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INTERACTIVE EXPERT PANEL

**Multisectoral Services and Responses for Women and Girls
Subject to Violence**

**Establishing coordinated multisectoral responses – the case of
Timor-Leste**

by

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Introduction and History

Timor-Leste is located on the eastern part of Timor Island, between Indonesia and Australia. The country is small with a population of approximately 1.2 million people. The population is young with the mean age at 15 years old. Most people live in rural areas and are dependent on subsistence agriculture. Approximately half of the population is illiterate.

Timor-Leste is a fragile state, and is working to overcome 400 years of colonisation by Portugal and then 24 years of widespread and systematic human rights abuses during the Indonesian Occupation. It is estimated that 30% of the population died during the Indonesian Occupation. Violence against women was one of the tools of the Occupation including sexual slavery and control of women's reproductive health. As part of the Resistance to the Occupation, strong women's organisations were developed.

A Referendum on Independence was held in 1999. The people chose independence, which resulted in abrupt change and violent retaliation with 75% of the country's infrastructure destroyed, 25% of the population displaced and a huge vacuum in governance with no functioning State institutions. A major international response began, with the UN setting up successive peacekeeping missions. Independence was restored in 2002, but the country fell again into violence in 2006 due to a number of unresolved issues. This resulted in a further peacekeeping mission and intervention of the international community.

The Demographic and Health Survey undertaken in 2010 found that 33% of Timorese women had experienced violence since the age of 15. The rate was higher in urban areas and amongst women with higher education. Twenty-nine percent of women answered that they thought marital rape was acceptable. Only 24% of women who have experienced violence reported they sought help, with over 80% seeking help from their family, only 4% going to the Police and 1% seeking help from social service agencies. Only 20% of women indicated that they could receive financial support from their family if they needed, due to a situation of abuse.

The current situation

The arrival of the international community and changes that took place afterwards created new opportunities to work for women's equality and programming to support women who experience violence. Some of the most important advances were: guarantee of women's rights in the Constitution; ratification of CEDAW; creation of specialized units in the police to serve victims; creation of a Secretary of State for the Promotion of Equality; quota requirements for village councils and National Parliament (33% in 2012 elections); the passing of the Law on Domestic Violence in 2010.

While significant advances have been made, there are still many challenges to be faced. It is not yet clear whether these advances at the level of structures and policies have made a significant difference in the lives of women facing violence. One reason for this is that we do not have adequate data to track violence over time. In Timor-Leste, while there has been some rapid progress in the last 10 years, we must recognise that there is still much more to be done and that global experience shows us that this work takes many years.

PRADET's work on violence against women

From the first National Women's Congress in 2000, violence against women has been identified as a key issue. Women's Organizations like Rede Feto (national women's umbrella organization) and FOKUPERS took advantage of new openings after the Occupation to become more active.

Soon after the crisis of 1999, international actors such as IRC (International Rescue Committee), Oxfam and the ICRC (International Committee of the Red Cross) began to support capacity building women's organizations so that they could provide services to victims. As work was being done to raise awareness about violence against women, and violence as a crime, it became increasingly important to establish services for women who came forward as a result of this increased awareness. While women's organizations had experience in providing shelter, counselling and advocacy support, they did not have experience in providing medical treatment, forensic examination and legal assistance.

Through a grant from the US Bureau for Population, Refugees and Migration, IRC had funds to start a service for victims in the National Hospital. In 2002, IRC decided together with its NGO partners that funds would be given to PRADET to start the "Safe Room" service. PRADET already had an established group of counsellors, many of them with medical experience as nurses and midwives. PRADET had also been involved in training of health workers on issues of trauma and sexual assault. With this relevant background, it was possible for PRADET to establish "Fatin Hakmatek" ("Safe Place" in the Timorese language Tetum) with two counselors in a room in Dili National Hospital Maternity Ward. Services were provided for sexual assault, domestic violence, child abuse and abandonment. This initial grant was relatively small at USD \$10,000. UNFPA commenced funding in 2004, which included support for a International Mentor position which was shared between two practitioners with experience in front-line services for women in Canada and Australia. This position provided clinical and technical support as well as assistance with monitoring and evaluations and donor liaison (challenging for staff due to limited English skills). The engagement of the Mentor from Australia since 2002 has contributed to an institutional memory for the programming.

In 2006, FH moved to a purpose built facility on the National Hospital grounds. Caritas Australia and the Australian Federal Police assistance programme provided funds. AusAID began funding the programme in 2010 and this has allowed expansion of the programme to District Referral Hospitals (plan is for five new facilities) which has been important for increasing access to services. Securing land for the facilities has been an important way to engage with the Ministry of Health and to encourage them to see this programming as a core part of the services that they should offer.

Since opening, FH has provided assistance to 1,544 victims. The rate of referrals has increased with the promulgation of the Domestic Violence Law, particularly from the Police. In 2012, there were 293 new referrals.

PRADET's programming is trauma based, and all four of its programmes link together through this lens. This has been important when so many people present with multiple problems such as domestic violence, mental illness, homelessness, sexual assault, and poverty due to abandonment. It is also important that we look at the whole family, and especially children who are witnesses to violence. The other programmes of PRADET are: mental health assistance; assistance to young people who are in prisons; and assistance to people who are trafficked [though this programme is suffering a lack of funding]. PRADET also conducts public education on relevant issues such as trauma, non-violent communication, alcohol and substance abuse.

Activities of Fatin Hakmatek

Services offered

FH offers free counseling, medical treatment, forensic documentation of injuries and collection of other evidence for a possible court case, practical assistance (food, clothes and transportation), and emergency accommodation (up to three nights) while other longer term safe accommodation can be found, either through referral to a shelter or accommodation in the community or with family.¹ Follow-up services are offered through visits to women in their homes, but this is challenging due to distances, poor roads, limited phone communication and the fact that victims often move. It can be difficult to find sufficient time and resources to enable good follow-up.

Key features of our facilities

- A purpose-designed facility which keeps the clinical area (for victims) separate from the administrative area (for meetings and visitors)
- Located in hospital grounds for easier access to medical treatment, X-Ray, medications, etc.
- 24 hour security
- Private medical examination room and counselling room
- A homely environment. There are two sleeping rooms for victims and their children and one for staff if overnight accommodation is needed. There is a kitchen and dining area as often people have had to travel long distances to reach FH and are tired and hungry.
- The service is open five days (Monday-Friday) with an after-hours service for emergencies. All FH have a 24 hours mobile phone number.²
- FH Dili has five female midwives who are trained counselors and accredited medical forensic examiners, one male nurse, one administrative assistant, two drivers and one cook/cleaner
- All district FH facilities have one coordinator, one counsellor, one finance officer, one driver, one cook cleaner and 24 hours security guards
- Follow-up visits for clients and their families and Activities Groups for clients
- Coordination with local and national service providers

Medico-legal response

In all cases, victims should receive medical treatment for injuries and exposure to illness. In some cases, a victim will request or require a forensic examination to properly document injuries and collect evidence for the purpose of evidence in a criminal case.³ PRADET developed a specialised Medical Forensic Protocol to do this in 2004. We are very proud of this protocol as it is unique, and was an initiative of Fatin Hakmatek, who then brought government officials on-side to support the Protocol. This single protocol allows documentation of injuries from domestic violence, sexual assault and child abuse, males and females, adults and children. It is written in 3 languages, Tetum, Portuguese and English to accommodate the different languages in Timor Leste.

In terms of the “forensic” aspect of the Protocol, our role is to collect evidence for a possible criminal prosecution– we are not commenting on or interpreting evidence. We are enabling government to meet their obligations in terms of treating violence against women as a criminal act.

¹ Shelter facilities are limited in Timor-Leste – with only five shelters in the country able to provide accommodation beyond only a few nights (FOKUPERS, Casa Vida, Salele, Uma Pas, Luzeiro).

² One of the initial challenges was to establish a system for after hours (for example rotation of a mobile phone and safe transport of female staff to respond to victims’ calls) and to obtain donor funds for this.

³ In 2012, 239 of the total of 293 cases had examination performed with the Medical-Forensic Protocol.

In terms of the “medical” aspect of the protocol, the examination can indicate treatment a victim needs for injuries, exposure to STIs, etc..

To support training about using the Protocol, FH has produced a training curriculum and handbook for examiners that has been accredited by the Ministry of Justice, the Prosecutor’s Office, the Ministry of Health and INS (Institute da Saude). The training consists of five days of theory, observing at least two examinations, performing at least two examinations under observation and successfully completing a written examination. Twenty doctors and senior midwives from FH in Dili and the five Referral Hospitals received their Accreditation Certificates in March 2012. Three more health workers from Oecusse have completed their training but are yet to receive their certificates and another eight health workers have completed the theory portion.

Successes

We are proud of what we have accomplished, together with our donors, other Service Providers, and the victims themselves. The most important accomplishments have been the expansion of FH facilities into District Referral Hospitals and our own increased strength to be able to speak out about issues of violence. Over time, we have felt more comfortable to talk about issues which most people think are “private” and we feel better able to reduce the shame victims feel and help people to understand that violence is a crime.

Relationships with other sectoral actors

District and national referral networks (Rede Referral)

The need to coordinate between different sectors has consistently been recognized as key to providing good services to victims. The first network meetings began in 2004. In 2005, this moved from being more on a case by case basis, to having regular monthly meetings of key service providers. From 2006 – 2011 district based referral networks were developed in some districts. In 2012, following the adoption of a National Action Plan on Gender-Based Violence, the Ministry of Social Solidarity (MSS) took over the role of coordinating these networks at both District and National level. The Secretary of State for the Promotion of Equality (SEPI) is responsible to convene a network on advocacy.

The referral networks are an opportunity for a number of actors to discuss particular cases and what is needed to provide good support to these victims. There is an expectation of confidentiality of members. In 2012, the Ministry of Social Solidarity established Standard Operating Procedures to guide the work of the networks. While it is an important development to have these networks, the purpose of the networks is not just to meet – through our networking we should be finding ways to provide better services. Monitoring of the networks and their effectiveness is important, but this has not yet had enough attention. MSS, SEPI and Service Providers staff all have many demands on their time, and this may make it difficult for them to find the time to convene or attend meetings of the networks.

Police

Each District Police office has a special service for victims called the Vulnerable Persons’ Unit (VPU). Now, 80% of referrals to FH come from VPU. PRADET continues this relationship with VPU through providing training to police officers (for example Trauma Support workshops), informal coordination visits, and joint participation Referral Networks at national and district level.

Legal actors

If they needed, clients are referred for legal advice, information and court support. In 2004 a specialized service for victims was developed, as part of an existing legal assistance and monitoring organization. This service (ALfela) has developed expertise for example in supporting children in incest cases, and in seeking legal recourse for child support related issues. The monitoring organization, JSMP, continues to play an important role in watching the courts' processing of cases on violence against women and identifying problems. PRADET has been involved in training of legal actors such as Prosecutors, but this has posed some challenges.

Health care actors

As mentioned above, training has been provided to health care actors on medical examination and treatment of victims of violence. This has been provided in collaboration with medical professionals from overseas. It is important to have ongoing coordination with health care providers, as victims may present to them first, rather than going to a specialized Service Provider. More could be done to strengthen coordination for example with Emergency Wards and community-based health workers.

Other Service Providers

FH coordinates with other Service Providers on particular cases. For example, Casa Vida, can provide shelter, counselling and life skills assistance for girls under 18 who have been sexually assaulted. Many of these cases are incest. FOKUPERS and Uma Mahon Salele can provide shelter and counselling support to women and their children. We also work together on advocacy and special events such as The 16 Days of Action Against Violence Against Women. We also provide training to other Service Providers and government, for example when they have new staff.

Government

The Ministry of Social Solidarity is the ministry most involved in providing services to victims of violence. They take reports of abuse, refer cases for support from Service Providers, monitor cases and facilitate "re-integration", provide limited financial and in kind supports, for example conditional cash transfers for families meeting certain criteria (Bolsa da Mae) and occasional access to food such as rice. MSS also provides some funds for Service Providers such as PRADET but these grants are only a contribution towards the total cost of operating the service.

Communities and local leaders

Providing community education in the districts and sub-districts is an important part of identifying and promoting local referral pathways to assist victims to access care and to prevent further violence. Participants include local leaders, teachers, health workers, police, women's groups, youth groups, church representatives, local government representatives, and other community leaders. Topics include the nature and impact of domestic violence, sexual assault, abandonment and child abuse, the myths that support the offenders, the legislation, strategies for responding to victims and strategies for prevention. Case studies are very successful to illustrate the points being made. In 2012, FH focused education on school students and teachers in six districts and is planning another 6 districts in 2013.

Advocacy

Advocacy on issues that we observe in cases is a key part of trying to ensure that services continuously improve over time. We as front-line service providers need to communicate to other actors where we are experiencing challenges and barriers to providing good services to victims. Key opportunities are attending Referral Network meetings, providing inputs at workshops and conferences, and issuing press releases about specific events.

Challenges

In Timor-Leste some of the particular challenges which both contribute to the situation of violence against women and also present challenges to Service Providers include:

- lack of understanding of the rights of women and children and that violence is a crime means that victims may seek treatment too late to properly treat and document injuries. Isolation and poor infrastructure also delay victims in seeking help.
- problematic interpretations and applications of laws and regulations due to the newness of laws and a lack of familiarity with Portuguese (the language of law in Timor). Prosecutors lack understanding about the legal status of the Protocol and how to use the evidence documented.
- lack of regulations or application of law in critical areas: there is no specific legislation for incest though incest is one of the most common cases taken to Service Providers; lack of recognition of the ability of trained midwives to perform forensic examination though there are not enough doctors to do this; lack of recognition of forensic examination in criminal law though it is essential to investigation; Witness Protection.
- poor infrastructure in the Police, for example limited access to transport may mean that Police transport the offender and victim in the same vehicle and that they cannot store evidence well
- Evidence and global best practice has not been used sufficiently in Timor-Leste. While there is some data available regarding violence against women (such as the DHS) this data is not used adequately in programming. Despite many efforts, data from service providers is still not collected and analyzed sufficiently.

Areas for further work

- Provision of professional training (for example Social Work) and ongoing professional support (debriefing on cases, supervision) to people providing services to victims.
- Enhancement of our ability to provide follow-up supports to victims. In particular, we need more options for providing livelihoods and housing supports to victims. Finding a safe place and a community to receive a victim may be difficult, due to social stigma. One way to address this would be to develop stronger community-based support mechanisms.
- Special services are needed for young women, women with disabilities and women with mental illnesses.
- More needs to be done to work with men (in terms of prevention) and with perpetrators. We recognize that this work is sensitive and needs to be done carefully. At the moment in Timor these areas have few people involved.
- Strengthening implementation of the National Action Plan on Gender Based Violence especially through consultation with Service Providers about implementation of the NAP, what's going well and where there are challenges. It is a great accomplishment that Timor has a NAP, and we must all work to make sure there is good implementation of the NAP. For Service Providers, strengthening of the Referral Networks is very important. These must be more than meetings and really look at how we are providing service to victims and whether we are providing the best supports possible, through collaboration between a number of actors.
- Long-term, predictable and adequate funding for services. While the State has ultimate responsibility to ensure that there are services for women who are victims of violence, we need to look at who is best placed to provide these services. NGOs may be better able to provide services, with funds from government and donors. The reality is that donors funding will be needed for some time in Timor-Leste until government is able to take on its full responsibility. Initiatives on gender-responsive budgeting and costing of violence against women should be used

in practical ways to ensure that there is adequate funding for services for violence against women. Donors should be providing funding over multiple years and in a timely way and cover core costs of programmes (such as salaries, facilities) as well as funding activities. Delays in funding from some donors in recent years have had a negative impact on programmes for example, limiting the ability to undertake follow-up visits with clients. We are pleased that AusAID is currently looking at developing a 5 – 8 year program on ending violence against women.