanmar (Kachin); Plan Myanmar (Kachin); Narkhoyar (temporary shelter – Sagaing); Better Life Organization (Temporary meeting point – Rakhine).

8.4. Gaps in Knowledge and Capacity amongst Duty Bearers

8.4.1. Local government has limited understanding and skills in GBV interventions



Because my husband continued to use violence against me, the ward administrators told us not to disturb others. They didn't ask me what I would like to do although I was suffering from violence"

A 40 year old survivor of DV

Local authorities such as ward/village administrators need to be on the front line for responding to GBV because they are physically close to survivors and will have some understanding of the family relationships. They have very poor skills and understanding relating to GBV dynamics which are inherent to provide safe and survivor-centred interventions with gender sensitivity. Cultural and traditional perceptions that discriminate against women also negatively influence duty-bearers' attitudes in handling with GBV cases. Counselling skills among those personnel is restricted to serve as a first entry point for GBV survivors. Moreover, local authorities have minimal skills and resources for providing support for GBV survivors.

In domestic violence cases, the ward authorities regularly bring the couple together for a type of mediation to stop the domestic violence in their relationship. In most case, they have not been trained in this type of mediation yet. Many women said their husbands threatened them if they sought help again and violence did not stop.

Women with disabilities have increased risk to GBV but there is no social safety net for them and minimal

services are available for them across Myanmar. The lack of understanding along with negative attitudes towards women with disabilities impedes survivors with disabilities from raising their voices.⁴⁰

8.4.2. Police and courts minimise GBV

One survivor reported that whenever her husband hit her, "I have to repeat the same story again and again to the village administration office when I go for help. But they were not willing to solve the problem for me." The police and court authorities report having received cases of GBV including rapes of minor girls. However, the study found that most police responses are slow, and survivors and/or her family members were advised to come back to the police station the next day. A grandfather of a 3-year-old girl who was raped said, "I reported the case to the police. They asked us about the case. We had to stay the whole night at the police office. Then the police advised us to come back again. Therefore, we had to return there later." The reasons for this (the police asking the survivors/her family to come back again the following day) are not clear, but this practice was usually reported. When the case is reported to the police at night, most often the police officer advised them to return to the office the next day so that they could take action. The guardian of a rape survivor also said, "The police officer asked me whether I believed that the man (72 years old) committed the rape. I said 'yes'. Then the police officer threatened me that I could be sued and gone to jail if it was not true." Sometimes poor understanding about GBV dynamics by police personnel may endanger women. It was reported that police personnel may not take an action to protect women unless she is legally divorced and attacked by former husband. A 41-year-old survivor said, "15 days after the divorce, he came into my house and shouted at me in front of the house. He stayed overnight in the car in front of my house, and so I was scared and went to the police office. Then a

⁴⁰ Karen Human Rights Group, 2016.

police asked me to show divorce certificate (so he may take an action).”

There was a general scarcity of understanding amongst many respondents in this study about the dynamics of the different forms of GBV. The

researchers repeatedly heard that domestic abuse happens only in poor families with alcohol being the cause of it. The literature shows that they certainly do not 'cause' violence against women and girls whereas these may be contributing factors.

8.5. Lack of Protocols for GBV Identification and Responses In the Health Care System

It was commonly reported that survivors hesitate to go to medical facilities unless the injuries are extremely serious; preferring to tolerate the pain or attempt to treat themselves at home. The government health care system in Myanmar has limited capacity to deal with GBV cases except in the provision of forensic examinations. GBV survivors are treated at the hospital; however, there are no protocols for inquiring about the cause of the injuries or for gaining informed consent from the survivor. There is no established mechanism for referral to other services for further assistance such as counselling services or safe houses.

The Myanmar law technically does now allow women to access abortion although there are reported cases of abortion for economic reasons.⁴¹ During an interview with a health service provider, they reported, “Due to the law that criminalises abortion, we cannot help survivors of GBV who became pregnant even though she does not want to continue her pregnancy. This is a huge challenge for us”.

Besides, an absence of protocols and standards set by the government for health officials in providing services for GBV survivors poses huge challenge for those health professionals.

“

In hospital, a female medical doctor and three female nurses examined me in a private room. They did not ask me anything, just examined my whole body.

A survivor of rape, 13 years old

⁴¹ Women’s Organizations Network Myanmar (WON), 2016.

8.6. Cost as a Barrier to Seek Services

Survivors of GBV face difficulties at all levels as a result of the cost of obtaining services because they have to travel distance to many different service providers to access services, and multiple times depending on her case. Absence

“

For one case, it needs to go at least 15-20 times to the court. Excluding lawyer fees, one appearance to the court may cost around 40,000 – 50,000 Kyat. So, it would cost at least 20 lakh including lawyer fees

A CSO staff

of money to pay for the transportation costs to the various service providers or to the cities can make seeking help impossible. A 34-year-old woman reported, “My husband and I went to the court for a legal divorce and I had to pay 30,000 kyats to a female judge to show my respect. This payment was suggested by my brother.” The lack of financial resources for these fees sometimes prevents survivors from initiating any access to services. Survivors also reported informal fees for filing police reports or obtaining needed documentation. Fear of expensive legal fees is also a barrier particularly for DV survivors who want to initiate divorce proceedings at the court.

8.7. Confidentiality was almost Non-existent

GBV cases are routinely discussed amongst service providers and duty bearers without the permission of the survivor and this is normal practice in Myanmar. Names of survivors are referred to and noted openly, and identities were disclosed to outsiders. Apparently, there have been efforts in CSOs to keep records confidential but this is not always respected. This study met with many survivors and their families who were openly asked questions about sexual violence in public places: ward offices, police stations or at the court compound. “My daughter told me that she does not want to go to school as boys tease her now in school. My eldest daughter who is now in the 10th standard studying in another village found out about the case via Facebook. She felt ashamed as people know each other in the villages and also she told me that she wants to quit the school now. I told her not to give up and encouraged her to continue with her schooling” (Mother of a 9 years old child survivor)

Table 3 Gaps in support services in Myanmar

Needs	Services Available	Gaps
<ul style="list-style-type: none"> ▪ Survivor-centred approach ▪ Safety assessment ▪ Access to urgent medical care ▪ Safety/safe space ▪ Confidentiality ▪ Mental/emotional support ▪ Social services ▪ Legal support ▪ Reintegration assistance 	<ul style="list-style-type: none"> ▪ Crisis services ▪ Counselling support ▪ Health services ▪ Legal support/counselling ▪ Safe space ▪ Rehabilitation ▪ Prevention services 	<ul style="list-style-type: none"> ▪ Women's awareness of their rights is limited ▪ Customs prevent access to justice ▪ Limited trust in authorities ▪ Limited information and accessibility to services ▪ Authorities have limited capacity in GBV support ▪ No referral mechanism ▪ Police and court minimise GBV ▪ Costs for services ▪ Limited protocols in Health System ▪ Lack of understanding of GBV Dynamics ▪ No confidentiality

8.8. Referral/Monitoring

Some GBV cases were reported to government agencies such as the police or CSOs or NGOs such as MAAF, MMCWA. However, recording systems for those cases are not in place and information sharing amongst duty bearers is not effective or coordinated. Despite the fact that many cases are settled in an informal manner, the cases that are reported to the authorities should be appropriately recorded as national statistics for monitoring and for further interventions to address and prioritise serious crimes. A legal aid CSO staff said, “In 2016, there was a total of (5) rape cases and (10) DV cases reported to our office. But we don’t have any data recording system. Some of the cases were solved at the community level (thus such a case is not recorded).”

8.9. Infrastructure/Transportation

In Myanmar, limited transportation is one of the central accessibility concerns for service seekers.⁴² When GBV survivors are living in remote areas where infrastructure was not functioning, or if they have no means to travel to safe place, it is simply impractical for them to get away from GBV.

⁴² This challenge was also confirmed by GEN, 2014.

9. Next Steps and Recommendations

Clearly, different agencies and government departments in Myanmar are undertaking a number of interventions for survivors of GBV - many of which are reported as being effective and are making a difference in the lives of survivors. These efforts are due to the dedicated staff in those services, both within government and CSOs, who are demonstrating a significant commitment to supporting GBV survivors to assert their fundamental rights to live a life free from violence. This study met with a large number of those supporters at the community level who are empowering survivors. However, despite those efforts, this study has documented that women and girls in Myanmar are facing numerous challenges and barriers in accessing justice and other services in the aftermath of experiencing violence.

Every survivor has different needs depending on their individual circumstance and situation. There is a growing momentum to recognise that GBV in Myanmar as a serious issue affecting women's safety and welfare and which results in the violation of a number of fundamental rights of women. Ensuring that access to justice is fair and adequate requires an in-depth understanding of the gendered nature of GBV and the consequences of harms suffered by GBV survivors. In a society where women suffer from structural discrimination and have limited or no access to education or financial resources, GBV survivors face multiple layers of violation of their rights.

The efforts in Myanmar to address and respond to GBV have commenced. Both the government institutions and CSOs/NGOs/INGOs have started to put significant efforts into establishing the PoVAW law (draft) and potentially related policies in order to ensure support services for GBV survivors are available and accessible. The recommendations below are designed to build on the strengths of the existing efforts and address the gaps and challenges to further develop responsive services for GBV survivors.

The government and CSOs/NGOs/INGOs have started to make a number of significant efforts to prevent GBV in Myanmar, highlighted by the development of the PoVAW law (draft). The formulation of the PoVAW law (draft), which included a series of consultations amongst key stakeholders, is directly contributing to the prevention and provision efforts. Other efforts include work with community people, both men and women, and young people about the importance of gender equality, peaceful conflict resolution, and the promotion of women's status in Myanmar society. The 16 Days campaign events widely held across the country are contributing to awareness raising about women's rights and their right to live free from violence. With the expansion of messaging on social media amongst Myanmar citizens across all generations, some notable efforts through the media to raise awareness about GBV have also been increasing. For facilitating this process, an

effective mechanism needs to be in place to coordinate all of those efforts, including prevention and response efforts.

9.1. Fundamental Approach: Survivor-centred Approach

Survivor-Centred Approach:

A survivor-centred approach requires an interactive process whereby the survivor is helped to identify her needs and is informed of available options and is supported to make her own decisions about her future. This approach requires that all professionals working on this issue are able to empathize with the woman's experience and want to assist her to overcome it.

Women who are survivors of GBV have considerably differing and individual needs. These needs are the results of intersecting factors such as type(s) of violence/abuse experience,⁴³ the individual survivors' situation, and the personal capacity and resilience of GBV survivors. Most often, survivors are able to identify their particular needs such as safety or the need for medical treatment. However, a shortage of fundamental knowledge about their rights may hinder their awareness relating to their practical needs, not to mention their long-term needs to be completely free from violence or the fear of violence. A survivor-centred approach includes four guiding principles also: Respect, Safety, Confidentially and non-discrimination.

In Myanmar, due to traditional and cultural perceptions that accept men's perpetration of violence against women, the biggest challenge in identifying the needs of women is to enable survivors to know their rights and options. Therefore, it is the responsibilities of not

only service providers but also authorities who respond to GBV to treat the survivors with dignity and respect, and to follow the survivor-centered approach by keeping above-mentioned four principles in mind. Also, the individual situation of each survivor, and their right and choice to make their own decisions should be of paramount importance in all support service provisions. Based on the findings from the study and with an emphasis on a survivor-centred approach, below is a summary of recommendations for further considerations and actions to be taken.

9.2. Ensure the Draft PoVAW Law Includes Service Provisions as a State

It is anticipated that the creation of a new PoVAW law (draft) could effectively fill the gaps in existing legislation, specifically with respect to sexual violence.⁴⁴ Adopting the PoVAW law (draft) is a huge step in the protection of women's rights to be free from violence. To achieve that aim, the implementation of the PoVAW law (draft) should still be ensured to make women's rights a reality. It will be necessary to strategically allocate an essential budget for support services for GBV survivors at both the national and sub-national (state/regional) levels. This will need to include financial resources for the relevant agencies (such as hospitals, the police and the courts) to provide basic services for GBV survivors. This process will require the political will amongst the leaders in government and sufficient capacity amongst the government officials responsible to prepare a budget plan to support the delivery of the PoVAW law (draft). In order for this to happen, the relevant ministries responsible for the prevention, protection

⁴³ As GEN's study (2015) documented, most women who experience GBV suffers from multiple types of GBV.

⁴⁴ GEN, 2013.

and provision of services need to include specific budgets for support services for GBV survivors within their respective strategy/annual operational plans.

9.3. Expand the Availability of GBV Services

Although this study demonstrated that services for survivors of GBV are available in Myanmar, much of that service provision is scattered and accessibility poses many challenges for survivors. Some of barriers for women in accessing services were the inadequacy of any infrastructure and/or the absence of money to cover transportation costs that impact on women's ability to access services. Those physical barriers are also combined with women's paucity of knowledge about available services, or a reduction of understanding about their rights or options for seeking help in order to claim those rights. Establishing 24 hour-hotlines (crisis telephone helplines) or other services in rural areas by which survivors can access assistance for free is also important to ensuring accessibility. Providing holistic services for GBV survivors still remains a challenge, and survivors of GVB need services such as crisis centres (temporary shelters) and shelters for longer stays for recovery and safety purposes especially in rural areas.

In addition to responses to GBV, expanding the availability of primary prevention services is also crucial across the country. A variety of risk factors and causes for GBV were reported in this study in Myanmar. Those included on-going conflict, drug and alcohol use among males, expansion of social media, social insecurity, unsafe migration and family breakdown. While a number of fundamental support services should be available for all the GBV survivors, it is also indispensable to promote primary prevention efforts particularly focusing on men and boys.

9.4. Develop a Coordinated Response at All the Levels

In some areas, a variety of support services are available, namely Yangon and Mandalay but those services are not well coordinated amongst service providers. Thus, it is principal to bring together the various government agencies (including the police and health professionals), CSOs and faith-based institutions at the township or ward levels to know of each other's service, build up trust among them, share information, coordinate resources and strategies, and increase collaboration through building skills to effectively and collectively respond to GBV. The process of formulating a coordinated response mechanism in a horizontal manner could also help with identifying gaps and services needed locally, and could be accomplished through existing mechanisms. As part of this coordinated response system, a clear data collection and monitoring system is critical because government institutions reported different figures and statistics of GBV cases in states/regions that were studied in this research. The monitoring system could assist with tracking responses to GBV at the community level along with recording the outcomes of the interventions in relation to the support and legal justice the woman has obtained. Vertical cooperation and information sharing is also important because there are many GBV cases which covers different levels of administrative areas.

Furthermore, it was reported at all levels that mediation is commonly used for settling GBV cases. This needs to be addressed in the longer term so that survivors and their families can use official channels to access formal justice processes. In relation to the current practice, which will require long-term interventions for real change to come about, it is needed that mediation is carried out in accordance to some standards agreed upon by the state because

many GBV cases involve criminal elements. Developing a standard for mediation and training officials/CSOs in mediation skills should form one of the priorities moving forward.

9.5. Develop a System of Referral/Case Management

As reported in this study, GBV survivors often had to go to multiple places when seeking help or attempting to access justice. A CSO staff member confirmed, “There is no systematic procedure for referral pathways for survivors/families”. A police record is only kept for rape cases that require a forensic examination, and then there is a linkage between the police and the hospital. However, those two institutions have no direct linkage or referral system and the survivor had to access each of those services by herself. Except for this mandatory linkage, there are no other uniform or systematic pathways that support survivors to access services. Case management is a method of providing services whereby a person trained in case management skills can assess the needs of the client and the client’s family and when appropriate, arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client’s complex needs. If a professional who is the first point of contact for GBV survivors can act as a case manager, that person can be the focal point for the coordination with other services to ensure that the survivor receives seamless and responsive care.

9.6. Continue to Provide and Expand Training

It is elemental to continue providing training courses on VAW for police, law enforcement actors, local authorities, line ministries, local departments and health care providers on the dynamics of the various types of GBV and the roles each sector should play in GBV prevention and response in addition to training on PoVAW law’s (draft) contents and application on the ground. Once the PoVAW law (draft) is adopted, duty bearers are obliged to provide support services for GBV survivors, and they have to be empowered to be confident in providing a series of services. In particular, a minimum standard for primary counselling should be developed and all potential first contact agents with GBV survivors should be trained in case management and providing survivor-centred responses. The mother of a rape survivor (13 years old) recalled her negative impression towards a CSO worker by saying, “When they came to me, I refused to accept their offer as I didn’t like the way they approached me. I felt they were being arrogant when offering their service.” With some knowledge of basic counselling techniques, such negative reactions can be prevented.

9.7. Strengthen the Standard Operational Manuals/Procedures/Protocols and Health Protocols

In Myanmar, despite operational standards or a code of conduct for how the duty bearers should respond to GBV cases being developed, the implementation in accordance with the standard procedures is relatively weak. In relation to protocols for health responses, it is essential to strengthen the current mechanism in collaboration with health professionals for the identification, treatment and referral of GBV victims beyond the forensic examination. In order to appropriately and effectively implement, fundamental standard operational manuals/protocols should be made sure to provide a quality support service.

Moreover, the health sector also lacks basic protocols to respond to GBV cases. All of these basic protocols should be developed to support improved service provision for GBV survivors and to ensure a uniform approach by duty bearers. While there is no minimum standard for shelters yet, the quality and management of those shelters are also varied, hence, there should be an official mechanism to supervise and control those shelters for the best interest of GBV survivors.

The unwanted pregnancy as a result of rape should also be considered for further discussions and actions. Many officials and CSO staff members raised their concerns about unwanted pregnancies because of rape as a serious concern for the future well-being of survivors. In addition to establishing robust health systems to respond to GBV cases, the issue of abortion should be positively considered as a reproductive rights issue for survivors and exceptions may need to be introduced to prevent further harm to the women and girls experiencing rape and sexual assault. Additionally survivors should not have to bear the cost of forensic examinations, post-exposure treatment for communicable diseases, court fees or transport costs associated with these services.

9.8. Support Efforts that Respect Survivors' Safety, Rights and Confidentiality

Give priority attention to confidentiality, privacy, disclosure and informed consent in all responses to gender-based violence, including obtaining informed consent from the survivor before information sharing, and to respect the choices of the survivor. Once PoVAW law (draft) is adopted, a new mechanism to empower the duty bearers such as the court system to issue Protection orders should be systematically monitored to ensure that state authority takes proactive action for the safety of women. In such a process, great care must be taken not to re-victimize the survivor. This not only involves the way information is handled but also the official recognition that victim's rights must be protected throughout the process. Besides, before survivors are encouraged to report cases of GBV to the police or authorities, an assessment should be made of how this could potentially put them at greater risk within their communities and whether they have the resources to pursue the legal route.

“

I feel a bit relieved after talking about my story with you”.

33 year old woman who was abandoned by her husband and pursued divorce despite her family's efforts to pressure her to stay in the unwanted marriage

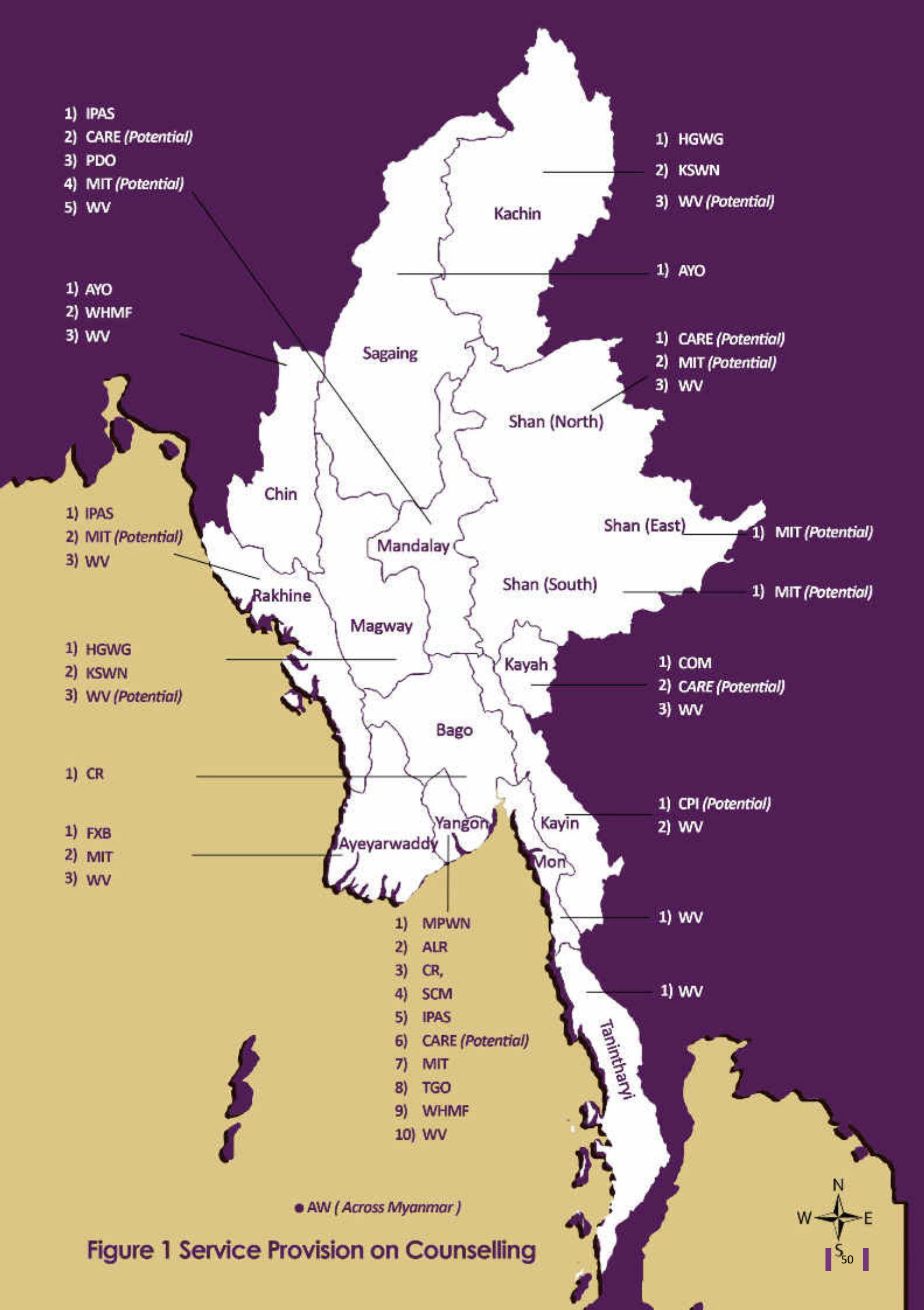
Organisation Acronyms

AAM	ActionAid Myanmar
ALR	Action Labor Rights
AW	Akhaya Women
AYO	ArYone Oo
BLO	Better Life Organization
CARE	CARE Myanmar
COM	Charity-Oriented Myanmar
CPI	Community Partners International
CR	Colors Rainbow
FXB	Francois-Xavier Bagnoud Myanmar
HGWG	Htoi Gender Working Group
KSWN	Kachin State Women Network
KWEG	Karen Women Empowerment Group
KY	Karuna Yangon
LCM	Legal Clinic Myanmar
LWF	The Lutheran World Federation
MEDA	Mennonite Economic Development Associates
MIGS	Myanmar Institute of Gender Studies
MIT	Myanmar Institute of Theology
MPWN	Myanmar Positive Women Network
MWO	Mon Women's Organization
Pact	Pact in Myanmar
PCN	Peace Cultivation Network
PDO	Phaung Daw Oo
Plan	Plan Myanmar
PTE	Phan Tee Eain
SCM	Student Christian Movement Myanmar
TGO	Thingaha Gender Organization
WHMF	Women's Hand Myanmar Foundation
WV	World Vision Myanmar

Annex 1 Organisations of Service Type by States/Regions

Organisation by State/Region	Service provision Sub-category						Shelter
	Counselling	Health	File Complaint to Police	Legal	Vocational Training	Prevention	
Across Myanmar	AW	AW MPWN	AW	AW	AW	AW LCM	
Ayeyarwaddy	FXB MIT WV	COM MPWN WV	KWEG LCM	AAM KWEG LCM MIGS MPWN PCN	LWF	FXB KWEG LWF MIGS MIT PCN PTE	
Bago	CR	MPWN	KWEG	CR KWEG MPWN		KWEG KY MIGS PTE	
Chin	AYO WHMF WV	WV		WHMF	LWF	LWF WHMF	
Kachin	HGWG KSWN WV <i>(Potential)</i>	MPWN	HGWG KSWN LCM	AAM HGWG KSWN LCM MPWN	Oxfam <i>(Potential)</i> HGWG <i>(Potential)</i>	HGWG KSWN Oxfam <i>(Potential)</i> Plan TROCAIRE <i>(Potential)</i>	HGWG <i>(Potential)</i> Oxfam <i>(Potential)</i> Plan
Kayah	CARE <i>(Potential)</i> COM WV	CARE <i>(Potential)</i> WV <i>(Potential)</i>	CARE	AAM CARE		CARE	CARE
Kayin	CPI <i>(Potential)</i> WV	CPI <i>(Potential)</i> MPWN MWO WV	KWEG	KWEG MIGS MPWN MWO	LWF MEDA	CPI <i>(Potential)</i> KWEG LWF MIGS MWO	
Magway	IPAS MIT <i>(Potential)</i> WV	COM IPAS WV				IPAS MEDA <i>(Potential)</i>	
Mandalay	IPAS CARE	IPAS MPWN	CARE LCM	AAM CARE	PDO TGO	CARE IPAS	

	(Potential) PDO MIT (Potential) WV	WV		LCM MPWN	(Potential)	TGO	
Mon	WV	WV	LCM	LCM	Pact TGO (Potential)	CARE FXB MIGS Pact PTE TGO	
Rakhine	BLO	BLO MPWN MWO	BLO LCM	AAM BLO LCM MPWN MWO	LWF	BLO LWF MWO	BLO (a temporary meeting point, not a shelter) COM (Potential in 2017) LWF
Sagaing	AYO				Pact	MIGS Pact	Narkhoyar (temporary Shelter)
Shan (East)	MIT (Potential) WV	WV					
Shan (North)	CARE (Potential) MIT (Potential) WV	CARE (Potential) WV	CARE (Potential)			CARE (Potential) MIGS PTE	
Shan (South)	MIT (Potential)	MPWN		MPWN	MEDA Pact TGO (Potential)	MIGS Pact PTE TGO	
Tanintharyi	WV	MWO WV		MWO	Pact	MIGS MWO Pact	
Yangon	ALR CARE (Potential) CR IPAS MIT MPWN SCM TGO WHMF WV	CARE IPAS MPWN WV	ALR CARE KWEG LCM	AAM ALR CARE COM CR KWEG LCM MIGS MPWN PCN		AAM CARE FXB IPAS KWEG KY MIGS MIT PCN PTE SCM	AW



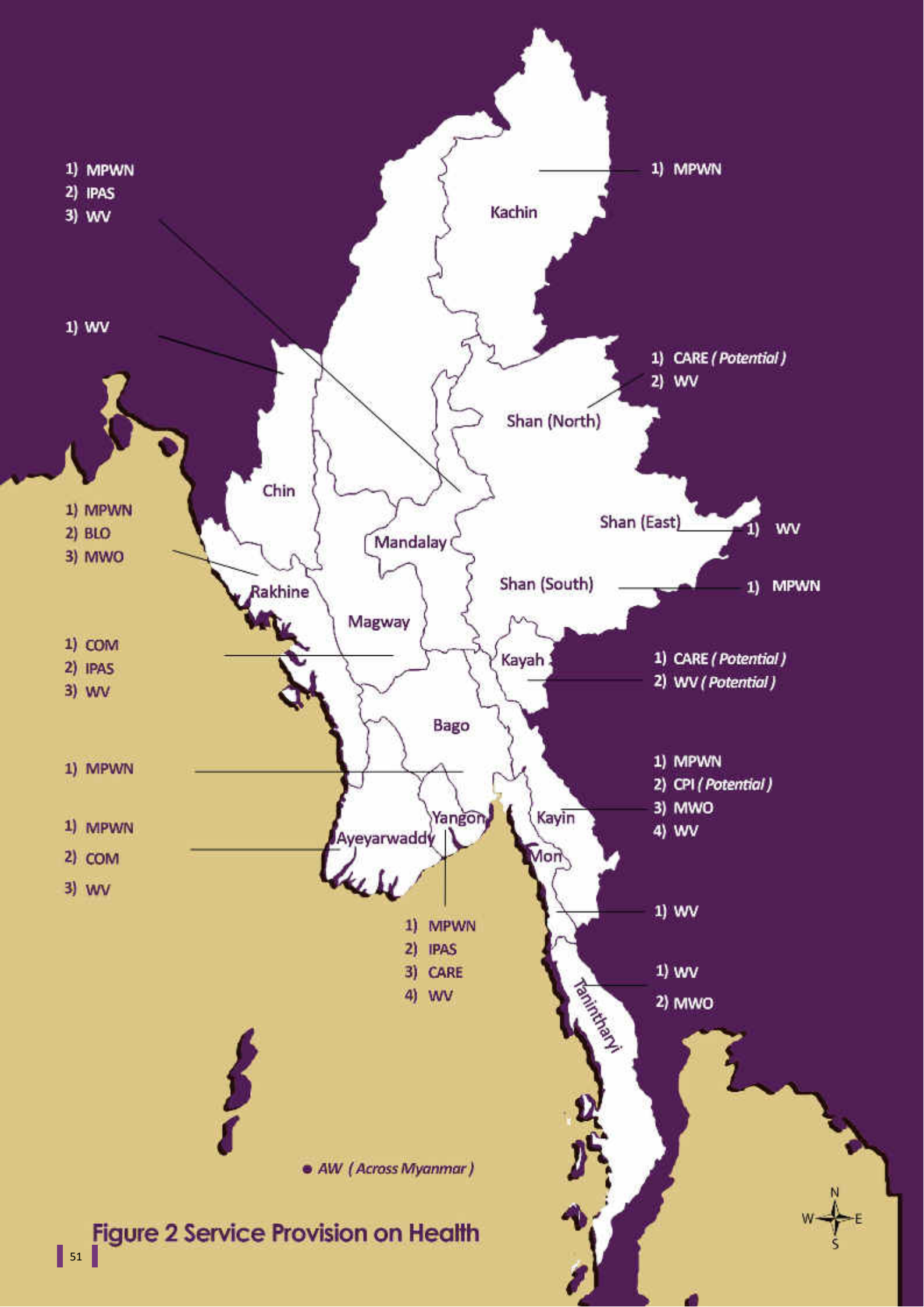
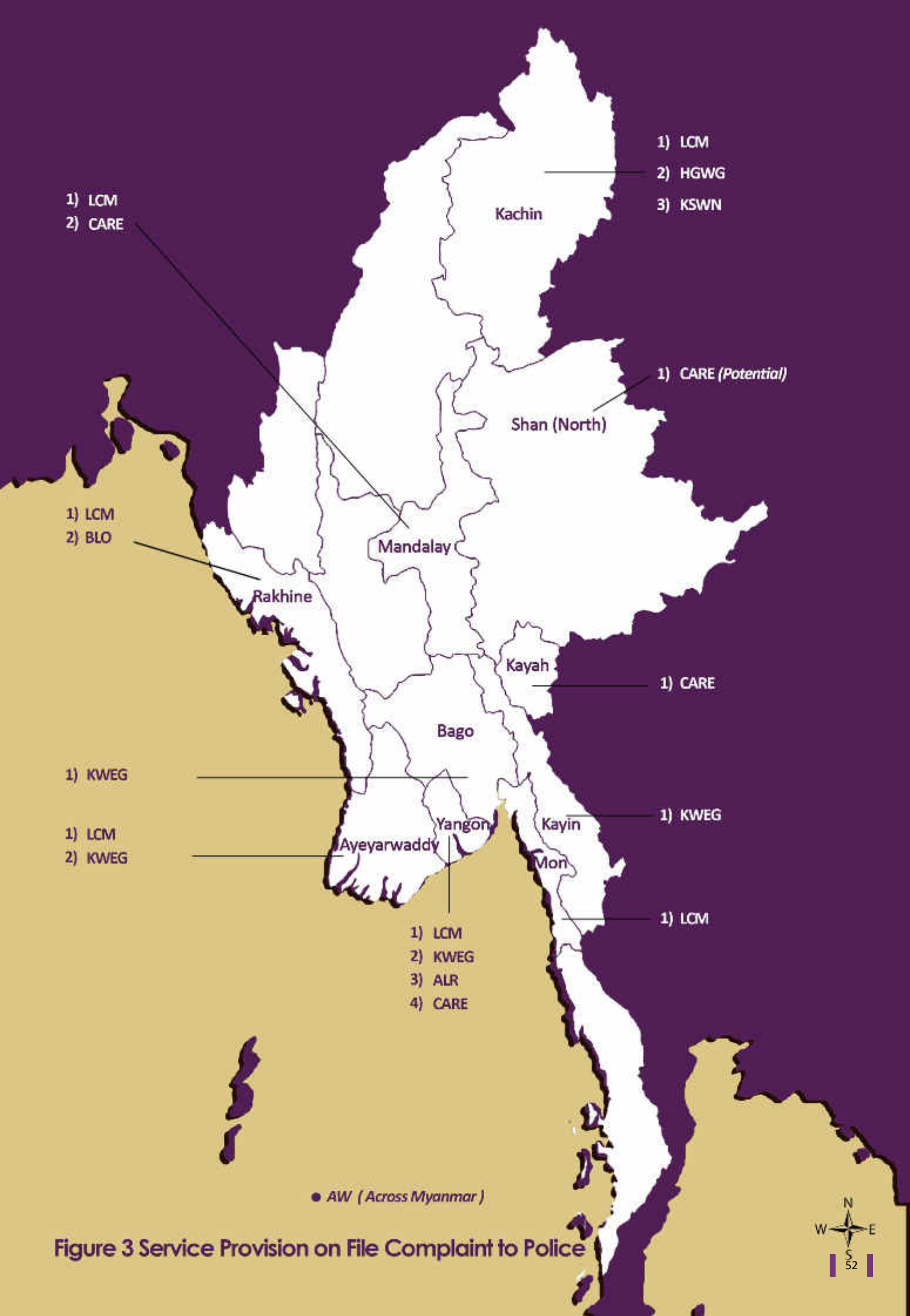


Figure 2 Service Provision on Health



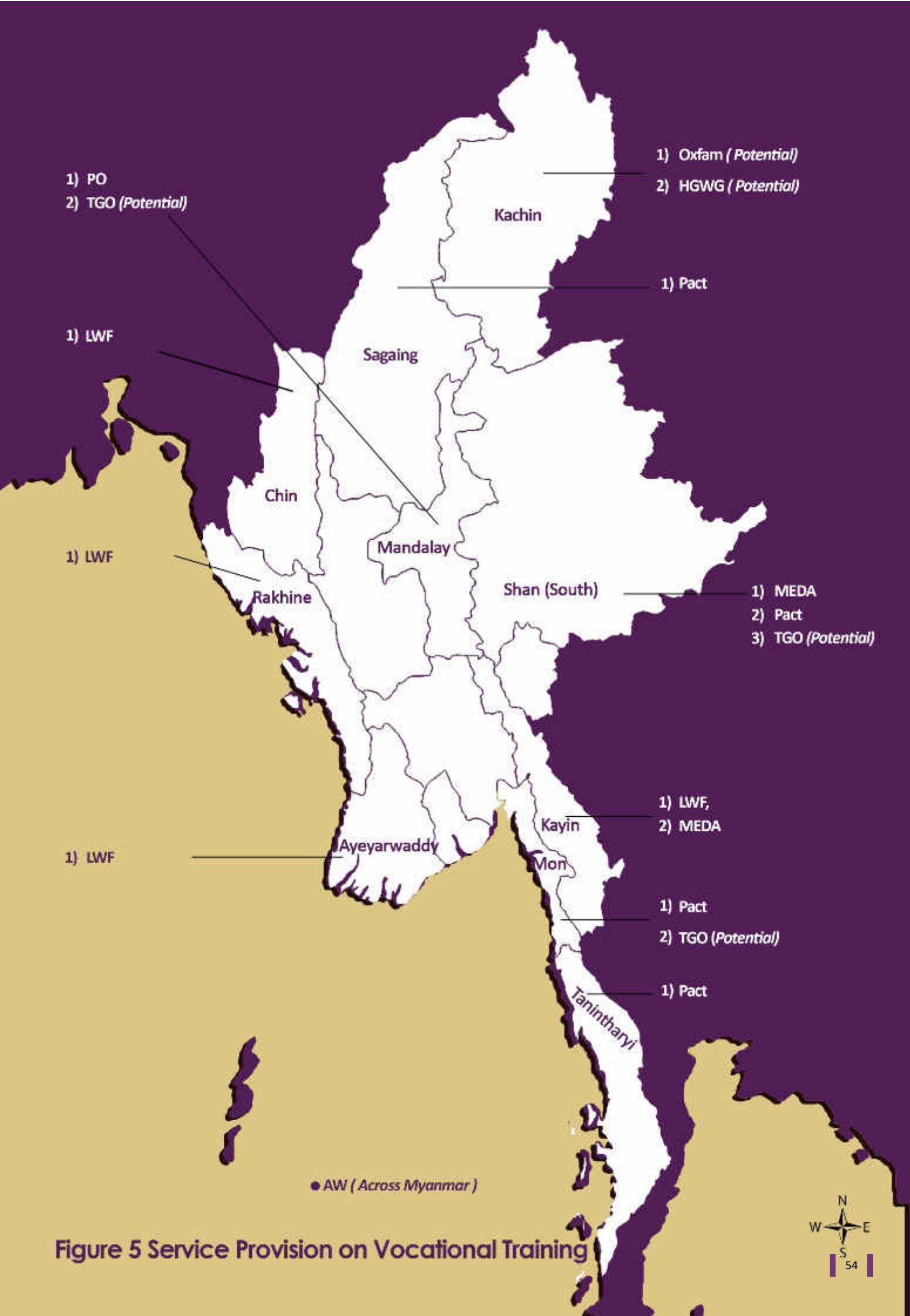
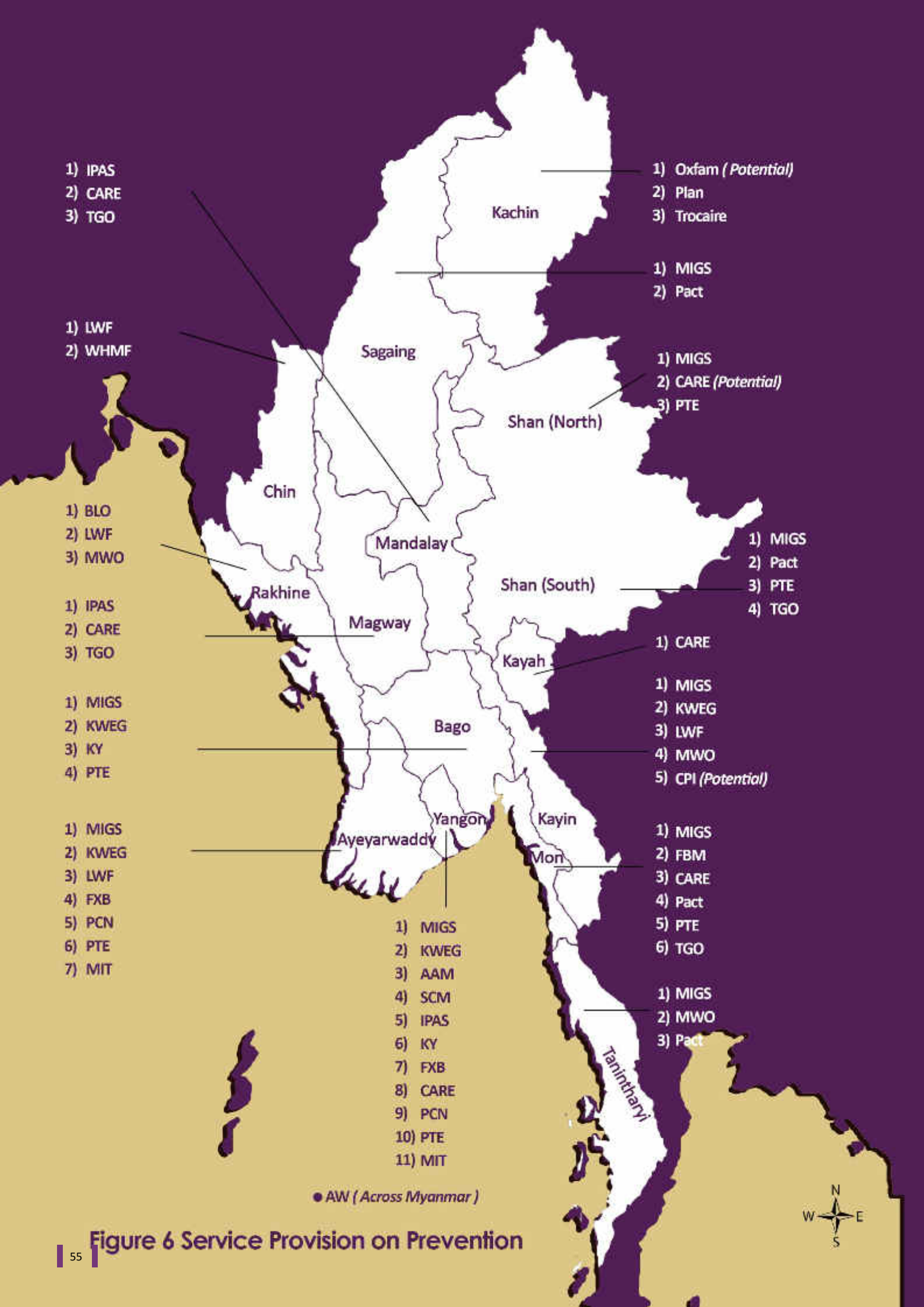


Figure 5 Service Provision on Vocational Training



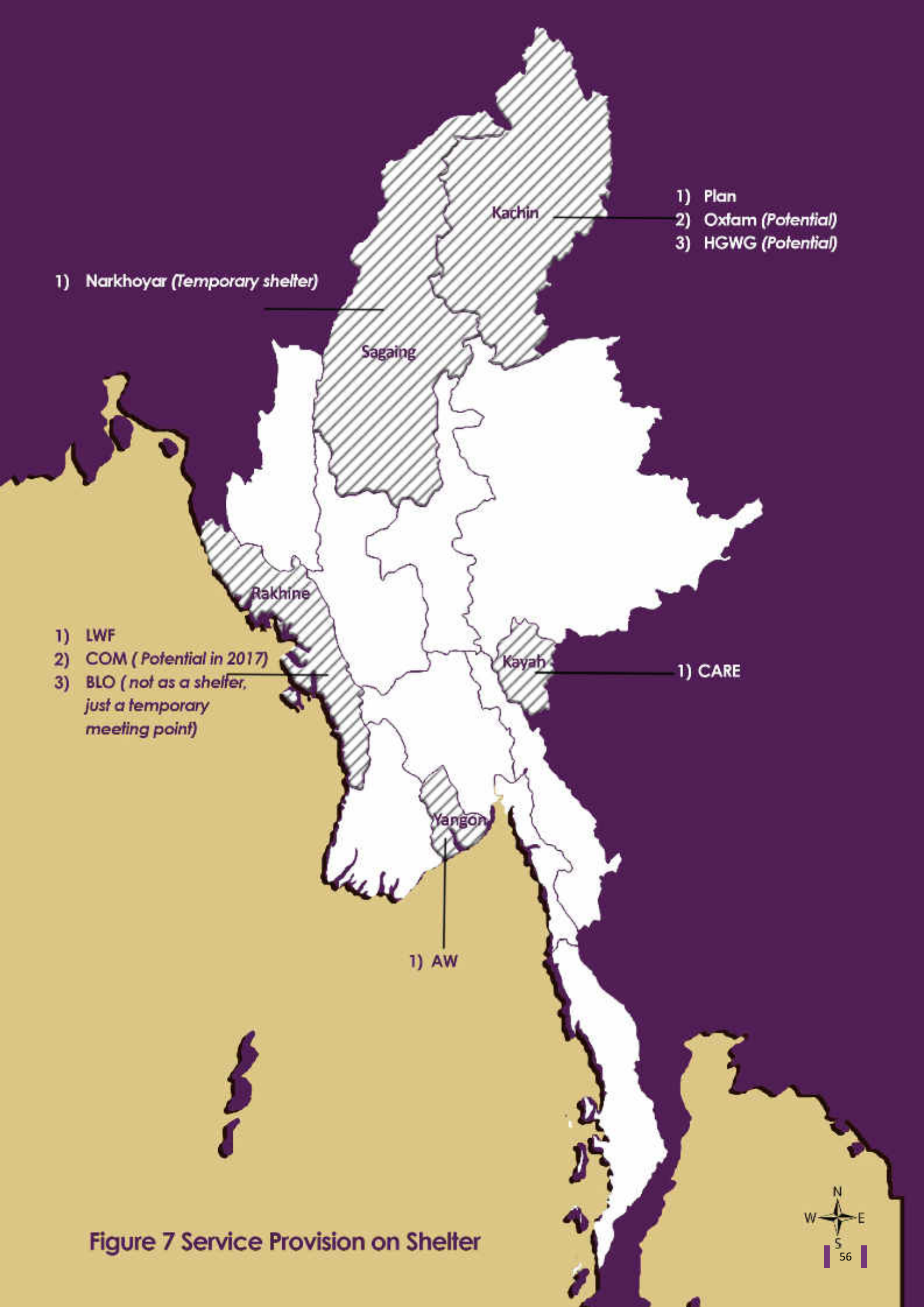


Figure 7 Service Provision on Shelter

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An illustration of two hands shaking, rendered in a stylized, geometric, low-poly style. The hands are positioned centrally, with one hand slightly above the other, symbolizing agreement, support, or partnership. The background is a dark purple with abstract, angular shapes in lighter shades of purple.

SERVICE PROVISION
for Gender-Based Violence Survivors
in Myanmar

April 2018