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HARMONIA - COMMUNITIES ENDING GENDER-BASED VIOLENCE

Gender Equality and Social Inclusion (GESI) Analysis

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Terminology

Disability refers to people 'who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.[1]

Disaggregated data refers to data that is broken down into parts. The 2030 Agenda for Sustainable Development and other international frameworks now commit to disaggregating, or dividing, data into groups on the basis of gender (sex), age and disability. This is a minimum requirement and can assist in monitoring social inclusion in policy and practice.

Domestic violence is any act committed by a family member, whether or not they are living together, which results in or may result in harm or physical, sexual or psychological suffering, economic abuse, include threats such as acts of intimidation, insults, bodily assault, coercion, harassment, or deprivation of liberty.[2]

Do-no-harm is a principle taken from medical ethics. It requires humanitarian organizations to strive to minimize the harm they may inadvertently cause through providing aid, as well as harm that may be caused by not providing aid (such as adding to tensions within host communities)

Gender refers to the socially defined roles, behaviors, activities and attributes considered characteristic of, and the relationships between, women and men. Gender inequalities, including opportunities, access to and control over resources and decision-making are influenced by how society views women and men of all ages. Gender analysis is the critical examination of how gender affects women and men differently in society.

Gender analysis is particularly concerned with examining the roles and expectations of women and men, including the reasons for differences in participation in society. Gender analysis should be integrated into all program activities to ensure inequalities are addressed and not exacerbated by program approaches and activities.

Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex OR gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.[3]

[1] UN (2008)
[2] RDTL (2010). Law 17, Article 2º.
[3] Ott (2017)

Gender blind refers to policies, programs and activities that assume that women and men will benefit equally and fail to consider how unequal gender relations lead to differences in how men and women benefit from the implementation and outcomes of the policies, programs and/or activities.

Gender equality refers to women and men having equal rights, responsibilities and opportunities. A gender equality approach requires the interests, needs and priorities of both women and men are considered and diversity amongst groups of women and men recognized.

Gender social audit is a tool to assess and check the institutionalization of gender equality into organizations, including in their policies, programs, projects and/or provision of services, structures, proceedings and budgets. They establish a baseline against which progress can be measured over time, identifying critical gender gaps and challenges, and make recommendations of how they can be addressed through improvements and innovations.

Gender transformative change means changing the gender norms that shape current unequal relations and practices, and replacing these with more equitable relationships between men and women.

Intimate partner violence[4] is any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors.

Social inclusion[5] is the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their gender, race, ethnicity, religion, sexual orientation and gender identity, or disability status, to take part in society. It is concerned with 'participation, equal opportunity, and empowerment'. The ability to participate in society, free from discrimination and disadvantage is enshrined as a basic human right in the Universal Declaration. This requires changes in policies, rules, and social practices and shifts in people's perspectives and behavior toward excluded groups.

Violence against women[6] is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

[4] Krug et al. (2002)
[5] World Bank (2013)
[6] UN General Assembly (1993)

Acronyms

ALFeLa	Asisténsia Legál ba Feto no Labarik (Legal Assistance for Women and Children)
CCM	Country Coordinating Mechanism
CDAW	Convention on the Elimination of All Form of Discrimination Against Women
CMP	Community microplanning
CODIVA	Coalition for Diversity and Action
CSO	Civil Society Organization
DHS	Demographic and Health Survey
FOKUPERS	Communication Forum for Timorese Women
GBV	Gender-based violence
GESI	Gender Equality and Social Inclusion
HAI	Health Alliance International
HMIS	Health Management Information System
INS	National Institute of Health
IPV	Intimate Partner Violence
JSMP	Judicial System Monitoring Program
KPK	Community Policing Councils
LADV	Law Against Domestic Violence
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LBT	Lesbian, Bisexual, Transgender
MHVF	Mane ho Vizaun Foun (Men with a New Vision)
MoH	Ministry of Health
MSSI	Ministry of Social Solidarity and Inclusion
NGO	Non-governmental Organization
PNTL	National Police of Timor-Leste
PRADET	Psychosocial Recovery and Development in East Timor
RDTL	Democratic Republic of Timor-Leste
RHTO	Ra'es Hadomi Timor Oan (Disabled People's Organisation)
SEII	Secretary of State for Equality and Inclusion
SEM	Secretary of State for the Socioeconomic Support and Promotion of Women
SEPI	Secretary for State for the Promotion of Equality
SDG	Sustainable Development Goal
UN	United Nations
VPU	Vulnerable Persons Unit
WHO	World Health Organization

Executive Summary

Introduction

Violence against women and children is extremely prevalent in Timor-Leste, with 47% of women experiencing domestic violence from their partner in the past 12 months.[7] This violence impacts all areas of women and children's lives, affects the wellbeing of whole communities and stifles the development of the nation. The Harmonia Activity will engage with communities and the health system in two municipalities, Ermera and Liquica, to address the underlying contributors to gender-based violence (GBV), plan and conduct community-led initiatives to address GBV, and improve the ability of health providers and community leaders to be able to support survivors of violence.

This report presents findings of a Gender Equality and Social Inclusion (GESI) Analysis in relation to the Harmonia Activity focused on ending GBV in Timor-Leste from a national and municipal level perspective. The GESI Analysis aims to improve understanding of the drivers of gender inequality and gender-based violence so that these underlying causes can be addressed within Harmonia activities. The social inclusion analysis sheds light on which people are more likely to be systematically excluded from social life and accessing services and explores their heightened risk of being subjected to violence. The analysis generates practical insights for the content of planned activities and outlines how to improve conditions for equality and inclusion while also applying "do-no-harm" and non-discrimination principles.

Methods

The GESI assessment combined a desk review of reports and publications related to GBV and gender equality, with qualitative interviews with key stakeholders in Timor-Leste. The aim was to synthesize qualitative and quantitative data on gender equality and GBV, including domestic violence, sexual assault, violence against children, and LGBTI and disability rights to identify strategies for improved inclusive programming. Key Informant Interviews were conducted with a total of 15 men and 17 women, using the ethical protocols outlined in the WHO *Ethical and Safety Recommendations for Research on Domestic Violence*[8] and the Australian Council for International Development's *Principles and Guidelines for Ethical Research and Evaluation in Development*.[9]

The interviews were carried out by Health Alliance International (HAI) Harmonia Activity staff, in consultation with the Gender Specialist in September-October 2020. Harmonia staff held discussions with community leaders, Non-governmental Organizations (NGOs) and government representatives in Ermera, Liquica and Dili. Notes were taken by a separate researcher during the interviews. Some of the interviews were audio recorded (12 out of 32) so that quotes could be extracted. Categories were developed based on the interview questions and all interview notes were coded into categories in an excel spreadsheet. A thematic analysis was conducted

[7] The Asia Foundation (2016)
[8] WHO (2001)
[9] ACFID (2016)

across the interviews in each category to understand common issues identified by people working in this area and specific challenges affecting different sectors. The literature review and interview findings were supplemented with primary data from qualitative interviews with 28 women survivors of domestic and sexual violence in Timor-Leste. This was conducted as a secondary data analysis of transcripts from the Women's Health and Safety Study. Direct quotes from interview participants are presented within the text.

Findings

The analysis of the drivers of gender inequality and GBV in Timor-Leste revealed the complex interconnections of history, conflict and patriarchy that has set the foundation for unequal gender roles and increased men's power in society, within families and over women. These macro-level social structures have created conditions whereby women have fewer opportunities to participate in education and paid work, to access justice and other services and to make decisions for themselves. Although there are strong legal frameworks and policies for promoting gender equality and preventing GBV at the national level in Timor-Leste, these laws and processes are not well understood within communities nor easily accessible to survivors. Traditional law and culture play an important role in increasing safety for women and children, and there are opportunities to align traditional law, national law and human rights frameworks to improve justice for survivors of violence across the continuum of options.

Interview participants articulated the role of underlying social structures and their contribution to high rates of violence, but tended to also emphasize family and relationship-level factors. For example, economic problems and the stress of not being able to meet basic needs, the pressure associated with tradition and cultural obligations, and the poor communication and lack of respect within relationships that contributes to conflict. This points to the potential for engaging communities to challenge attitudes and beliefs that condone violence, to explore gender roles and men's power and support positive male and female role models. It also highlights the critical need to improve livelihoods and access to social welfare provided through the government and economic opportunities through some NGOs.

There is much to be gained in supporting municipal health systems to provide better care and to be sensitive to the needs of survivors of violence. All health providers within primary healthcare services can learn how to give first-line support to people who have experienced violence, and these skills can be extended to key people within the community. Health outreach services provide a good opportunity for health workers and communities to talk about issues of GBV and reach people who may be isolated in their homes.

Conclusion and Implications

Given the hierarchical and patriarchal structure of Timorese society it will be important to engage community leaders and authority figures in Harmonia activities. There are existing cultural frameworks for addressing GBV that involve traditional law and the heads of families in dispute resolution. Therefore men, as community and family leaders and the main perpetrators of violence, are critical for ending GBV in their communities. Women leaders and people who are at risk of violence also have a central role in guiding Harmonia activities to ensure they are

safe, empowering and address the needs of vulnerable people. The community microplanning (CMP) initiatives are important for bringing together diverse groups of people to share experiences, build consensus and develop sustainable ways to address GBV. However, the social inclusion analysis highlighted that equal participation may be difficult to achieve in such diverse groups. Additional strategies should be developed to engage with and incorporate the views of people who have lived experience of violence and discrimination such as people with a disability, young people, LGBTI people and women who are separated or socially isolated. They can also be provided with opportunities to build their skills and confidence through Harmonia activities.

The conclusion section outlines fruitful areas to address when engaging with communities to end GBV.These have been summarised into three key areas for action:

1. *Shift cultural beliefs and social norms*
    - Explore concepts of gender, gender roles and power differences as root causes of violence against women and children.
    - Equip people with the skills to challenge attitudes that normalize and justify violence.
    - Challenge the concept of men's sexual entitlement. Talk about sexual and reproductive coercion, sexual rights and what consent means.
    - Explore attitudes toward disadvantaged groups such as people with disabilities, women who are divorced or abandoned, girls with an unplanned pregnancy and LGBTI people, to create awareness of the increased risk that they will be targeted by perpetrators, and their right to live free from discrimination.
    - Draw on Timorese cultural concepts to emphasize equality between men and women, peaceful ways to deal with conflict, and to heal people affected by trauma
    - Seek out positive male and female role models, create opportunities for men and boys to learn and demonstrate positive masculinities and for women and girls to demonstrate their skills and success

2. *Build capacity of communities to address GBV*
    - Bring traditional law, national law and human rights frameworks together.
    - Emphasize that no level of violence is acceptable and that anyone can report acts of violence.
    - Train people in the community to provide a first response (psychological first aid) to those who have experienced violence and trauma.
    - Teach and role model positive parenting and effective ways of teaching and communicating with children that do not involve physical violence or emotional abuse.
    - Support local networks of women and advocacy groups to come together to address common challenges in creative and locally led ways.
    - Strengthen the protective role of families. Reinforce that women should not be blamed for men's acts of violence or abuse of power.

3. *Improve access to services*
    - Increase awareness and skills of health providers to respond to GBV in a sensitive and empowering way.
    - Improve access and quality of health services for people with a disability and socially isolated women.
    - Make the national law easier to understand and access so that survivors of violence are able to speak out, report violence and receive justice.
    - Ensure people are aware of the referral services available in their village, municipality and in Dili, and help to strengthen the local referral network.
    - Promote better access to a range of advocacy services at the municipal level, including services for children and vulnerable young people.
    - Improve access to the social welfare system for vulnerable people, and increase women's opportunities for education, training and employment in the longer-term.
    - Increase services and interventions for men who use violence. There is an almost complete absence of programs for men to help change their behavior.

The Harmonia activities will address priority topics in all three of these action areas. By increasing the knowledge and skills of community leaders and health providers and supporting them to take action on GBV, Harmonia will help to stop the inter-generational cycle of violence and increase the health and wellbeing of women, children and other vulnerable people in the municipalities of Liquica and Ermera.

Introduction

Gender-based violence in Timor-Leste

In Timor-Leste, gender inequality and discrimination, societal patriarchal traditions and a history of armed conflict are drivers of widespread violence against women and children. The United Nations (UN) Declaration on the Elimination of Violence Against Women[10] defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

The most common form of gender-based violence (GBV) globally is intimate partner violence, which includes physical aggression, sexual coercion, psychological abuse and controlling behaviors by a current or former husband or boyfriend.[11] The World Health Organization (WHO) estimates that world-wide, 35% of women experience physical or sexual violence from their intimate partner during their lifetime and Southeast Asia has the highest prevalence of intimate partner violence at nearly 38%.[12]

In Timor-Leste these figures are estimated to be much higher. The 2016 Demographic and Health Survey (DHS)[13] found 38% of women have experienced physical or sexual violence from a partner in their lifetime, however, the *Nabilan* survey[14] conducted in the same year and which used WHO methodology, found this rate to be as high as 59%. Both these surveys found that intimate partner violence was currently occurring at very high rates, with 35-47% of women reporting physical or sexual violence by their male partner in the 12 months preceding the survey.[15,16] However, these national figures disguise larger differences between municipalities. Both Liquica and Ermera Municipalities had higher rates of physical partner violence compared to the national average - 37% higher in Liquica and 52% higher in Ermera (Table 1).[17]

[10] UN General Assembly (1993)
[11] Krug et al. (2002)
[12] Garcia-Morena et al. (2013)
[13] GDS et al (2018)
[14] The Asia Foundation (2016)
[15] GDS et al (2018)
[16] The Asia Foundation (2016)
[17] GDS et al (2018)

Table 1: Percentage of ever-married women age 15-49 who have experienced violence committed by their current or most recent husband/partner in Ermera and Liquica Municipality compared to Timor-Leste nationally

Municipality	***Ermera***	***Liquica***	***Timor-Leste***
Physical violence (%)			
Ever	*55.6*	*50.3*	*36.6*
Past 12 months	*46.9*	*48.4*	*33.1*
Sexual violence (%)			
Ever	*2.3*	*5.9*	*5.0*
Past 12 months	*2.3*	*5.9*	*4.8*
Emotional violence (%)			
Ever	*8.3*	*10.7*	*9.4*
Past 12 months	*NA*	*NA*	*NA*
Physical or sexual violence (%)			
Ever	*56.0*	*50.6*	*38.1*
Past 12 months	*47.3*	*48.7*	*34.6*

Source: 2016 DHS

In Timor-Leste, GBV is most often borne out in family relationships, including violence against children. The *Nabilan* survey found that 72% of women and 77% of men had experienced physical or sexual abuse as a child.[18] A report on violence against children in the Pacific and Timor-Leste estimated 87% of boys and girls are subjected to violent discipline in the home, the highest amongst all the nations sampled.[19] For women who have never been married, they are most likely to be physically abused by their mother/stepmother (40.5%), father/stepfather (34.8%) or brother/sister (27.6%) and to be sexually assaulted by a stranger (24.8%), their current or former boyfriend (19.7%), their father/stepfather (13.6%) or other relative (18.5%).[20] In Timor-Leste, among married women 87.2% of all physical violence and 76% of all sexual violence was committed by a woman's current husband or partner.[21] This points to the importance of addressing different forms of violence within the family, as well as sexual violence within the community.

Health impact of violence

Domestic violence and sexual assault are extraordinarily detrimental to women and children's physical, mental, sexual, and reproductive health and can cause severe injuries and long-term health problems. Violence is also extremely harmful to family and community life because it undermines "social, economic, psychological, spiritual and emotional well-being of the victim, the perpetrator and the society as a whole."[22] A recent analysis of the WHO multi-country study

[18] The Asia Foundation. (2016)
[19] Suthanthiraraj (2019)
[20] GDS et al. (2018)
[21] GDS et al. (2018)
[22] Kaur & Garg (2008)

on domestic violence found that all categories of violence are detrimental to women's physical and mental health and this persists after the abuse ends. They found psychological abuse to be at least as harmful to women's health as physical abuse. Women subjected to multiple forms of violence suffered the greatest harm, and the poorest health outcomes were observed in women who experienced sexual violence from their partner in combination with physical or psychological abuse.[23] In Timor-Leste, women are more likely to be injured during sexual violence (28% of women) than they are during physical violence (18% of women), and can sustain cuts, bruises, aches, sprains, dislocations, burns, deep wounds, and broken bones or teeth.[24] The *Nabilan* study found a significant impact of violence on mental health, with abused women twice as likely to have symptoms of depression; five times more likely to have suicidal thoughts; and eight times more likely to have attempted suicide, compared with women who had never experienced violence.[25]

Violence also has a profound impact on reproductive and child health. The use of modern family planning methods in Timor-Leste is low at 24%, and fertility is high at 4.2 children per woman.[26] Women who have been subjected to violence are more likely to have a sexually transmitted infection, unplanned pregnancy, a miscarriage, a baby with low birth weight, fewer antenatal visits and to have had a child who has died.[27,28] In a qualitative study with Timorese women, one third said they had been pregnant when they did not want to be and described feeling stressed and sad, and unable to care for their other children as well as they wanted.[29] Between 2-14% of women in Timor-Leste have been subjected to violence during pregnancy.[30,31] Globally, intimate partner violence during pregnancy is more common than several other maternal health conditions that are routinely screened for during antenatal care.[32] In addition, women who are subjected to domestic violence are less likely to plan to breastfeed and to initiate breastfeeding, and tend to exclusively breastfeed for a shorter period of time.[33] Midwives in Timor-Leste have explained how multiple factors associated with violence such as stress, poor health, lack of nutrition, anemia and sexually transmitted infections intersect to leave a much greater impact on pregnant and postpartum women.[34] Nearly 40% of Timorese women age 14-60 are anemic. Exposure to multiple forms of disempowerment and violence experienced by many Timorese women can undermine nutrient absorption causing malnutrition and poor health. Early age at first birth and high fertility, both

[23] Potter et al. (2020)
[24] GDS et al. (2018)
[25] The Asia Foundation (2016)
[26] GDS et al. (2018)
[27] Taft, Powell & Watson (2015)
[28] Meiksin et al. (2015)
[29] Wallace et al. (2020)
[30] GDS et al. (2018)
[31] The Asia Foundation (2016)
[32] Devries et al. (2010)
[33] Mezzavilla et al. (2018)
[34] Wild et al. (2016)

an ongoing concern in Timor-Leste, are risk factors for anemia and low birthweight babies, perpetuating a cycle of generational malnutrition and disadvantage.[35]

The Harmonia Activity: Communities Ending Gender-Based Violence

To address these problems, Health Alliance International (HAI) is partnering with the Ministry of Health (MoH), Ministry of Social Solidarity and Inclusion (MSSI), and the National Institute of Health (INS) to deliver the Harmonia Activity in Liquica and Ermera Municipalities. The Harmonia Activity proposes two different but complementary interventions to support a positive transformation of unhealthy and violent relationships that have developed as a result of harmful social norms and a history of conflict in Timor-Leste, to end GBV. It will engage community leaders to work in 30 villages (*suco*) in Liquica and Ermera municipalities and will engage the national health system to improve health provider competencies to respond to GBV across those municipalities.

The Activity will first bring together an inclusive and intergenerational group of community members with different, and potentially opposing perspectives in facilitated Community Microplanning (CMP) sessions to reach not only a common understanding of the most pressing problems related to GBV in their communities, but also an appreciation for different priorities and perspectives that may exist across gender and generational lines. Following CMPs, Information and Learning events will be conducted for the broader community on topics related to GBV that are particularly relevant in their communities.

The content of the Information and Learning events will depend on what has been identified in the CMP sessions as priorities for that community. Communities will develop action plans that identify the priorities and ways to address them. For example, if the identified priority is to encourage communities to break down harmful gender stereotypes, a Learning event could be a theatre show that presents this as an issue. If the problem identified is lack of knowledge that violence against women is a crime, the Learning event could be some interactive community sessions run by JSMP or ALFeLa. If addressing violence again children in the home is a priority for community leaders, the Learning event could be interactive activities for parents and carers about alternatives to using violence.

Second, the Activity will train health providers to increase awareness, knowledge, sensitivity and counseling skills to identify and support victims of GBV, including increasing referrals to appropriate support services. In collaboration with partners, HAI will develop the *Responding to GBV Learning Lab* curriculum for training and mentoring staff within health centers. Health

[35] Provo et al. (undated)

providers, as prominent and key stakeholders in every Timorese community, will be important participants in a local response to GBV. However, significant gaps remain in a coordinated health system response and health providers are currently ill-equipped to provide gender sensitive services to survivors of violence.[36] Health services for women, such as antenatal and postnatal care visits, offer a structured opportunity to identify women who are experiencing GBV. Studies have shown that training of health providers combined with system supports can positively transform the way providers engage with clients who are victims of violence, and increase referrals.[37] HAI's Harmonia Activity acknowledges the importance of providing assistance to victims of GBV within the formal healthcare system, including support for particularly vulnerable groups such as women with a disability, young women and LGBTI[38] people.

The outcomes of the three-year Harmonia Activity are:

Community Microplanning (CMP)

1. CMP participants have improved knowledge and awareness about gender-based violence including relevant Timor-Leste laws about GBV, including the Law Against Domestic Violence (LADV)
2. CMP participants act within their community to end gender-based violence
3. CMP participants and other community members trust the local health facility as a place for women to receive assistance

Health Provider Training

4. Health providers who participate in the Responding to GBV Learning Lab demonstrate improved knowledge related to GBV
5. Health providers who have participated in the Responding to GBV Learning Lab have increased confidence in delivering survivor-centered care
6. Health providers are supporting community leaders around issues related to GBV in CMP villages
7. Increase in clients identified who are victims of GBV and increase in those referred from health facility to social service assistance

This analysis will explore the contextual factors that influence gender equality and social inclusion in relation to gender-based violence in Timor-Leste. It will be used to integrate sound principles of social inclusion and promotion of gender equality into the design, implementation and evaluation of Harmonia Activities.

[36] Wild et al. (2019)
[37] Zaher et al. (2014)
[38] LGBTI appears to be the most common terminology used in Timor-Leste, hence its chosen usage for this report.

Methods

Literature Review

The GESI Analysis was informed by a desk review of international literature on gender inequality and GBV, as well as a review of policies, reports and journal articles from Timor-Leste that included issues around gender equality, domestic violence, sexual assault, violence against children, and LGBTI and disability rights. Comparative statistics were used largely from the most recent DHS.[39] because this includes comprehensive indicators broken down by municipality and other background characteristics, and is thought to be a more reliable data set than the Census.

The aim of the desk review was to synthesize qualitative and quantitative data, reports and literature specific to GESI integration, including identification of strategies for improved inclusive programing, at the community and health system levels. The analysis was carried out by HAI staff and a Gender Specialist Consultant from September to November 2020.

Primary Data Collection

Key informant interviews were done by Harmonia Staff in October 2020. The interviews were conducted within the ethical frameworks outlined in the WHO *Ethical and Safety Recommendations for Research on Domestic Violence*[40] and the Australian Council for International Development's *Principles and Guidelines for Ethical Research and Evaluation in Development.*[41] Additional guidance will be taken from these documents and from WHO's *Ethical and Safety Recommendations for Intervention Research on Violence Against Women*[42] when designing, implementing and evaluating Harmonia activities.

Interviews were conducted with Government representatives (MoH, MSSI, SEII, PNTL), NGO/Civil Society Organizations (CSOs) (ALFeLa, CODIVA, RHTO, PRADET, JSMP, MHVF, FOKUPERS) and community leaders (youth, religious and women's leaders, village chiefs). Effort was made to speak with participants residing in the activity municipalities, but CSOs in Dili were interviewed if there was no office in the municipality (i.e. legal, disability and LGBTI organizations and safe houses). A total of 17 women and 15 men were interviewed (Table 2). Notes were taken by a separate researcher during the interviews. Some of the interviews were audio recorded (12 out of 32) so that quotes could be extracted. For data analysis, categories were developed based on the interview questions (see Annex 1) and all interview notes were coded into these categories in an excel spreadsheet. A thematic analysis was conducted across the interviews in each category to understand common themes identified by community participants and organizations working in this area and also specific challenges affecting different sectors and marginalized groups. In the findings and quotes the names of organizations and individuals have been concealed to protect confidentiality.

[39] GDS et al. (2018)
[40] WHO (2001)
[41] ACFID (2016)
[42] WHO (2016)

Table 2: Number of women and men, from community, government and CSO sectors interviewed in Liquica, Ermera and Dili

		Liquica	Ermera	Dili	Total
Community					
	Women	4	2	0	6
	Men	6	6	0	12
Government					
	Women	3	3	0	6
	Men	0	1	0	1
NGOs/CSOs					
	Women	0	0	5	5
	Men	0	0	2	2
Total		**13**	**12**	**7**	**32**

Secondary Analysis of Women's Interviews

In writing this report the transcripts from interviews with 28 women who had experienced domestic or sexual violence in Timor-Leste were reviewed. These interviews were conducted as part of a previous separate study by the same author (Latrobe University ethics approval #HEC17-011, INS ethics approval #55/MS-INS/DE-DP/KW/I/2017). The original study was conducted with women in Liquica, Dili and Baucau, and only the transcripts of women who had given their permission for their interview to be included in future research were reviewed. The interviews were analyzed for themes relating to the report sub-headings, particularly around marriage, fertility, separation, conflict resolution and what type of information and support women want. Direct quotes from women's experiences have been included where indicated.

Gender Equality in Timor-Leste

One of the central drivers of GBV is gender inequality, in which societies are structured in ways that give more power to men and create an environment in which men are able to use their power in exploitative and violent ways. Gender inequality results in women having less opportunities, being more dependent and having fewer options to get help or to escape violent relationships. The high rate of GBV in Timor-Leste is not only enabled by gender inequality but is also one of the fundamental means by which subordination of women is perpetuated and is a critical obstacle to gender equality itself.[43] Baseline research on community knowledge and attitudes of GBV in Dili indicated limited community understanding of gender inequality as a root cause of violence against women.[44] The report concluded that communities stand to benefit greatly from approaches that help them understand gender differences in power and how this is linked to violence against women.

[43] CEDAW (2017)
[44] The Equality Institute (2019)

In 2019 the Government of Timor-Leste submitted a voluntary national review on the implementation of the Sustainable Development Goals (SDG) to the United Nations that reported on achievements and progress in Gender Equality (SDG 5) as well as ongoing challenges including high rates of intimate partner violence, low female land ownership, ongoing public and private discrimination and violence against LGBTI women and men, persistent high rates of early marriage, and barriers in access to justice for women. This analysis explores these domains in more depth, as well as how history, cultural norms, gender roles and health disparities contribute to inequalities for women and girls and puts disadvantaged women at higher risk of being subjected to violence.

History and the Impact of Conflict

The history of Portuguese colonization, Indonesian occupation and bouts of political conflict since independence contributes to ongoing and widespread violence against women and girls in Timor-Leste. Prior to colonization the island of Timor was organized around a number of chiefdoms, the most significant being the Wehali kingdom in Central Timor.[45] The local hereditary kings and their families, known as *liurai*, formed the upper classes. Both women and men of this class were, and still are, very powerful.[46] Elected chiefs at the village level often come from the *liurai* class and *liurai* who do not hold an elected position are still considered legitimate in many rural settings.[47] Although many of the chiefdoms were headed by kings, up to a quarter of the positions were headed by queens.[48] The historical position of queens, however, and their role in indigenous power relations was almost forgotten in the 20th century, rendering historical female authority largely invisible.[49]

With Portuguese colonization in the 16th century came Catholicism and a patriarchal elite that diminished women's power, particularly from the 20th century onwards.[50] The Portuguese provided education and political opportunities for the sons of Timorese kings and the *liurai* class[51] while encouraging the domestic role of women, further fostering class privilege and promoting gender divisions.[52] Older generations of Timorese women describe how women could not walk alone for fear of being abducted and raped by the Portuguese military and had to be accompanied by a male relative even during day.[53]

[45] Gunn (2010)
[46] Niner (2011)
[47] Kovar (2012)
[48] Durand (2018)
[49] Hagerdal & Kammen (2016)
[50] Niner (2011)
[51] Hicks (2004)
[52] Niner (2011)
[53] Pereira (2020)

In 1974 Portugal began to withdraw from its colonies and in December 1975 Indonesia invaded Timor-Leste. This was met with heavy resistance from Timorese Fretilin-led forces and retaliation from the Indonesian military, which continued for the next 24 years of Indonesian occupation. During the occupation it is estimated that between 100,000-200,000 East Timorese people (10-20% of the population) died from famine, violence and massacres.[54] Many Timorese women joined the resistance, some fighting on the frontline and many involved in clandestine operations smuggling food, medicine and information to the front. Women were subjected to various forms of violence that was used as a weapon of war, including brutal rape, torture, detention, forced marriage and prostitution.[55] Rape became a formalized strategy by the Indonesian state, not only as an act of retribution for participating in the resistance, but also to weaken and destroy whole families and communities.[56] In order to limit Timorese reproduction, women were also forcibly sterilized or administered with long-acting contraceptives which they were told were drugs to treat malaria, tuberculosis or to assist with conception.[57] Some women adopted strategies to avoid the advances of Indonesian men, but women who were raped were often blamed for not trying hard enough to ward off advances, thus many avoided telling anyone out of shame or fear their husband would leave them.[58] Many women, and the children they bore through rape or forced marriage, continue to be ostracized from Timorese society today.[59]

In 1999, after a UN sponsored referendum, the overwhelming majority of East Timorese voted for independence from Indonesia and Timor-Leste became a sovereign state in 2002. The conflict left deep divisions within society, as some Timorese worked for militia groups and supported integration with Indonesia. As Timor reconciled with Indonesia after independence and did not pursue action in international criminal courts, the lack of justice for survivors of atrocities remains an issue of contention at a national level and within some communities. It is predominantly male elites from this resistance struggle who now run the government, military and police.[60] Despite women's significant contribution during the resistance, they are often construed as victims and their role in the campaign for independence remains largely unrecognized.[61]

[54] CAVR (2006)
[55] CAVR (2006)
[56] Mason (2005)
[57] Mason (2005)
[58] Mason (2005)
[59] Pereira (2020)
[60] Niner (2011)
[61] Cunha (2016)

> Women showed great courage in the long struggle for national independence, they were empowered and their contributions were recognized. Without the revolutionary acts of East Timorese women during this time, the outcome may be different today. While women at present remain just as strong, they must continue to fight for their own political and economic liberation and struggle against the patriarchal, colonial, and traditional forces that seek to disenfranchise them.[62]

With independence came a reassignment of gender roles for many men and women, with men resuming positions as decision-makers within families and communities and women were expected to revert to traditional 'nurturing' roles.[63] The fight for independence also led to the manifestation of violent masculinities[64] or hypermasculinity in which physical strength and aggressiveness are paramount and the strictures against femininity and homosexuality are especially intense.[65] As James Scambary noted 'while the Indonesian army and the militias may have retreated back across the border, they left behind the volatile, living legacy of a deeply militarized society with multiple, highly organized militant groups'.[66] These gangs, martial arts groups and militias continue to be prevalent throughout Timor-Leste and are often at the forefront of political confrontations and civil unrest, as demonstrated most clearly in the 2006 crisis.[67] The presence of UN peacekeepers over 10 years in Timor-Leste reinforced masculine power and resulted in further sexual abuse and exploitation of women and children by peacekeepers.[68]

[62] Pereira (2020)
[63] Cristalis et al. (2005)
[64] Myrttinen (2005)
[65] Cahn & Ni Aolain (2010)
[66] Scambary (2009)
[67] Niner (2011)
[68] Westendorf (2020)

Domestic violence and sexual assault are intimately linked to masculinities and patterns of violent behavior.[69] Cahn and Ni Aolain point out that violence, as an aspect of masculinity, is an assertion of social status and the value of self, and the site of violence is often the woman's body. They suggest that 'the prevalence of this kind of masculinity poses complex issues for undoing violence, for mainstreaming gender equality and for remaking societies that have been fractured and deeply divided.'[70, p.105] They argue that ending violence requires deep engagement with the masculine construction of self and creating opportunities to assert positive masculinities among men.[71] Men's organizations and positive male role models, therefore, play an important part in re-making masculinities in Timor-Leste.

Laws, Policies and Political Participation

Frameworks and Conventions

Principles of gender equality are supported at the very highest levels of government in Timor-Leste. Gender equality is enshrined in the Democratic Republic of Timor-Leste (RDTL) Constitution (2002). Article 16 and Article 17 state that women and men "have the same rights and duties in all areas of family, political, economic, social and cultural life." In addition, it states that a fundamental objective of the State is "to create, promote and guarantee the effective equality of opportunities between women and men." Timor-Leste has signed and ratified all the major gender-related conventions and human rights covenants, recognizing that equal rights and opportunities between men and women are required for national development. These include:

- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (Signatories must report on measures adopted to implement the Convention every four years)
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (the Provedor for Human Rights and Justice has a role to monitor and report on human rights violations)
- Convention on the Rights of the Child

The 2030 Agenda for Sustainable Development was adopted by all United Nations Member States in 2015. SDG Goal 5 states "Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world." The Government of Timor-Leste has committed to achieving the SDGs and fully supports SDG 5 on achieving gender equality and the empowerment of all women and girls and recommits to the Beijing Platform for Action.[72] The Program of the Eighth Constitutional Government of Timor-Leste, formed in 2018, articulates strong commitments to social inclusion. With regard to gender, the program refers to addressing domestic violence and GBV through economic measures, and ensuring

[69] CAVR (2006)
[70] Cahn & Ni Aolain (2010)
[71] Cahn & Ni Aolain (2010)
[72] UN Women (2017)

gender sensitive education, services and initiatives. It states that the Government will continue to implement the National Plan of Action Against GBV, the National Plan of Action on Women, Peace and Security, implement campaigns to combat GBV and implement the gender sensitive budget policy. It also commits to supporting women's organizations and associations working in the interests of the rights of women. In 2019, Timor-Leste submitted a Voluntary National Review on progress toward all of the SDGs, to the United Nations. The Review of SDG 5 on gender equality highlighted the ongoing challenges including high rates of intimate partner violence and violence against LGBTI people, early marriage, low female land ownership and persistent barriers in access to justice for women.

Laws and Policies

In 2009, the Penal Code was enacted which included mistreatment of a spouse and child abuse as public crimes. This means anyone can report these acts and the state is obliged to investigate and prosecute crimes, regardless of whether the victim files a formal complaint. Shortly after, in 2010, the Law Against Domestic Violence (LADV)[73] was passed, which provides protection to spouses, ex-spouses, ascendants/descendants and domestic workers (Article 3). The LADV encompasses physical, sexual, psychological and economic abuse, including threats, intimidation, insults, bodily assault, coercion, harassment and deprivation of liberty (Article 2). Despite awareness campaigns about the Law and the creation of networks to provide support to victims, the concept of domestic violence as perceived by the public is largely related to physical violence, particularly when it is severe.[74] When interview participants from Liquica and Ermera were asked about legal frameworks to address domestic violence, very few community participants mentioned the LADV, however government and NGO participants tended to have a good understanding that the constitution and penal code protects women, even if implementation is weak.

Article 15 of the LADV states victims of violence are entitled to receive access to shelter and rehabilitative services, legal representation, and medical and psychological assistance.[75]There are two articles in the LADV that are directly relevant to health providers:

- Article 22 – Assistance at hospital services. Health professionals are required to provide medical care and follow-up, preservation of evidence, inform the victim of their rights, help report the facts of the case to the police and refer the victim to a shelter or other services.
- Article 40 – Professional confidentiality. All staff are subject to professional confidentiality and should not reveal any facts they learned through providing care to victims of violence. Consent based on the free will of the victim should be obtained before sharing any of their information.

[73] RDTL (2010)
[74] Boarccaech (2018)
[75] Kovar (2012).

In 2012, Timor-Leste developed the first National Action Plan on Gender-Based Violence,[76] which was updated and ratified again in 2017.[77] These National Plans outline the strategic focus of the Government and partners on GBV prevention, provision of services, access to justice and coordination, monitoring and evaluation. Pillar 2 includes strengthening the provision of health services to victims of violence by developing curricula, conducting training on a first-line response, ensuring privacy and confidentiality in health facilities, and supporting the development and use of referral pathways, confidential information systems, and posters and pamphlets for survivors.[78]

There has been good progress at the national level in developing laws and sound policies to increase women's rights and address GBV in Timor-Leste, however, the top-down way in which they tend to be developed between national leaders and international advisers has meant these concepts do not always resonate with world views in rural areas, and there continues to be a lack of awareness of these laws and access to information by the public. In addition, there are significant gaps in implementation and a lack of sustained government funding for services to address GBV and women's empowerment. By working within these national frameworks and contributing to the Pillars of the National Action Plan on GBV, Harmonia activities can help fill current gaps and strengthen the united response to GBV.

> *…we all need to work together on how to socialize domestic violence law to community members so both [men and women] can understand, and in the future we can reduce domestic violence. – Police Participant*[79]

Political Participation

Embedded in the Constitution is the promotion of equality in the exercise of civil and political rights and non-discrimination on the basis of gender for access to political positions. This is reinforced by the Electoral Law, which sets targets for women's representation in Parliament. As a result, Timor-Leste has one of the highest rates of female political participation in the world and the highest in the Asia Pacific region at 38%.[80] While this is a remarkable achievement, the quota system means women can be viewed as token representatives and they still face significant challenges within male dominated party politics.[81] In his analysis of perceptions of women in Timorese society, Boarccaech found that women may be appointed to leadership positions based on their belonging to high status families and their family ties to influential men.[82] Female politicians are often overruled by men, and seldom unite across parliamentary lines in favor of policies that would benefit their gender.[83] The social realities female politicians face mean they are often constrained by community context and patriarchal

[76] SEPI (2012)
[77] SEM (2017)
[78] SEM (2017)
[79] Wild et al. (2016)
[80] UN Women (2017)
[81] Niner (2011)
[82] Boarccaech (2018)
[83] Boarccaech (2018)

norms that prioritize men's social status and power.[84] While there are high rates of political participation by women at the national level, there is much less representation at village and municipal levels. To address this the National Parliament promulgated a Village Law in 2016, which means that at least one woman per village needs to stand for election as village chief. This resulted in 21 women being elected in the first round, representing 4.5% of village chiefs.[85]

A common challenge with institutional reform is lack of local embeddedness.[86] This means it is difficult to translate national laws and policies into changes in attitudes and social norms, and has resulted in inconsistency between national rights-based frameworks and the lived experience of people.[87] Cultural beliefs and customary practices that discriminate against women have been identified as a major obstacle to applying laws and conventions and in the achievement of gender equality in Timor-Leste.[88]

Cultural Norms and Beliefs

Patriarchy and Men's Entitlement

Timorese society is mainly patriarchal and patrilineal, with succession and inheritance through the male line. There are matrilineal kinship systems in the ethno-linguistic groups Tetum-Terik, Bunaque and Galoli (in some areas of Covalima, Bobonaro, Ainaro, Viqueque, Manatuto and Manufahi), however, this is only 13% of the population and even within matrilineal systems men are the primary source of power and decision-making within households and in public spaces.[89]

> *Men's role in the home is to be the Government, to be a Minister…So there are rules to discipline and there are rules about respect…Respect means that the wife and children have to respect the father. – Male community leader, Dili*[90]

Men's leadership and power is related to authoritarian behavior, demonstrations of strength, the absence of doubt, the capacity to solve conflicts and maintaining harmony within families, albeit by using punishment.[91] Violence is a widely accepted and justifiable form of discipline and conflict resolution In Timor-Leste.[92] In many communities, physical violence is not understood as a crime but as an acceptable form of discipline for a husband to use against his wife, especially if he believes that she has not adequately fulfilled her duties as a wife or mother.[93,94] Boarccaech argues that it is men's position at the top of the hierarchy that

[84] Cahn & Ni Aolain (2010)
[85] UN Women (2017)
[86] Colak & Pearce 2009
[87] Wallace et al. (2020)
[88] Niner (2011)
[89] Narciso & Henriques (2019)
[90] The Equality Institute (2019)
[91] Boarccaech (2018)
[92] The Asia Foundation (2016)
[93] The Asia Foundation (2015)
[94] Khan & Hyati (2012)

legitimizes their use of violence against women, children and all other family members who are below them in the hierarchy. Similarly, women are authorized to be violent against those below them and it is this aspect of hierarchical power that means violence transcends relations between men and women.[95]

The widespread normalization of violence is evident in data from the 2016 DHS, which shows that women (74%) are more likely than men (53%) to agree with at least one justification for a man beating his wife for any of the following reasons: burning the food, arguing with him, going out without telling him, neglecting the children, or refusing to have sex with him.[96] These proportions have declined substantially since the previous survey in 2009, especially amongst men. However, the gap in attitudes between men and women appears to be much larger in Ermera, with 94% of women and 45% of men believing beating is justified, compared with 75% of women and 51% of men in Liquica.

Cultural understandings around masculinity mean men's sexuality can be labelled as intrinsic and uncontrollable, absolving men from responsibility for their behavior.[97] A qualitative study with men and women in four municipalities (Ermera, Dili, Baucau and Viqueque) found that both men and women use narratives around rights and *obriga* (force, obligation) to describe men's entitlement to sex and the likelihood of violence if a woman refuses.[98]

> *As a wife, we should serve him [have sex with him]. It is part of our obligation.*
> *- Isabel, female interview participant*[99]

> *When the man has married us, we should just follow [agree to have sex with him]. If not, there will always be conflict or a problem. If not following husband's needs, then* baku malu *[beating] will happen. This happens frequently.*
> *- Ana, female interview participant*[100]

[95] Boarccaech (2018)
[96] GDS et al. (2018)
[97] Wallace et al. (2020)
[98] Wallace et al. (2020)
[99] Wallace et al. (2020)
[100] Wallace et al. (2020)

These findings are reinforced in data from the DHS, which found only 34% of women and 40% of men in Timor-Leste believe that a woman is justified in refusing to have sex with her husband if she knows he has sex with other women or she is tired or not in the mood. The gender disparity in these views is larger in the municipalities, with around 28% of women and 60% of men in Ermera, and 19% of women and 68% of men in Liquica believing a woman is justified in refusing sex for these reasons.[101] This highlights the importance of challenging women's attitudes toward gender, sex and consent, to prevent these harmful messages being passed down through generations.

Family, Marriage and Fertility

Anthropologist David Hicks writes about Timorese constructs of masculinity and femininity, noting that the secular world on the earth's surface (*rai*) is dominated by men, while the sacred world (*rai laran*) is the home to ancestral ghosts and mother earth and is associated with women.[102] Therefore, while women's voices may be marginalized within family and public forums, they may hold power in deeper, less obvious ways.[103] While men can use physical punishment to mark their power over women, women may reach the body of men through the strength of their minds and by making contact with the supernatural.[104] Women, therefore, can be feared for their ability to curse people, which can cause disease, misfortune and death, and violence against women can be socially legitimized if they are blamed for being a 'witch' or placing a curse.[105,106] One youth leader who was interviewed in Liquica pointed out that it was still common to attack women who are thought to have magic powers.

Fertility is highly valued in Timor-Leste and having children as soon as possible after marriage can elevate a woman's social status as she meets societal and family expectations.[107] Fertility can also be linked with domestic violence, particularly for women who are not able to become pregnant, want to avoid getting pregnant, are considered too young to be pregnant, or already have

[101] GDS et al. (2018)
[102] Hicks (2004)
[103] Niner (2011)
[104] Boarccaech (2018)
[105] Boarccaech (2018)
[106] Hicks (2004)
[107] Wallace et al. (2020)

many children to look after.[108] In the 2016 DHS, women with children were twice as likely to have been subjected to physical violence, and three times more likely to have been subjected to sexual violence in the past 12 months, compared to women with no children.

> *Some women when they came here they said they got violence because they were not ready to be pregnant. This case happened because their child was still a baby and their husband wanted more children. Their husband said 'because your Barlake [bride price] was expensive you must give me more children'. He wants to have more children, but she refuses then he gets violent. – Midwife, Dili*[109]

Marriage practices are an important part of Timorese social fabric. Traditional marriage often involves *barlake,* a form of bride price, which is an agreement or exchange between the families that allows the marriage to occur and often involves the exchange of goods, such as animals or money from the groom's family to the bride's family.[110] This exchange can be understood as a marriage between two families and the amount of *barlake* is mediated by the uncles as male representatives of those families.[111] While some view *barlake* as a way of protecting and valuing women within the social system, many are concerned that the transaction commodifies women and confers ownership by the husband, which contributes to unequal power relationships and men's justification for controlling and physically abusing their wives.[112,113,114] In fact, marriage is a large risk factor for women's experience of both physical and sexual violence. Twice as many married (36%) or separated (32%) women were subjected to physical violence in the past 12 months, compared with never married (15%) women. Furthermore, the risk of sexual violence in the past 12 months was around six times higher for married (5%) or separated (6%) women compared with never married (0.7%) women.[115]

Because marriage and *barlake* establish a relationship between the man and woman's families, everything that happens within their marriage is seen within the context of the two families and issues around domestic violence become the responsibility of the respective family heads.[116] Violence is therefore not necessarily seen as an individual experience, and getting husband and wife to reconcile is often the priority in order to maintain social networks and family harmony.[117] These marriage practices and expectations, especially when *barlake* is very high, can make it difficult for women to escape from a violent husband because her and her children are considered to belong to his family and culture.

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[108] Wild et al. (2016)
[109] Wild et al. (2016)
[110] The Asia Foundation (2015)
[111] Pereira (2020)
[112] Niner (2011)
[113] Pereira (2020).
[114] Khan & Hyati (2012)
[115] GDS et al. (2018)
[116] Kovar (2012)
[117] Kovar (2012)

I want to separate with him, but everyone has said that if I am the first person to make the decision to separate from him, then he will take our children.
– Woman survivor of violence, Baucau[118]

Most patrilineal societies are also patrilocal, which means upon marriage women live with the husband's family or on their land, and women are expected to serve his family. Cultural norms can impact women's access to food with practices in some communities and families in which men eat first, and women and children eat second.[119] However, families will make efforts to provide pregnant women with sufficient nutrition if they have the resources.[120] When women live far away from their own families they are at a greater disadvantage as it is more difficult to visit or contact them when they are in need of support.[121] Living in large families and crowded living conditions can create pressure, contributing to arguments and escalating violence, particularly when women are not treated well by their husband's family.[122] Polygyny and infidelity are also sources of tension within relationships. In Timor-Leste, 4% of women report that their husband has other wives, and men are much more likely than women to have multiple sexual partners.[123] When a man is unfaithful it is often seen to be the woman's fault[124] and if a woman refuses to have sex, accesses contraception or wants her partner to use a condom, she can be accused of being unfaithful.

It is rare for women to talk about or seek help to stop violence; only 20% of women in Timor-Leste (17% in Ermera, 18% in Liquica) who have ever experienced physical or sexual violence sought help.[125] When women do seek help for violence it is overwhelmingly from their own family (89%) or friends (12.5%).[126] Processes to resolve domestic violence often occur initially within the family, and the involvement of the family is crucial in decisions about whether to seek resolution through family, local justice or police structures.[127] This illustrates the key role of families as a source of support or further trauma, and the need to engage them in responding in an empathic and empowering way when women are subjected to violent and controlling behavior by their partner.

Traditional Law

The system of traditional justice in Timor-Leste is commonly referred to in the Indonesian term *adat* or the Tetum term *lisan*, although these terms encompass broader understandings of morality, social norms and prohibitions, as well as systems of community leadership and

[118] Secondary analysis of women's interviews
[119] Nguyen, Darcy & Kelly (2020)
[120] TOMAK (2016)
[121] Kovar (2012)
[122] Wild et al. (2016)
[123] GDS et al. (2018)
[124] The Equality Institute (2019)
[125] GDS et al. (2018)
[126] GDS et al. (2018)
[127] Kovar (2012)

governance.[128,129] *Lulik* is a broader term meaning 'sacred' and encompasses structures that govern all aspects of a group's philosophical, moral and social life.[130] Trinidade points out that the main objective of *lulik* as a philosophy is to ensure harmonious relationships between individuals within family, clan and wider society in order to create peace and achieve prosperity.[131] All people belong to an *uma lulik* or 'sacred house', which is the central connection to ancestors and between the past and the present. Upon marriage, if *barlake* is paid, the woman becomes part of her husband's *uma lulik*. The groups belonging to a common *uma lulik* gather annually to celebrate and refresh their unity with ancestors by ritual ceremony and everyone knows their responsibility and position within the *lulik* structure. These structures and rules are predominantly oral and not usually written down or standardized. Since 2009, village leaders are required to help create mechanisms to prevent domestic violence and support initiatives to protect and monitor victims of violence and punish aggressors.[132] In 2017 domestic violence was included in the Suco Law as a responsibility of the village chief. Some communities have begun to document these laws and regulations, and a gender baseline study in Liquica in 2010 found they had written regulations for traditional justice mechanisms, including protocols for dealing with domestic and sexual violence.[133]

When interview participants were asked about laws and policies for dealing with violence against women and children, most community and government representatives mentioned *tara bandu*[134] and local/cultural law. They cited these traditional laws as a framework for resolving family issues, less serious cases and civil disputes and it was often seen to be an effective mechanism for dispute resolution. However, women who are experiencing violence from their husband or other family members can be reluctant to come forward out of fear of destroying the authority structure of the *uma lulik* group and being blamed for any resulting shame or misfortune this is perceived to bring to the family. Sensitizing neighbors, friends and family about their responsibility to report violence is therefore an important way to shift the responsibility and blame away from victims. Women leaders from Liquica pointed out that traditional law was important for addressing domestic violence because the formal law was complicated and difficult for them to access. Some government and NGO participants, however, said that justice for women cannot be guaranteed under the traditional system, that it is open to discrimination based on race or family ties, and therefore it should not be used. Several participants said a good approach would be to align traditional law and national law so that they are able to be implemented together. They thought this could be achieved through yearly training for traditional leaders and regular education and socialization in rural areas.

[128] Harrington (2006)
[129] Butt et al. (2009)
[130] McWilliam et al (2014)
[131] Trinidade (2011)
[132] Kovar (2012)
[133] Myrttinen (2010)
[134] *Tara bandu* are regulatory practices or restrictions (often temporary) on certain activities. It involves designation of social roles and 'house' responsibilities, usually in relation to environmental activities such as harvesting, cutting trees, burning, etc (McWilliam et al. 2014)

Traditional law should be applied mainly for environmental or land matters, not for violence against women. Traditional law has a negative impact on victim's rights, with women often ending up victims twice, once a victim of violence, and then again a victim of unfair application of traditional law – NGO participant, Dili

When addressing domestic violence through traditional law, initial attempts to resolve the issues are usually made through bringing the families of the victim and perpetrator together. Families are represented by male elders, or the family's *lia nain* (traditional leader/ritual specialist/mediator), and interpretation of local laws is subject to different personalities and broader patriarchal values. If this initial mediation fails then the *chefe aldeia, chefe suco* and/or community *lia nain* may become involved.[135] The importance of community leaders was confirmed in the Police and Justice survey, where women who had experienced domestic violence said they would first go to the *lia nain* (31%), *chefe aldeia* (16%), family (15%), police (12%), or nobody (12%).[136] Research with midwives also found they perceived community leaders as important in helping to resolve issues of domestic violence.[137]

In the local mediation process the elders decide who is at fault and oversee an agreement, usually a fine paid to the victim's family and/or a commitment not to re-offend. Women seldom participate in these arbitrations or have any decision-making power, and agreements that are reached lack enforceability.[138] When conflicts are reported and managed at the local level, rulings that are passed are often based on the arbitrator's own biases regarding women's status in society and their interpretation of the 'severity' of the violence.[139,140] In a study with 24 women survivors of violence, 92% went through local justice processes but only one reported being satisfied with the process and outcome and many women said that while an agreement was reached between the families, it did not stop the violence.[141] Not surprisingly, women often do not want to create "further problems" and accept and remain silent about the physical harm inflicted by their husbands.[142] However, this takes the focus off holding men accountable for their behavior and does not contribute to the safety and wellbeing of women in the longer-term.

There remains a disconnect between traditional justice systems and national laws and human rights frameworks in Timor-Leste. While customary systems can be a site of injustice for women, there are ongoing efforts to strengthen local authorities' understanding of national laws, their responsibilities in addressing domestic violence and how to refer cases to the police and other support services. When these local authorities are empowered with an

[135] Kovar (2012)
[136] The Asia Foundation (2013)
[137] Wild et al. (2016)
[138] Kovar (2012)
[139] Swaine (2003)
[140] The Asia Foundation (2012)
[141] The Asia Foundation (2012)
[142] Larkin M (2018)

understanding of their legal responsibilities, they can be very effective.[143] In addition, reconciliation and healing for women and families impacted by GBV confers benefits to the wider community. Given the difficulties accessing the formal justice system, traditional justice mechanisms have the potential to increase the range and availability of support for women, particularly where women are not willing to report to the police or formal services. Traditional justice is often seen as part of a continuum of options by women and will continue to play a pivotal role in Timorese society for decades to come.[144] Thus engaging with these community authorities and mechanism for dispute resolution is of paramount importance.

Religion and the Church

Ninety eight percent of the population of Timor-Leste identifies as Roman Catholic.[145] The Church has a strong influence across multiple layers of Timorese society and policy,[146] particularly around issues that affect gender equality such as divorce/separation, traditional gender roles, family planning, and access to contraceptives and abortion. Separation from a violent partner is not usually an option and women are rarely supported if they wish to divorce.[147] Both priests and nuns have a prominent role in counselling individuals and couples and have reported giving advice to women to be patient with their husband and avoid provoking disputes.[148,149]

The role of the Church in addressing domestic violence has been underexplored, but Church officials are sometimes involved in community dispute resolution, usually as witnesses or to make suggestions rather than as decision-makers.[150] Some nuns provide refuge to survivors of violence and some priests have reported preaching messages of harmony and non-violence during their sermons, which can have a role in 'changing people's hearts', morals and behaviors.[151] In Liquica the Catholic Church has a program where they visit families door-to-door to promote non-violent communication and awareness of the LADV.

Although some midwives have reported referring victims of domestic violence to seek counselling from priests and nuns, the link between the Church and formal referral services remains weak.[152] Within Harmonia activities it will be important to engage with church leaders to support shifts in community attitudes, ensure they are not reinforcing disempowering gender roles, and create stronger networks between the Church and women's advocacy services. This is particularly important in Ermera, where interview participants mentioned connection between the church, health services, local authorities and community police, but

[143] The Asia Foundation (2013)
[144] The Asia Foundation (2013)
[145] GDS et al. (2018)
[146] Richards (2015)
[147] Kovar (2012)
[148] Kovar (2012)
[149] Wild et al. (2020)
[150] Kovar (2012)
[151] Wild et al. (2020)
[152] Wild et al. (2016)

not in relation to any of the government or NGOs services specifically able to assist victims of violence.

Gender Roles and Responsibilities

The division of labor in Timor-Leste is conditioned by traditional patriarchal values, norms and practices, wherein women are primarily responsible for domestic work and childcare, which usually includes tasks such as preparing food, cleaning, collecting water and firewood, and feeding animals. While most people work in the agricultural sector (65%),[153] work within this sector is strongly divided by gender. Typically, men undertake what are perceived to be the most labor intensive tasks, such as working in rice and maize fields, coffee growing, raising and selling livestock, burning gardens for new cultivation, and ploughing.[154] Women, on the other hand, are more likely to perform what are perceived to be "lighter" tasks, like planting, weeding, harvesting and selling produce at markets. Despite working longer hours and fulfilling more responsibilities than men, some Timorese women perceive their husband's "heavier" work to be more important.[155] Men's primary responsibilities are to make money to support the household, make decisions and protect his family.[156] They also have a role in maintaining family order and respect, and aggressive behavior may be justified as a legitimate way of restoring order and harmony in family relations.[157]

Generally, married women are expected to be of service to their husband and his family, and submit to male authority.[158] They are expected to be good wives and mothers who take care of the children and perform household chores.[159] These gender roles are socialized from birth. For example during a baby's eye washing ceremony (*fasi matan*), which marks the end of ritual seclusion after birth, family members bring gifts for the child that neatly summarize gender roles - girls are given implements associated with weaving, sewing and cooking, and boys are given agricultural tools such as machetes or hoes.[160]

[153] GDS et al. (2015)
[154] NGO's Working Group (2009)
[155] Larkin (2018)
[156] The Equality Institute (2019)
[157] Boarccaech (2018)
[158] Boarccaech (2018)
[159] The Asia Foundation (2016)
[160] Wild et al. (2009)

The gender roles assigned to women mean that even when they have paid jobs they are still responsible for cooking, caring for children and performing household duties.[161] Women's ability to participate in activities outside the home once they are married can be extremely difficult, as the stereotypes around women's and men's work means that there is little time left over after domestic duties to do so. These gender roles contribute to the lower status of women and those who deviate from social stereotypes or do not comply with their expected family obligations are subject to punishment.[162] Both midwives and community leaders have emphasized that violence is likely to occur when women speak up or show they are unhappy with their husband's behavior.[163] Transgressing gender norms can be dangerous for women as they are blamed for the violence men use against them, and leaves them with very little space to negotiate power dynamics within relationships.[164]

> *…in the village we still follow cultural ways, that is the man's domain and women have no voice. When men talk, women must be silent. – Midwife, Baucau*[165]

There are, however, cultural and religious concepts that challenge unequal power and division of labor between men and women in the household and the justification for violence. For example, traditional Timorese culture can be seen as a culture of peace not violence, that women and men are equal before God and they should help each other, that problems should be resolved through dialogue and communication not through physical violence.[166] Boarccaech points out that aggressive behavior can be seen as a loss of control and can indicate a man's failure to maintain harmony in his family.[167] However, very little research has been done to understand how the role of men as protectors and leaders of maintaining harmonious family relations can be used as a basis to invoke social pressure and encourage men to halt abuse and hold each other accountable.[168]

It was important, therefore, to ask interview participants in Liquica and Ermera about men's and women's roles in the family and how they can protect their family from harm. The overwhelming response from both male and female community participants in both municipalities was the role of parents in guiding, encouraging and educating their children without violence. This involved being a good example, being a strong family unit with good morals, spending time with their children and giving them as much attention as possible. As one youth participant from Liquica described "if children have a strong family, it is not easy for them to fall". There were two other strong themes. First was having good relationships within the family through listening, trusting, understanding and helping each other. It was important to

[161] Wild et al. (2016)
[162] Boarccaech (2018)
[163] Wild et al. (2016)
[164] The Equality Institute (2019)
[165] Wild et al. (2016)
[166] Boarccaech (2018)
[167] Boarccaech (2018)
[168] Kovar (2012)

have good communication, “speak honestly and with love”, respect each other and have no secrets. The second was the protective role, which included extended family. Community participants said it was important to protect children by spending time with them and not letting them walk around alone and limiting their use of mobile phones and social media. They also talked about the need to value and protect women, which could involve working with the *chefe aldeia* or *chefe suco* to report domestic violence to the police.

Other themes that emerged about the protective role of families was the need for self-reflection, to take responsibility for yourself and control your emotions. As one youth leader from Ermera pointed out, “we need to increase our own knowledge and understand ourselves so that we can protect others”. NGO participants, rather than any community members, emphasized the need for men and women to share household responsibilities so that men also participate in household chores and looking after the children. One NGO described a men’s cooking competition they held in Viqueque which was very successful and fostered pride in men’s ability to cook. When asked about good role models in the community, people most often cited organizations and programs that built women’s capacity and supported their success in small business. It is notable that two community participants from Ermera and Liquica (one *chefe suco* and one religious leader) emphasized women’s role in being responsible for and considering the wellbeing of their family, and that mothers should not let their daughters go out freely. This highlights the subtleties and complexity involved in either reinforcing or challenging existing inequalities during community engagement. While positive concepts of shared responsibility, strong morals and good communication can be used to reinforce positive cultural frameworks, care needs to be taken to ensure this is not framed or interpreted as women’s role or responsibility only.

Patterns of Power and Decision Making

Traditionally, decision-making processes are the domain of senior men within the social group and women are not supposed to be outspoken or take the floor in public meetings, however, the *ferik* (senior women) have an important role in exchanges and rituals.[169] At the village and hamlet level, the elected authorities *chefe suco* and *chefe aldeia* represent the link to the outside world and the *chefe suco* is often the one taking cases up to a higher entity, such as the police.[170] At the local level, only 5% of *chefe suco* are women and village governance structures are comprised primarily of men.[171] In many areas, for instance in Liquica, women are prohibited from holding traditional leadership positions such as that of the *lia nain.*[172] Women also remain underrepresented in decision-making forums at a community level. While women attend public meetings organized by the *chefe suco*, the Church, and traditional life and death ceremonies, their participation is generally limited to domestic tasks (preparing food and snacks and cleaning up afterwards) and women are rarely involved in decision-making.[173] Women have

[169] Ospina & Hohe (2002)
[170] Kovar (2012)
[171] Ni Aolain (2009)
[172] Myrttinen et al. (2010)
[173] NGO’s working group (2009)

limited scope for influencing and shaping local planning and governance processes, related to strict social norms governing decision making within the community. When women do participate, research across five *suco* found that only 24-45% of women felt confident to participate in public planning processes and only 10-29% of women felt that they had been listened to.[174]

Within families, there is evidence that wives and husbands make household decisions together, with 87% of women saying they make decisions about household purchases, visiting family and relatives and healthcare either by themselves or jointly with their husband.[175] However, decision-making power within families largely rests with men and males within the extended family, and men are typically considered to be the "head of the household". The concept of men's sexual entitlement means it is often difficult for women to negotiate decisions over having sex. Only 41% of women in Timor-Leste (50% in Ermera, 31% in Liquica) feel they can say no to their husband if they do not want to have sex.[176] Qualitative research with both men and women in Timor-Leste shows it is predominantly men who make decisions about when to have sex, which can lead to coercion, violence and unwanted pregnancies, and has a major impact on women's health and sexual rights.[177]

The marginalization of women in community forums and decision-making generally has important implications for Harmonia activities. It will be important to partner with women's groups who are leading on GBV at the municipal level, align with people who have strong personal values around gender-equality, and create safe spaces for women in the community to come together to participate in planning, implementation and evaluation of activities.

Education and Socioeconomic Status

The average years of school completed is similar for both men (7.5 years) and women (8 years) in Timor-Leste nationally, however educational attainment varies dramatically by municipality. The difference in median years of schooling completed between men (5.3 years) and women (2.5 years) is most pronounced in Ermera (Table 3).[178] Midwives have identified low education as a contributor to domestic violence due to a lack of knowledge about women's rights and the inability of women to speak up, and that low education perpetuates the lower status of women.[179] The high percentage of both men (38.8%) and women (47.9%) in Ermera who have had no education poses barriers for participation and disseminating information, particularly written information or brochures.

[174] Nguyen, Darcy & Kelly (2020)
[175] GDS et al. (2018)
[176] GDS et al. (2018)
[177] Wallace et al. (2020)
[178] GDS et al. (2018)
[179] Wild et al. (2016)

Table 3: Population, education and employment indicators for Ermera and Liquica municipality compared to Timor-Leste nationally

Indicator	*Ermera*	*Liquica*	*Timor-Leste*
Total Population[a]	125,702	71,927	1,183,643
Male	*63,557 (51%)*	*36,436 (51%)*	*601,112 (51%)*
Female	*62,145 (49%)*	*35,491 (49%)*	*582,531 (49%)*
Median Age[a]	17.9	19.7	19.6
Household Size[a]	6.1	6.1	5.8
Currently employed (%)[b]			
Men	*91.1*	*64.6*	*71.7*
Women	*42.2*	*42.8*	*33.7*
Literacy (%)[b]			
Men	*72.2*	*79.3*	*78.1*
Women	*53.9*	*72.1*	*74.6*
Education (median years of school completed)[b]			
Men	*5.3*	*7.0*	*7.5*
Women	*2.5*	*6.7*	*8*

[a] Data source 2015 Census[180]
[b] Data source 2016 DHS[181]

The employment rate in Timor-Leste is higher for men (72%) than women (34%), and young married women are less likely to be employed than young married men.[182] The gender difference in employment is more pronounced in Ermera . Women in Ermera are most likely to be employed in agriculture (65.8%) and women in Liquica are most likely to be employed in domestic service (44.2%). Several barriers prevent women from gaining better paid employment, including limited education and training, less access to opportunities, and domestic responsibilities.[183] This means that most of the work available to women in Timor-Leste is in the informal sector, performing jobs that are often characterized by a lack of wage protections, unsafe working conditions, an inability to negotiate working hours or leave time and layoffs without notice or compensation.[184]

Timor-Leste ranks 124 out of 149 countries for the gender pay gap, which is the lowest in the East Asia Pacific region.[185] The majority of women across all service sectors are employed by a family member (74.6%) and many men (41%) and women (44%) are not paid for the work they do, particularly in the agricultural sector.[186] Several studies in Timor-Leste have identified

[180] GDS et al. (2015)
[181] GDS et al. (2018)
[182] GDS et al. (2018)
[183] NGO's Working Group (2009)
[184] Asian Development Bank (2014)
[185] UNDP (2020)
[186] GDS et al. (2018)

economic factors, including lack of money, job, food or resources to meet basic needs, as a driver for violence within families.[187,188,189,190,191] Midwives have described the pressure financial strain puts on relationships, especially when there are many children to provide for, and said men can get angry when asked for money which can contribute to arguments that result in violence against women.[192] While domestic violence affects women everywhere, irrespective of education or socioeconomic status, the 2016 DHS shows a clear trend of increasing rates of physical and sexual violence for women with lower education and wealth, and for those employed but not for cash.[193] Women who have a secondary education or higher, are wealthier and employed are more likely to seek help to stop domestic violence.[194]

Because women are less likely to be in paid work, are more likely to be looking after children and the household and to be employed in low-paying jobs, women are often financially dependent on men. This dependency reduces women's autonomy and agency, and research has shown that men are more likely to be sexually aggressive toward women they perceive as having low agency.[195] For Timorese women, experiencing domestic violence, economic insecurity and dependence weaken their bargaining power against abusive partners, and their capacity to overcome social stigmas associated with 'breaking up' the household.[196,197,198] Divorce and abandonment can have major social and financial consequences which women fear.[199] Financial dependency can also impact women's access to formal justice, as men's imprisonment can mean a loss of income for the whole family.[200] Being able to access financial support from family may, therefore, be critical to a woman's decision to seek help, however, only 34% of women felt their family could give them financial support, and this was much lower for women with no education (26%), in the lowest wealth quintile (26%), and for women in Ermera (10%).[201] Therefore, understanding the social welfare system provided by MSSI and some NGOs, and how to access it, is important for women subjected to violence as well as service providers they may come into contact with and who can offer a referral.

Interviews with community, government and NGO participants in Liquica and Ermera showed they had very good awareness of the economic assistance available to victims of violence, people with a disability, older people, the poor and widows through MSSI. They explained that

[187] Hynes et al. (2004)
[188] Khan & Hyati (2012)
[189] UNDP (2013)
[190] The Asia Foundation (2015)
[191] Wild et al. (2016)
[192] Wild et al. (2016)
[193] GDS et al. (2018)
[194] GDS et al. (2018)
[195] Blake, Bastian & Denson (2016)
[196] The Asia Foundation (2016)
[197] The Asia Foundation (2015)
[198] The Asia Foundation (2012)
[199] Niner (2011)
[200] Kovar (2012)
[201] GDS et al. (2018)

this was accessed through *chefe aldeia* or *chefe suco*, who passed the information on to MSSI. One participant did point out that whether it was provided to vulnerable people depended on the state budget. There was much less community awareness of other economic support available through NGOs, with only the NGOs themselves mentioning support they provided for business enterprise, continuing education and basic subsistence (through PRADET, ALFeLa, FOKUPERS and the Church).

Access to and Control Over Assets and Resources

Despite the Civil Code that guarantees equality between genders, land rights in Timor-Leste are largely governed by customary laws and practices and are dependent on kinship and patrilineal inheritance.[202] Women have slightly lower housing and land ownership than men, and because land is generally passed along the male line, their ownership can be more precarious if it is gained through their husband. Young mothers, especially those who have been abandoned or have left their partner, and elderly widowed are very vulnerable. It can be particularly difficult for women who do not own the land they work. [203] Some women successfully negotiate use of land with the owners, which enables them to invest in crops and explore business ideas.[204] Mobile phone ownership is increasing, with 66% of women owning a mobile phone, compared to 76% of men. Only 11% of women and 16% of men have a bank account, and this is lowest in Ermera at 3% for both men and women.[205]

In the 2016 DHS the vast majority of married women (92%) reported they had control over their cash earnings, however only 43% of women had been employed in the past 12 months compared with 91% of men, and women were less likely to be paid for their work.[206] Men who are violent are more likely to exhibit controlling behavior, including jealousy, accusing their partner of being unfaithful, limiting contact with family and friends, insisting on knowing where she is at all times, and controlling finances. The *Nabilan* survey found that 43% of ever-partnered women had experienced at least one form of economic violence from a male partner and the most common form of economic violence was prohibiting women from working or earning money.[207] These patterns of abuse and control make it much more difficult and risky for women to access income and other support, and to participate in activities that could increase their independence.

Participant Perspectives on Drivers of GBV

When interview participants were asked what they thought contributes to GBV, economic problems were by far the most frequently cited contributor, particularly among community participants from Liquica and Ermera. They described how poverty, lack of jobs, not having enough money for basic needs, and men not contributing to household necessities can cause arguments and exacerbate male aggression. Culture was seen as another contributor to

[202] Narciso & Henriques (2019)
[203] Government of Timor-Leste (2019)
[204] TOMAK (2016)
[205] GDS et al. (2018)
[206] GDS et al. (2018)
[207] The Asia Foundation (2016)

violence, including traditional beliefs and practices and bride price. Participants from Liquica were concerned about cultural obligations associated with life and death ceremonies and how this puts pressure and stress on families to contribute money or goods despite their poor economic position.

> *Economic issues can cause problems with not being able to meet the family's basic needs, due to culture and tradition. During our ancestors' time, culture functioned to protect unity and harmony, but now it is used to fulfill traditional obligations, with families sometimes having to take loans…this can cause violence in the family. Patriarchy also contributes to women being more passive, and only the man or husband looks for an income outside the home – Government participant, Liquica*

Participants from NGOs, especially those in Dili were more likely to articulate the oppressive role of patriarchy and how unequal power and gender roles result in more jobs for men, less opportunities for women, and conditions in which men are able to exert control over women's lives. Lack of knowledge was also seen as a driver for violence by community participants, and this included low levels of education and lack of understanding of the LADV. Community participants from Liquica were frequently concerned that lack of communication within relationships, not listening and speaking unkindly to each other were sources of conflict. Other contributors to violence mentioned by participants from Ermera and Liquica include the role of the internet, social media and mobile phone ownership that contributes to free relationships; early marriage and forced marriage; men's alcohol use and being intoxicated; and adultery.

Alcohol use and abuse was referred to a number of times during the interviews. Men (45.7%) are much more likely to drink alcohol than women (8.1%) in Timor-Leste.[208] Men's use of alcohol is a major risk factor for domestic violence, and harm from violence increases with alcohol use. In Timor-Leste 75.4% of women whose husbands get drunk very often experience physical or sexual violence, compared with 28.9% of women whose husbands do not drink.[209] However, there are very few services available for men to get help with drug and alcohol, or other mental health problems.

Networks and Services to Address Gender Equality and GBV

Women's Empowerment and Advocacy Services

The independence movement resulted in a pool of highly skilled and motivated women who began to work toward improving the status of women.[210] Soon after independence a women's national umbrella network, *Rede Feto*, was created with the aim of advocating for women's rights and gender equality. This agenda was bolstered through the UN administration and the

[208] GDS et al. (2018)
[209] GDS et al. (2018)
[210] Niner (2011)

influx and sustained effort of international agencies since 1999.[211] In 2002, when Timor-Leste achieved full independence, the new Prime Minister established the Office for the Promotion of Equality (OPE) to advise on mainstreaming gender throughout the government. In 2008, OPE was replaced by the more substantial Secretary of State for the Promotion of Equality (SEPI) with responsibility for creating, coordinating and assessing gender equality promotion policies across government. In 2015, the name of the office was changed to Secretary of State for the Socioeconomic Support and Promotion of Women (SEM) and again in 2018 to Secretary of State for Equality and Inclusion (SEII).

While women are often missing from key roles in peace negotiations and under-represented in government, they dominate in civil society movements and provide the grassroots networking and social support structures that create safe spaces and help to embed peace processes in conflict-affected societies.[212] There are now many of these civil society organizations working at the national and municipal level in Timor-Leste. GBV referral networks have been created within municipalities, although they are not always functioning and key sectors such as health are often absent from meetings.[213] The referral networks that do exist are complex and flexible, based on relationships and trust.[214] Referrals often take place spontaneously, informally and through existing relationships rather than being a formal, legalistic procedure.[215]

Local networks and advocacy groups play an important role in bringing people together to address common challenges in creative and locally led ways.[216] They can be facilitated to take a leadership role on shared issues and to hold governments and local authorities accountable. Recent research points to autonomous feminist movements, rather than civil society in general, as key drivers of gender justice and women's empowerment. The authors call for direct funding and priority support for local feminist movements.[217] When communities see these organizations and individuals working together to advocate for change and provide services, it can contribute to changing broader attitudes toward the position of women and the acceptance of GBV.[218] Similarly, government departments such as MSSI and SEII have been important in furthering protection and empowerment for women and children, however, instability related to changes in government and lack of coordination can hamper progress.[219] Therefore, working collectively and building relationships between government departments, women's organizations and those who provide services for survivors of violence is important in the co-design and implementation of Harmonia activities. This will be supported by building good relationships and inclusive coordination mechanisms at the outset.

[211] Niner (2011)
[212] Cahn & Ni Aolain (2010)
[213] Wild et al. (2016)
[214] The Asia Foundation (2019)
[215] The Asia Foundation (2019)
[216] Leftwich (2012)
[217] Lever et al. (2020)
[218] Wild et al. (2016)
[219] The Asia Foundation (2018)

Interviews with participants in the municipalities showed that many formal and informal organizations are already highly connected and carrying out a variety of activities in relation to gender equality and GBV. Of all the organizations, MSSI was recognized as central to the referral network and response to GBV in both Liquica and Ermera. Based on interviews with all participants, they identified the following people and organisations working to address GBV in their municipalities and in Dili.

Informal organizations or people involved in addressing gender and GBV in the municipalities:

- Local authorities (*chefe suco, chefe aldeia*, state administration, administrative post)
- Women's organizations (Alola Foundation, mother support groups, women leaders)
- Youth organizations (youth leaders)
- Church (religious leaders, programs to provide micro-credit, women's role as mothers, promotion of non-violent communication, emphasis on family harmony)

Formal services to address GBV within municipalities:

- MSSI (assist victims of violence, coordinate referrals, child protection, pension for widows, very poor families, aged and people with a disability, food subsidies, business enterprise)
- SEII (information and awareness raising, business enterprise)
- PNTL, Community Police, VPU (arrest perpetrators, gather evidence, report cases to prosecutor, disseminate information to community, provide security for resolution of issues at community level)
- Health services (outreach, treatment, support and referral for victims of violence)

Formal services to address GBV in Dili:

- PRADET/*Fatin Hakmatek* (psychosocial counselling and support, medical forensic examination, shelter for up to three days, business enterprise)
- ALFeLa (legal assistance for women and children)
- JSMP (court monitoring and socialization of the law)
- FOKUPERS/Casa Vida (safe houses which accompany women and children through their case and provide up to 3 months' accommodation. Casa Vida focusses specifically on children)
- RHTO (advocacy organization for people with disabilities)
- CODIVA (advocacy organization for LGBTI people and rights)
- Mane ho Vizaun Foun (men's organization advocating for no violence against women, anger management program, socialization of the law)

Policing and Access to Justice

Police

The LADV is recognized as a basis for women's right to be free from violence and as a mechanism to punish perpetrators.[220] In 2018 the top three security problems identified by the public, community leaders, and the National Police (PNTL) were land issues, youth problems and domestic violence.[221] Across all municipalities of Timor-Leste domestic violence was the most frequently reported crime to the Vulnerable Persons Unit.[222] In 2018, more than 85% of the public and community leaders said their community police were effective at preventing crimes and disputes.[223] While community leaders and elders are responsible for maintaining law and order in the secular and spiritual world[224] and have a role in resolving issues of domestic violence, police are seen as providers of protection, security and mediation.[225,226] The Vulnerable Person's Unit (VPU) and Community Policing Councils (KPK) are two important entities within the police who have a role in addressing gender-based violence in their communities. Government and NGO participants were able to describe in detail the role of police in doing an investigation, registering cases, providing security, assisting victims to access medical care and safe houses and taking the report to the public prosecutor. In contrast, community participants were more likely to describe the role of police in traditional mediation, where their role is often to provide security, limit the number of people attending, ensure people are not carrying guns and help to reinforce the decisions that are made. Two community participants did point out the limitations of the police and that their effectiveness depends on their resources and capacity.

> *If someone is dead or badly hurt, police will pick up the call, otherwise we call many times but they do not come, they say no car or no fuel. They are not so interested in domestic violence cases, but will attend cases like house burning or youth fighting – Female community participant, Liquica*

From 2015 to 2018 there was a decrease in both the public and community leaders who say they would report crimes first to the police, with the public much preferring to report first to community leaders, however police are the preferred first contact for serious or violent crimes.[227] These findings were reinforced in interviews in Liquica and Ermera where the majority of community participants said victims of violence can first go to the *chefe aldeia*, then the *chefe suco*, then to the police and legal pathways if required. One female community participant said this pathway was important because it increases protection from the

[220] Wild et al. (2016)
[221] The Asia Foundation (2019)
[222] Kovar (2012)
[223] The Asia Foundation (2019)
[224] Kovar (2012)
[225] The Asia Foundation (2019)
[226] Wild et al. (2016)
[227] The Asia Foundation (2019)

community. However, following this specific pathway may limit women's options if the *chefe aldeia*, *chefe suco* or police are not knowledgeable or supportive.

> *We still try to have opportunity to implement traditional law at the municipal level. At the suco level many times it is not sustainable because it will depend on the village chief's initiative and knowledge. But it will be sustainable and strong if it's legalized by the municipal authority – Male community participant, Liquica*

Notably, only one community participant from Ermera and two NGO participants from Liquica mentioned other assistance available to women (one mentioned PRADET and ALFeLa, two mentioned MSSI). There was recognition amongst some community and government participants that while civil disputes can be addressed through local law, crimes must be reported to the police. However, it can be difficult to involve witnesses as they can be afraid of retaliation, and women sometimes retract their case because they are scared or they do not want their husband to do go prison.

Several participants from Liquica said that victims of violence can report it as a crime if it happens too many times or if the violence is severe enough to cause visible injuries. This points to the importance of increasing awareness amongst communities about the short and long-term impact of violence and chronic stress, that any physical, sexual or emotional abuse can be reported and that it needs to be addressed *before* it escalates to severe injuries. A few participants suggested increasing community awareness of how to report cases of violence, by both victims and others such as neighbors, through training or having the *chefe suco* pass this information onto families.

> *If violence happens too many times, a victim will report it to the sub-village chief, then to the village chief but if the violence causes wounds or there is blood, then we will call police – Male community participant, Liquica*

In a study with midwives, most identified police as the referral point for cases of domestic violence.[228] After receiving a complaint, the police are required to make a report and file it with the Office of the Public Prosecutor within five days of receiving the information. They are also required to refer victims of violence to shelter, legal and medical services and inform them of their rights and the status of their case (Article 24 of the LADV). In practice, women who seek help from the police may be sent back to the informal system or can be pressured to withdraw formal complaints.[229] Perceptions of police corruption have increased since 2015, from 17% to 25% of people considering the PNTL to be corrupt.[230] It should be noted that police can be perpetrators of domestic violence or related to the offenders, which makes it more difficult and dangerous for women to report abuse, especially in small communities.

[228] Wild et al. (2016)
[229] Kovar (2012)
[230] The Asia Foundation (2019)

Courts

Only around one quarter of domestic violence cases reported to police end up in the court system.[231] This is despite a no-drop policy which means once the case is reported to the police it cannot be withdrawn, even if the victim wants it to be. This is to avoid the common problem of victims being persuaded or coerced to drop the charges. Nonetheless, cases involving domestic violence make up the majority of cases within the criminal court. In 2018, out of a total of 456 criminal cases, 290 were domestic violence cases.[232]

Significant barriers remain for women survivors of violence in accessing the formal justice system, which includes a lack of basic information and understanding of the formal system and laws, a lack of physical access, especially in rural areas, and being referred back to traditional justice mechanisms.[233] Globally, survivors of violence find testifying in court increases their exposure to retaliation, ostracism and stigma and this can also deter witnesses from giving evidence.[234] The role of health providers in documenting injuries and associated physical and psychological impacts of violence is therefore very important for women when pressing charges. This documentation can help to provide evidence of ongoing and/or escalating abuse which carries a higher sentence under the Law.

Despite 88% of people having confidence in the courts, the majority still feel more comfortable with local administrators of justice.[235] Midwives have expressed concern that perpetrators are not being adequately sentenced in the court, particularly those who abuse children.[236] The Judicial System Monitoring Program has also expressed concern that while perpetrators are being found guilty, they are often given a suspended sentence and are able to return home, which can be interpreted as having no punishment or consequences for their actions. If they are fined the money may be paid from household income, causing financial difficulties for the victim and their children, and this can deter women from making a complaint to the court. One interview participant in Liquica pointed out that cases registered with the public prosecutor can take many years to be heard in court.

Coordination

Formal legal structures and processes are critical for improving justice for survivors of violence and for deterring violent behavior. However, women in Timor-Leste continue to seek help from friends, family and community leaders much more often than through police or legal pathways.[237] The complex realities of women's lives mean they often must live in the same household as the perpetrator and may prioritize or be pressured to accept reconciliation over punishment, especially when there are children involved. The benefits and limitations of the traditional and formal systems are many, but together they increase women's options for

[231] Kovar (2012)
[232] UNDP (2020)
[233] Kovar (2012)
[234] Spangaro et al. (2013)
[235] The Asia Foundation (2013)
[236] Wild et al. (2016)
[237] The Asia Foundation (2016)

getting help. For example, if a case is being prosecuted through the court, it does not legally preclude simultaneous mediation within the family in accordance with more traditional approaches.[238] Regardless of which options women want to pursue, it is clear that outcomes for survivors could be dramatically improved by strengthening coordination and information sharing between the police, courts, prosecutors, community leaders, the health system, advocacy services and women who have been subjected to violence.

Health and Health Care

Role of health providers in addressing GBV

Because of the heavy health burden violence creates, the health system is an important partner in a comprehensive response to violence against women, not just in the treatment of injuries, but also in recognizing the signs of abuse, enquiring sensitively and supporting women to get further help.[239] A study with midwives found they had good knowledge of the health impact of violence on women and were concerned about the stress and trauma that violence creates, which impacts on both mental and physical health and causes harm to unborn babies. In contrast, they knew very little about referral services, the LADV and the protection these could offer women and children.[240]

Interview participants in Liquica and Ermera had mixed views about the health services in their area. Women participants in Liquica were more likely to report positive aspects of their local health service, such as the SISCa mobile clinics. One participant pointed out that when women find good care, they are able to talk about violence that has happened. Other participants, particularly from Ermera and Dili and *chefe suco* from Liquica, were more likely to mention the negative aspects of health services such as lack of resources in health posts, staff not attending services, poor attitude of health staff, treating people roughly, inadequate care, no passion for their work, not maintaining confidentiality, not being sensitive to people who have experienced trauma, and that they need better knowledge of social inclusion (for example, not discriminating against pregnant women with a disability, not speculating if someone is LGBTI).

> *Health providers don't make efforts to find out the correct information. The way that they treat clients can make the victim feel worse, even physically worse with symptoms such as gastritis, headaches, trouble sleeping, depressed. – NGO participant, Dili*

[238] The Asia Foundation (2019)
[239] WHO (2014)
[240] Wild et al. 2016

Health workers in rural health centres and health posts, close to where the majority of people live, are likely to be the first professional contact for victims because women often seek health care for their injuries.[241] Providers of reproductive health services are likely to come into contact with women experiencing abuse during routine consultations. However, maternal care statistics show high levels of inequality in access across municipalities, with women in Ermera having some of the lowest rates of access to maternal health care in the country (Table 4).[242] This means there are less opportunities for health providers to come into contact with women and children, and has implications for addressing GBV during outreach services such as mobile health clinics, SISCa and domiciliary visits.

Table 4: Percentage of women and infants receiving different types of maternal and child health care, Ermera and Liquica municipality compared to Timor-Leste nationally

Maternal and child health care	***Ermera***	***Liquica***	***Timor-Leste***
Maternal care (%)			
4+ ANC visits	58.8	83.2	84.4
Birthed with skilled provider	19.8	44.8	56.7
Postnatal care within 2 days	11.5	32.9	34.5
Unmet need for family planning (%)	35.7	22.1	25.3
Vaccination (%)[a]	30.6	52.4	48.7

[a] Percentage of children age 12-23 months who have received all basic vaccinations
Data source: 2016 DHS

Nurses, midwives and doctors are an important resource in providing a first-line response for women and helping to prevent further escalation of abuse and harm. However, women find it hard to open up about violence, with only one third of women who receive health care for a violence-related injury telling the health care worker about the real cause of their injury.[243] Some health workers do not see it as their role to support survivors of violence beyond treating their injuries,[244] and others who would like to help are not sure what to do.[245] Health providers who have not received any training on responding to GBV are less likely to see violence as a priority health issue or to identify women who are experiencing abuse, and this is particularly the case for health providers in rural and remote areas.[246]

Interview participants gave many suggestions as to how health services can be improved so they are better able to respond to survivors of violence. Some emphasized the need for system-wide changes such as national and clinic level policies and rules, more resources for rural areas including transport, better medical records especially for clients who do not bring their cases

[241] WHO (2014)
[242] GSD et al. (2018)
[243] The Asia Foundation (2016)
[244] The Equality Institute (2019)
[245] Wild et al. (2016)
[246] Wild et al. (2016)

forward, better awareness of GBV, LGBTI and disability issues, and better knowledge and training on responding to GBV including identification, confidentiality and reporting. Other participants called for better clinic-level care such as improved systems for attending patients and a private place to care for survivors of violence. Better interpersonal skills were highlighted by several participants, who called for improvements in health worker attitudes, communication and professionalism.

> *Do not get angry with the patients when they come for treatment because they have problems and it is the reason they come to the health centre*
> *– Male community participant, Liquica*

Content of training

When health providers do respond to women who are experiencing abuse, they can either reinforce or challenge existing gender inequalities and traditional roles of women. For example, midwives in Timor-Leste have reported telling women to be patient and avoid provoking their husband, while others go to great lengths to advocate for women.[247] Because the attitudes of health workers are likely a product of the health system's institutional culture[248] as well as broader societal values, it is important that any training includes opportunities to reflect on and challenge those values, and engages with health leaders to start to transform institutional culture and create an enabling environment within health services. The minimum health system requirements, in addition to training, are that women can be asked safely, in a private space without the perpetrator present, and that there are protocols and a referral system in place.[249] Health workers should also be able to keep a woman's information confidential,[250] which is important because anonymity contributes to higher service uptake by survivors.[251] However, some midwives in Timor-Leste have reported they were unable to enquire about violence because routine consultations were not conducted in a private place, they felt unsupported by senior colleagues, and there was pressure to see many patients in one day which limited the time they had to talk to each woman.[252] In addition, a review of women survivor's experiences globally showed that women perceived health providers to be uncaring and uncompassionate when the consultation was rushed, which may discourage disclosure.[253]

Research with 28 women survivors of violence in Timor-Leste asked them about the type of information and interventions they wanted from health providers. The highest ranked interventions were around listening and giving moral support, providing information about safe houses and how to get help from community leaders and the police. The lowest ranked interventions were around mandatory reporting to the police, giving couple counselling, and

[247] Wild et al. (2020)
[248] The Equality Institute (2019)
[249] WHO (2014)
[250] Wild et al. (2019)
[251] Spangaro et al (2013)
[252] Wild et al. (2019)
[253] Feder et al. (2006)

advice on how to be patient and avoid arguments.[254] This is consistent with a recent global review of women's expectations after disclosure of abuse to healthcare providers. It found that women value emotional connection and practical support tailored to their individual needs.[255] The research with women survivors of violence in Timor-Leste also found some women see traditional or informal healers for injuries and health problems stemming from violence, and have disclosed the violence to these healers. In other international studies, it has been reported that survivors of violence value local forms of traditional healing.[256,257] Thus, it may be useful to explore the provision of an adapted version of the training for traditional healers as members of the community.

The contextual analysis of the health system in relation to GBV above points to the important components to include in training for health providers responding to GBV in the context of Timor-Leste. These include:

- GBV as a health issue (prevalence, impact, vulnerable people)
- Challenging social norms and personal attitudes that perpetuate gender inequality and GBV
- The role of health providers in responding to GBV (including laws, policies, guidelines)
- Identifying signs of abuse (physical, psychological, behavioral)
- Asking about violence in a sensitive way (including the importance of time and privacy)
- How to listen, provide moral support and show empathy
- Avoiding victim-blaming and not giving advice that further disempowers women
- The importance of confidentiality and how information can be documented and safely shared
- How to assess the level of danger a woman is in and help to keep her safe from further harm
- Understand the various sources of support available and how to refer women through these networks.
- Given the high prevalence of violence against children and LGBTI people in Timor-Leste, and the increased risk of violence against people with a disability, women who have been abandoned or with an unwanted pregnancy, it will be important to expand the focus beyond intimate partner violence (the primary focus in the WHO curriculum) to include the needs of these groups within training.

Methods of training and engagement

In Timor-Leste the health sector has been slower than other sectors, such as police, community leaders and NGOs, to integrate violence against women into their professional mandate.[258] There is a need to create an authorizing environment from the national level of the Ministry of Health to municipal and clinic-level leadership. The presence of National Guidelines for a Health

[254] Secondary analysis of women's interviews
[255] Tarzia et al. (2020)
[256] Schei & Dahl (1999)
[257] Amone-P'Olak (2006)
[258] Wild et al. (2016)

System Response to GBV is an important first step, and these guidelines should be distributed to all health sector staff alongside training. The system for safely documenting cases of violence and the outcomes within the clinic, and anonymously reporting through the health management information system (HMIS), should be developed and agreed with the Ministry of Health prior to the commencement of training.

International best practice indicates that engaging all staff in training, including health facility managers, municipal health administration and senior clinicians, may help to support institutional leadership and the implementation of measures.[259] Training should include health providers at the health post and administrative post (sub-municipal) level, not just higher level services.[260] Having these staff supported by clinic and municipal health leaders can help ensure privacy and enough time during consultations, and a collective response can help to increase safety for victims as well as health providers.[261] Having *all* staff competent in providing a first-line response is critical because women's disclosure of violence and an empathic response depends on connection, and those connections happen in all sorts of different ways, at different times and between different people. If only one or two staff within each health facility are trained it can lead others to think responding to violence is not their responsibility, or one of the trained staff may not be on duty when a woman presents for care.[262] Furthermore, there is consensus that training on responding to GBV should be routine rather than one-off, and supported by ongoing supervision and mentorship.[263,264] For these reasons the Learning Labs approach, which engages all health staff over an extended period of time, appears to be a good fit for training on responding to GBV. The modules can be structured as an initial intensive training held closely together over successive lunch breaks, followed by monthly site visits to go over key content, review challenges and facilitate implementation of new knowledge and skills. However, even with a skilled health workforce able to respond well to GBV, significant barriers deter women from reporting or seeking help for domestic violence and sexual assault.[265] Thus, it is important to have a concomitant focus on community prevention, and to plan for how health providers can be involved in regular community engagement, as well as with the broader referral network, through the Learning Labs.

> *We need to create a group together to walk with the community, especially community leaders, to do promotion.*
> *– Midwives' focus group discussion, Baucau*[266]

[259] García-Moreno et al. (2014)
[260] Wild et al. (2016)
[261] Wild et al. (2019)
[262] Wild et al. (2016)
[263] García-Moreno et al. (2014)
[264] WHO (2014)
[265] Spangaro et al. (2013)
[266] Wild et al. (2016)

Participant Perspectives on Addressing GBV

Interview participants were asked what they thought should be done to help end violence against women in their community. The overwhelming response from participants in Ermera, particularly community participants, was the need for information, education and advocacy about GBV to raise knowledge and awareness within communities. They explained that this could involve events, activities, talking together and general socialization around the issues. They felt this should be done in small groups and involve community leaders, families, men, women and youth. Several participants said these activities need to involve men as the main target group because they are most often the perpetrators of violence and they need the knowledge and skills to change their behavior. Participants from all areas thought community awareness of the LADV and other laws should be strengthened, particularly in rural areas, and there were opportunities to explore placing *tara bandu* prohibitions on acts of domestic violence. Participants, particularly female community participants in Liquica, also called for better communication skills within families. They thought it was important to promote mutual respect and shared responsibilities, to be able to listen to each other, speak kindly and love each other, and to be able to control emotions, for both men and women.

A major theme amongst participants, particularly community participants in Liquica, was the need to increase awareness and skills of health providers in addressing GBV. They described how it was important for health providers to be sensitive to the issues, identify signs of violence, have a good attitude and not be angry, create a secure place for victims so they can speak honestly, be able to do a medical report for victims, and be a good source of information and referral. One NGO participant in Liquica said the duration of training should only be 1-2 hours because intensive training over 1-3 days means people do not remember the content.

The other suggestions for addressing GBV varied widely and included increasing empowerment and opportunities for women, particularly training and jobs so that women can have an income and are better able make decisions for themselves. Participants from Liquica also thought there should be better education and work opportunities in general, and better guidance and examples for children, as this would help address the root causes of violence. Other suggestions included avoiding living with in-laws (couples creating their own family unit/home), preventing early marriage, providing counselling for victims of violence so they can reintegrate into community life, and continuing to fight for gender equality. Research with midwives and community leaders found that they thought information should be shared with communities about what domestic violence is, how to prevent it, the Law, consequences of violence, women's rights, and where to get help.[267] It should be noted, however, that the use of the concept of gender equality as an overt basis for activities may create tensions in communities which could contribute to divisions and undermine the advancement of women's independence and access to services.[268] Challenging gender norms can also be perceived as

[267] Wild et al. (2016)
[268] Spangaro et al. (2013)

harming the family and culture. Therefore, working within existing cultural norms, beliefs and ways of addressing these problems may be more likely to be embraced by communities.[269]

Holistic, inclusive and intergenerational approaches are needed to change harmful social norms that keep Timorese women and girls at a disadvantage. A review of interventions to reduce sexual violence in conflict-affected settings found that they are more likely to be effective when they include deterrents (i.e. legal responses, reports are taken seriously, communities are willing to take action), there are services available to help, it is safe to tell (free from retribution and stigma), and when community and agencies work collaboratively to address violence.[270] An unanticipated mechanism for successful interventions was recognition of pre-existing capacity, systems or cultural practices within the community to address violence. For example, invoking traditional concepts (i.e. living again, continuing life/health) that enable women to make meaning from their experiences and build resilience, traditional healing rituals, traditional sanctions (i.e. *tara bandu* in Timor-Leste), and the belief that mistreating disadvantaged people can cause misfortune.

Social Inclusion and Risk of GBV

In Timor-Leste, it is more difficult for some people to participate in social life and to access opportunities and services. Because of their isolation and vulnerability these people are more likely to be at risk of physical, sexual and emotional violence and neglect, both within the home and within communities and institutions. When interview participants were asked who is more vulnerable to violence and abuse, the majority in all municipalities said women or wives and also people with a disability. Many were also concerned about children, and participants from Liquica gave several examples of young people who were vulnerable such as children with a widowed, divorced or abandoned parent, girls and young women especially if they are pregnant, and youth with an intellectual disability. Participants from Liquica were also more likely to mention LGBTI people who are not accepted in their community, people who are divorced or separated, as well as husbands who experience violence from their wives but are not likely to report it.

> *LGBT people also are vulnerable here in Liquica, they concentrate in one particular village, they find it difficult to stay in their respective villages – Male community participant, Liquica*

In contrast, participants from Ermera tended to emphasize that poor and unemployed people, farmers, people in rural areas, and young families were more at risk, in addition to women, children and people with a disability. It is important to further explore the causes and impact of marginalization and inclusion of people within these groups because they are often less able to participate in economic, social, political and cultural life. Interview participants said it was important to prioritize people in rural areas, to involve youth including new couples, and to include transgender women in women's activities. They thought inclusion could be achieved

[269] Spangaro et al. (2015)
[270] Spangaro et al. (2015)

through collaborating with women's organizations and youth groups, local authorities, police, legal and partner organizations, and said they are ready to work together to achieve the aim of ending violence against women and children.

Some NGO participants said it was important to use simple language (e.g. men's and women's issues instead of gender/*jeneru*), to choose the right times so that women are able to participate around their other responsibilities (i.e. after 10am and before 4pm), and that it may be an idea to invite women through their husband so their participation is legitimized. People deprived of power are also more susceptible to partial decisions that affect their lives.[271] The intersecting nature of these vulnerabilities and the fact they are compounded during emergencies is of particular concern. Significant care, consultation and planning will need be taken to ensure Harmonia activities are inclusive of all these groups, to promote their perspectives, bring awareness to their diverse needs, stimulate dialogue within communities, and help to hold governments and local authorities accountable.

People with a Disability

In Timor-Leste 18% of women (14% in Ermera, 23% in Liquica) have some difficulty in either seeing, hearing, communicating, remembering/concentrating, walking/climbing steps or dressing/washing all over, with the most common being difficulty seeing.[272] The MSSI is the government agency responsible for people with a disability and there are several Disabled People's Organizations (DPOs) that work to increase the rights of people with a disability. Although Timor-Leste's Constitution guarantees non-discrimination and rights for people with a disability, and other legal and policy provisions exist, including a National Action Plan for People with Disabilities 2014-2018, the reality is that discrimination and stigma is still widespread; this includes for people with a mental illness. Families and communities are not well informed about rights, and the lack of support services means that sometimes families resort to measures such as restraining and shackling to keep a family member with a mental illness under control. Stereotypes and ignorance about the ability of people with a disability to be involved in social and community life still exist.

Most people with a disability find it hard to access employment, education and training programs, which highlights the intersecting nature of vulnerabilities. For example, In Timor-Leste 72% of people with a disability have never attended school, and women who are widowed or live in a rural area are more likely to have a disability.[273] Women with disability face higher rates of violence, especially for institutionalized people with intellectual disabilities, intimate partners and adolescents.[274] In addition, women who are subjected to violence are more at risk of becoming disabled, in that they are more likely to incur injuries and trauma that can result in long-term physical and psychological disabilities. People with a disability can be targeted by perpetrators, especially for sexual assault, because of their perceived lack of agency

[271] Boarccaech (2018)
[272] GDS et al. (2018)
[273] GDS et al. (2018)
[274] WHO & World Bank (2011)

and their reduced ability to tell someone, be believed or to access help. A study with midwives found they rarely recognized that women with a disability could be more vulnerable to violence, so awareness raising of these issues amongst health professionals is an important aspect of training and attention should be paid to coordination between the health sector, rehabilitation services and the GBV referral network in Timor-Leste.[275, 276]

Within the health sector there are few trained specialist health professionals, or even health professionals trained in disability inclusive health, although efforts towards this have begun and INS have completed Disability Inclusive Health training in Baucau, Ermera and Dili. Transport and physical access to health facilities and other services can be extremely difficult, and people with disabilities cannot access SISCa mobile health clinics.[277] There are often no resources to accommodate the specific needs of people with disabilities, for example Agape School for the Deaf has the only sign language interpreters, and family members often have to help interpret for a person who cannot hear.[278] This can be particularly dangerous for victims of violence who are being abused by a family member. Because people with a disability are more likely to be confined to the house and have difficulties communicating, inclusive outreach services should be planned for disabled and socially isolated women. Similarly, it will be important to include women with disabilities in Harmonia activities; this can be done in collaboration with Disabled People's Organizations. The Practice Note on disability to inform inclusive development[279] includes useful questions to consider during planning, implementation and at the end of the program, which could be used during Harmonia activity cycles.

Young People

Timorese children experience very high rates of violence. This is evident in the *Nabilan* survey findings that 72% of women and 77% of men have experienced physical or sexual abuse as a child,[280] and 55% of women who have experienced physical violence report that their children have witnessed the violence.[281] Midwives and community leaders in Liquica, Dili and Baucau have expressed concern that young women and children as young as five are experiencing sexual abuse in large numbers.[282] This is reinforced by data from the Directorate-General of Statistics, which saw a surge in crimes related to sexual violence and child abuse reported to police in 2019 and the number of cases of sexual abuse of minors increased five-fold.[283]

Children who are orphans or not living with a biological parent may be particularly vulnerable to abuse. While we could find no data on the rate of violence against children in orphanages or seminaries, recent reports of sexual abuse by an American priest running an orphanage in

[275] RDTL (2014)
[276] Wild et al. (2016)
[277] RDTL (2014)
[278] RDTL (2014)
[279] Bush, Carroll & James (2015)
[280] The Asia Foundation (2016)
[281] The Asia Foundation (2016)
[282] Wild et al. (2016)
[283] LUSA (2020)

Oecussi has revealed that he sexually abused young girls in his care on a daily basis for decades. This was not only allowed to go unchecked in the community, when it was uncovered the offending priest was protected and survivors threatened and intimidated by church officials and community members to deter them from coming forward.[284]

The violence that children experience often continues into adulthood. Boys exposed to domestic violence as children are more likely to perpetrate violence[285] and girls exposed to violence in the home are more likely to end up in violent relationships in adulthood,[286] perpetuating the cycle of violence across generations. A relatively high proportion of teenage girls experience physical violence, and this increases upon marriage. For example, 20% of all young women aged 15-19 report they have experienced physical violence from anyone in the past 12 months, whereas 33% of married 15-19 year olds have experienced physical violence from their partner in the past 12 months.[287] In addition, young married women aged 15-19 (10%) are twice as likely to be subjected to sexual violence from their partner, compared with ever-married women 15-49 years (5%).[288] Young women are also more likely to experience jealousy and all forms of marital control by their husband.[289]

Teenage pregnancy is common in Timor-Leste, with 7% of women aged 15-19 already started childbearing (3% in Ermera, 10% in Liquica).[290] Rural teenagers and those with no education tend to start childbearing earlier than other teenagers.[291] A recent study based on data from the 2009 and 2016 DHS found a higher burden of teenage birth among adolescents who are poor, uneducated, living in rural areas and living in Oecussi, Liquica and Manufahi.[292] Midwives and church representatives have expressed their concern about unintended pregnancy and the abandonment of young pregnant women, and that this causes significant distress, leaves them more vulnerable to rejection and abuse by family members, and at risk of suicide.[293] This concern is reflected in data from the 2016 DHS, where women aged 15-19 (10%) are five times more likely to experience violence during pregnancy than all women (2%).[294] Given the much higher percentage of violence during pregnancy found in the *Nabilan* survey (14%) the DHS figures for young women are likely to be vastly underestimated.[295]

Despite the significant proportion of children and young women who are experiencing physical, sexual and emotional abuse, there is a distinct lack of referral services available to them, especially in the municipalities and for young pregnant women. In addition, there is also a lack of

[284] Sainsbury (2020)
[285] WHO (2017)
[286] UNICEF (2009)
[287] GDS et al. (2018)
[288] GDS et al. (2018)
[289] GDS et al. (2018)
[290] GDS et al. (2018)
[291] GDS et al. (2018)
[292] Yaya et al. (2020)
[293] Wild et al. (2016)
[294] GDS et al. (2016)
[295] The Asia Foundation (2016)

community support for young victims and they are often blamed for the abuse, or for seducing men.[296] There is one safe house in Dili, Casa Vida, that provides shelter specifically for children and some services will help both women and children, however, it has been reported that some safe houses have criteria that do not allow all of a woman's children to stay with her.[297] It is imperative, therefore, that any training for health providers or engagement with community also include the risks to children and how to respond to their particular needs. This is applicable to broader services and activities that are targeted to adults, because service providers will often come into contact with the woman's children, who are likely to also be experiencing the abuse.

> *I've stayed in the safe house for three weeks but I miss my children. They provide breakfast, lunch and dinner but my poor children, who will look after them? It would be good if my children can stay with me in here. – Woman survivor of violence, Baucau*[298]

The public domain and decision-making roles are largely filled by men in Timor-Leste, and young men are more often available and delegated to participate in activities compared to older men and women of any age.[299] Senior women do have an important role in exchanges and rituals, and younger women often defer to them.[300] This makes it extremely difficult for young women to have a voice within the family or within community life. It is, therefore, important to create safe spaces and appropriate times for young people, especially young women and girls, to participate in Harmonia activities.

Article 12 of the Convention on the Rights of the Child[301] outlines children's right to be heard in matters related to violence, the justice system and how they experience the world. Young people are more likely to use the internet or technology to communicate,[302] so innovative ways to promote their participation could be explored. Any messaging toward or involvement of children or young people needs to pay attention to making information understandable (using plain language and taking additional time), gaining their informed consent, prioritizing their safety, privacy and confidentiality at all times, genuinely listening, establishing rapport and being empathic, providing settings where they feel comfortable to participate and speak, having protocols for dealing with distress and disclosures of abuse, and providing information and referral to support services. In a study with community leaders and midwives, most participants spoke about the need for community education and information on domestic violence, including for young people and teachers, and that health providers have a role in doing health promotion through schools.[303]

[296] Boarccaech (2018)
[297] Secondary analysis of women's interviews
[298] Secondary analysis of women's interviews
[299] The Equality Institute (2019)
[300] Ospina & Hohe (2002)
[301] UN Committee on the Rights of the Child (2009)
[302] GDS et al. (2018)
[303] Wild et al. (2016)

LGBTI People

People who identify as LGBTI face ongoing stigma, discrimination and violence in Timor-Leste. This can include men who have sex with men, many of whom also have female partners and children. People with non-conforming gender-identities are often treated badly within their own families, with some being forced to undergo "correctional sex", or being isolated and beaten.[304] Transgender men and women experience public violence and harassment, as well as discrimination from service providers, such as police, when they try to report incidents.[305] Research commissioned by women's organization Rede Feto, on the lives of lesbian and bisexual women and transgender men (LBT) in Timor-Leste, reported widespread "corrective rape, physical and psychological abuse, ostracism, discrimination and marginalization" experienced by 86% of the LBT respondents, resulting in many living in hiding due to shame and fear of abuse.[306] The report identifies the contradiction between rights enshrined in legal instruments that are not implemented in practice, and the disconnect between rights and guarantees and the freedom sought through the independence struggle that are not being enjoyed by all members of society, and calls on duty bearers to work towards an inclusive Timorese society.[307]

LGBTI people, as well as people living with HIV and sex workers, may experience exclusion and discrimination from service providers, including when accessing health services.[308] When they do access services they can be treated harshly and have their confidentiality breached. These key populations are directly discriminated against and their health put at risk through the policy on condom use where condoms and other family planning options are only provided to married couples. There are a number of NGOs and CBOs working in this area, and the MoH implements a Global Fund Grant, coordinated by a Country Coordinating Mechanism (CCM) to address HIV, malaria and tuberculosis. Despite this, efforts towards education and advocacy for LGBTI people among essential services such as health workers, has not resulted in improvements in non-judgmental and respectful healthcare. Stigma in the community is exacerbated by the emphasis in society and from institutions, including the National Aids Commission and the Church, on moral and immoral behavior. Female sex workers are also discriminated against and there are few services working to improve their safety, access to preventive health measures, and their lives generally.

Given the high risk of violence for LGBTI people and the pervasive discrimination they face in the community and within health services, there is potential to include their needs and perspectives in Harmonia activities and in health provider training. Organizations that advocate for LGBTI rights, such as CODIVA and Arcoiris (who works in both Liquica and Ermera), should be engaged to further explore mechanisms for inclusion and participation of LGBTI people.

[304] Rede Feto (2017)
[305] Pinto & Mahmud (2019)
[306] Rede Feto (2017)
[307] Rede Feto (2017)
[308] Pinto & Mahmud (2019)

Remote and Isolated Women

Around 70% of Timor-Leste's population live in rural areas and largely depend on subsistence agriculture or fishing for daily sustenance.[309] The poverty rate in rural areas is significantly higher (47%) than in urban areas (28%).[310] Women in rural areas (42%) are more likely than women in urban areas (29%) to have experienced physical or sexual violence from their husband or partner. Midwives have described how women who are socially and geographically isolated are more at risk of violence, particularly if they have no job, no neighbors and limited access to transport.[311]

> *People who suffer the most are people who only stay in the home. [People say] 'you do not do anything at home, you are old, you are useless' so everything that is bad is put on her, even though she is innocent. – Church Representative*[312]

Women from rural areas (77%) are more likely than women from urban areas (66%) to have never sought and never told anyone about the violence.[313] Rural women are also less likely to report they have family who can give them shelter or financial support if they need it.[314] This is compounded by limited access to support and advocacy services, which are mostly located in Dili, and small communities meaning that many people may be related to the perpetrator.

The Timor-Leste Government signed the Maubisse Declaration in 2015 and again in 2018, which outlines actions by the Government Ministries needed to improve service provision and participation for women and people with disabilities in rural areas.[315] While this is an important commitment, progress is slow and rural women continue to have extremely limited access to safety, protection and opportunities for participation. Through Harmonia activities there is, therefore, opportunity to build informal support through community leaders, the church, schools, women's groups and health outreach as well as strengthening links to formal advocacy services in Dili.

[309] GDS et al. (2015)
[310] World Bank (2015)
[311] Wild et al. (2016)
[312] Wild et al. (2016)
[313] GDS et al. (2018)
[314] GDS et al. (2018)
[315] RDTL (2018)

Most people in rural and remote areas have access to a mobile phone, however people in rural areas are much less likely to have a radio, television, computer or their own transport, which can make it difficult to access information or participate in activities held at the municipal or sub-municipal level. Midwives and community leaders said people most often gained information about domestic violence through the media, which included newspapers, TV, radio and also through the internet and Facebook.[316] However, people in rural areas and particularly women in Ermera have very little media exposure. For example, women (1.5%) and men (5.2%) in Ermera are less likely to access newspaper, TV and radio at least once a week than women in Liquica (8.6%).[317] Women (6%) and men (9%) in Ermera are also much less likely to have ever used the internet than women (14%) and men (25%) in Liquica or compared to the national average (26% of women and 31% of men). Therefore, an important way of engaging with rural communities is visiting and talking through group discussions. This could be during domiciliary visits, SISCa or mobile health clinics, or through workshops, videos, posters, schools, and campaigns in *suco* and *aldeia*.[318]

Women who are divorced, separated, widowed

In Timor-Leste divorce is highly stigmatized and Catholic values reinforce reconciliation and tolerance. Women can fear being abandoned by their violent husbands, despite significant levels of abuse.[319] The *Nabilan* survey found 15% of women who did not seek help for violence did so because they were afraid he would end the relationship. Other common reasons were bringing a bad name to the family (43%), violence is normal (41%), afraid she would lose the children (27%), and fear of more violence (20%).[320] When women are abandoned by their partner, especially if they are young or have an unintended pregnancy, they are also at risk of being beaten and ostracized by their family.

> *…I never speak about things which happen to me because I am afraid of my husband. When I talk about leaving him or us separating, I feel ashamed for my family and I am also ashamed for my husband's family.* – Female respondent[321]

Divorced, separated or widowed women make up just 2.4% of the population, and this is even lower for men at 0.7%.[322] Divorcing a violent partner is usually a last resort, and women will often return home because of their children, because they don't want to bring shame to the family, for financial reasons and/or because of their strong Catholic values.[323] While women who are divorced, separated or widowed are more likely to be currently employed,[324] they may

[316] Wild et al. (2016)
[317] GDS et al. (2018)
[318] Wild et al. (2016)
[319] Secondary analysis of women's interviews
[320] The Asia Foundation (2016)
[321] The Asia Foundation (2016)
[322] GDS et al. (2018)
[323] Secondary analysis of women's interviews
[324] GDS et al. (2018)

be disadvantaged in other ways. For example, women who are widowed (49%) are much more likely than all women (18%) to have a disability (some difficulty in at least one domain) and have more problems accessing health care.[325] They can be discriminated against in terms of access to resources, including access to government subsidies, such as the recent COVID-19 economic stimulus payments, in which female-headed households, women living alone, single younger women (and men), LGBTI couples and women living in domestic violence crisis accommodation were in many cases unable to access the payment due to their living arrangements which do not meet the commonly understood norm of "family".[326,327].

It is significant to note that amongst all women surveyed in the 2016 DHS, women who were divorced, separated or widowed (11%) were 27 times more likely than never married women (0.4%), and four times more likely than married women (2.5%) to have experienced physical violence OFTEN in the past 12 months. Separated women (6%) were more likely than married women (5%) and never married women (0.7%) to have experienced sexual violence in the past 12 months.[328] They were also three times more likely to have experienced violence during pregnancy than women who were married or living with their partner.[329] One interview participant pointed out that women who are divorced or separated are more likely to be subjected to violence from their children. Separation is known to be one of the riskiest times for women as the partner attempts to regain control. Thus, careful measures to protect a woman's safety, as well as that of her children, should be put in place when women are seeking help.

Issues during emergencies

The response to COVID-19 in Timor-Leste resulted in a series of 'state emergencies' being declared by the Government which disproportionately affected people who were already in vulnerable situations. A gender analysis on COVID-19 in Timor-Leste found that systemic gender inequality and the exclusion of marginalized groups from leadership positions and decision making, service provision, and access to and control of resources, is likely to worsen the impact of the pandemic on vulnerable groups.[330] The restrictions on movement during lockdowns can exacerbate GBV as women and children in violent households can be isolated at home with their abuser, and they have less access to social support, income generating activities, and formal services. A report on the impact of COVID-19 in Timor-Leste found people with a disability, LGBTI community, people who are economically dependent on their family and unmarried women were particularly vulnerable during the pandemic.[331] Research on women's economic empowerment during COVID-19 in Timor-Leste found women who are self-employed, in casual employment or in the service sector have been particularly affected as they attempt to balance daily subsistence with the closure of shops and other restrictions. Women

[325] GDS et al. (2018)
[326] Rede Feto (2020)
[327] The Asia Foundation (2020)
[328] GDS et al. (2018)
[329] GDS et al. (2018)
[330] Nguyen, Darcy & Kelly (2020)
[331] Rede Feto (2020)

working as cleaners, shop keepers, restaurant staff, street vendors, widows and people living with a disability have reported significant financial strain as well as fear, sadness and anger.[332] The response to COVID-19 has highlighted how emergencies disproportionately affect women as carers and workers, and who have a higher level of need for reproductive health and protection services. These gendered effects are also seen during and after war and political instability. Additional issues during conflict and displacement include pervasive sexual violence, further entrenchment of traditional gender roles, and a breakdown of law and order which threatens security for women and limits their economic and social autonomy.[333]

Interview participants were asked about the impact of COVID-19 and the overwhelming response was the loss of jobs and income. With shops and markets closed, farmers and small business owners could not access the market and prices dropped. This was compounded by the limited national budget and broader global economic situation. Participants from Ermera were more likely to report lack of food and nowhere to buy it. Even though there was some government subsidy and NGOs distributed rice and other support, it was not sufficient to meet people's needs. One youth participant from Liquica said they were not affected by the emergency because they are subsistence farmers and live off the land. Several participants mentioned that the limitations on movement and changes to schooling affected already vulnerable people, especially women, children and people with a disability who are dependent on others for washing and daily functioning. Two female community participants in Liquica reported there had been less conflict in their communities because of the military patrols that were taking place during the state emergencies.

The intersections of disadvantage, including gender, disability, age, sexual orientation, education, socioeconomic status, geography and marital status have the potential to compound the detrimental effects of emergencies and erase gains made in improving gender equality and social inclusion in Timor-Leste. Supporting the ability of communities and health services to address GBV now will improve their capacity to respond to the needs of women and children during emergencies.[334] The Harmonia activities, therefore, have the potential to contribute to more equal and inclusive communities, give opportunity for vulnerable people to shape their future in a rapidly changing global context, and support resilience during the current COVID-19 pandemic and future crises we will inevitably face.

Conclusion and Implications

The analysis of the drivers of gender inequality and GBV in Timor-Leste revealed the complex interconnections of history, conflict and patriarchy that has set the foundation for unequal gender roles and increased men's power in society, over women and within families. These macro-level social structures then create conditions whereby women have fewer opportunities to participate in education and paid work, to access justice and other services and to make autonomous decisions. Interview participants articulated the role of these underlying social

[332] Marques (2020)
[333] Cahn & Ni Aolain (2010)
[334] Wayte et al. 2008.

structures and their contribution to high rates of violence, but tended to also emphasize family and relationship-level factors. For example, economic problems and the stress of not being able to meet basic needs, the pressure associated with tradition and cultural obligations, and the poor communication and lack of respect within relationships that contributes to conflict.

Engaging with community leaders to address GBV will be critical given the enormous influence they have in resolving conflict within families and in their communities. This includes *chefe suco, chefe aldeia, lia nain* and *liurai* as key leaders with status in the community. Extended families are also important because marriage establishes a relationship between the man's and woman's family and resolving any conflict or violence is often the responsibility of the head of the family. In addition, decisions to seek further help initially occur within the family so creating a supportive family environment is crucial for women and children who have been subjected to violence. Religious leaders can help to promote messages of non-violence, but they may need to be supported in their connection with formal advocacy services and to ensure they are not reinforcing disempowering gender roles. Some interview participants said men should be included in activities as a separate target group because they are most often the perpetrators of violence and they need the knowledge and skills to change their behavior. While engaging with key authority figures is central in ending GBV, men hold most of these leadership positions and care will need to be taken to involve a diversity of women and other people who are most affected by violence.

The social inclusion analysis revealed that some people are more vulnerable to violence and these are the same people who are more likely to be isolated and excluded from opportunities, services and in social life more broadly. Both the literature review and interview participants highlighted how women are often excluded from decision-making roles, people with a disability are isolated and discriminated against, children and young women have low status and are vulnerable to sexual abuse, women who are married or separated are at higher risk of physical and sexual violence, women who have less education and income have more difficulty accessing help, rural women are more isolated with less opportunities for participation, and people who identify as LGBTI are ostracized from families and communities. Importantly, these aspects often intersect to create great disadvantage for certain people, and these risks are compounded during emergencies.

It is important that people from these groups are included in Harmonia activities, to value their perspectives and ensure their diverse needs are addressed. It also provides them with opportunities to grow their skills and build confidence. Their participation should begin in the planning stage and continue through implementation, reflection and evaluation. However, it will be challenging to safely and sensitively engage with people who are disadvantaged and appropriate strategies will need to be developed together with advocacy services, communities and families. Initial discussions should be held to ask people from these groups how they want to be included and the mechanisms for participation that would suit them best. Given the gender divisions and hierarchical nature of Timorese society it is more likely that meaningful participation will be gained through creating safe spaces for small homogenous groups to come together, for example separate discussions with young women, women who are widowed or

divorced, women in very remote areas. Bringing together diverse groups such as people with a disability or who identify as LGBTI may be difficult in small communities, in which case their individual experiences could be sought separately or advocacy services based in Dili could be consulted on how best to engage with and incorporate their perspectives.

Discussions should take place in private settings where people feel most comfortable to participate and speak. This is particularly important when discussing concepts of gender equality as it may create tensions in communities or relationships and could have a negative effect on women's independence and access to services, particularly if they are already experiencing violence. Consideration should also be given to transport and choosing appropriate times so that women and young people are able to participate outside of their daily obligations, that meetings are kept short (1-2 hours) and that accessible language and concepts are used in group discussions, learning forums, videos and in written information.

Young people and people in urban areas are more likely to use mobile phones and the internet to communicate, so innovative ways to promote participation could be explored. All HAI staff and people who participate in activities should be made aware of the need for informed consent of participants, keeping people's information confidential and not sharing outside the group, prioritizing safety and having protocols to deal with disclosures of abuse, including relationships with referral services. Even if it is not possible to engage with all of the groups outlined in the social inclusion analysis, Harmonia activities provide an opportunity to build support for them through CMP sessions and more broadly through engaging with community leaders, the Church, schools, women's groups and health outreach to stimulate dialogue, strengthen links with formal services, and help to hold governments and local authorities accountable.

This GESI analysis has several implications for areas that could be addressed during the implementation of the Harmonia Activity.

Shifting cultural beliefs and social norms

- Carefully explore the concepts of gender and creation of gender roles. Provide opportunities to reflect on the differences in power given to men and women and how this is a root cause of violence against women and children. This is likely to bring up subtle and complex issues related to responsibilities, morals and ways of communicating and care should be taken to challenge these gender norms that disempower women.

- Explore and challenge attitudes that normalize and justify violence. The majority of both men and women agree that violence against women is justified in certain circumstances. In Ermera particularly, a much larger proportion of women than men agree that violence is justified. This highlights the importance of challenging both women and men's attitudes toward gender, conflict resolution, victim blaming and that perpetrators are responsible for their behavior. This is important to prevent harmful messages being passed down through generations.

- Challenge the concept of men's sexual entitlement. It is mostly men who make decisions about when to have sex and most women believe they cannot refuse sex with their partner. It is important to discuss the notion of consent (including age of consent in Timor-Leste), sexual and reproductive coercion, sexual rights and that rape within marriage is a crime.

- Explore attitudes toward disadvantaged groups of people such as people with disabilities, women who are divorced or abandoned, girls with an unplanned pregnancy and LGBTI people, to understand how these people are stereotyped and stigmatized and how this allows violence against them to be legitimized. Create awareness of the increased risk that they will be targeted by perpetrators, that they have rights under national and international law and what support services are available for them.

- Draw on cultural concepts to emphasize equality between men and women (all people are equal before God), peaceful ways to deal with conflict (Timorese culture is a culture of peace, if a man is violent and aggressive he has failed to maintain family harmony), and heal people affected by trauma (healing rituals, reintegration into the community).

- Seek out positive male and female role models to diversify the vision of men and women and their role in families and society. These could be found either in the community and/or through men's and women's organizations. Create opportunities for men and boys to learn and demonstrate positive masculinities and for women and girls to demonstrate their skills and success, for example in small business or non-traditional careers.

Building capacity of communities to address GBV

- Bring traditional law, national law and human rights frameworks together. There is clearly a role for both traditional and national law in addressing GBV, as they form a continuum of options for women, however both need to be improved. Mediators involved in traditional dispute resolution and formal court cases should be made aware of their potential for discrimination based on gender, race or family ties. There should be opportunities for critical reflection on decisions made when addressing cases of GBV.

- Emphasize that violence needs to be addressed *before* it escalates to severe injuries and that anyone can report acts of violence they witness. Interview participants said that victims of violence tend to report it as a crime if it happens too many times or if the violence is severe enough to cause visible injuries. This points to the importance of increasing awareness amongst communities about the escalating cycle of abuse, the long-term impact of violence and chronic stress, the intergenerational effects of trauma and that any physical, sexual or emotional abuse is a crime and can be reported.

- Train people in the community to provide a first response (psychological first aid) to people who have experienced violence and trauma. This includes how to identify signs of abuse (physical, psychological, behavioral), how to ask about violence in a sensitive way, how to

listen, show empathy and avoiding victim-blaming, the importance of confidentiality and how to connect people with further support. This should also include greater awareness of prevalence and health impact of violence.

- Discuss the rights of children to be raised without violence. Teach and role model positive parenting and effective ways of teaching and communicating with children that do not involve physical violence or emotional abuse. Reinforce the role of parents in guiding, paying attention and spending time with their children. Educate both parents and children about the dangers and potential risks of social media, mobile phones and the internet, and how to keep themselves safe.

- Women participants emphasized how important it was to promote mutual respect and shared responsibilities, to be able to listen to and trust each other, speak kindly and with love, and to be able to control emotions, for both men and women. They said this would provide better examples for children and would help address the root causes of violence.

- Support local networks of women and advocacy groups to come together to address common challenges in creative and locally led ways. Feminist movements are a key driver of gender justice and women's empowerment. They can be facilitated to take a leadership role on shared issues and to hold local authorities accountable. It will be useful to align with and support local people who have strong feminist values.

- Strengthen the protective role of families. Reinforce the need to value and protect women and children as part of the *lulik* structure and that women should not be blamed for men's acts of violence. Teach people how to assess the level of danger a woman and her children are in and how neighbors, friends and family can keep them safe from further harm. Explore the application of concepts from traditional law, such as placing *tara bandu* prohibitions, to prevent domestic violence.

Improving access to services

- Increase awareness and skills of health providers in addressing GBV. Interview participants described how it was important for health providers to be sensitive to the issues, identify signs of violence, have a good attitude and not be angry, create a secure place for victims so they can speak honestly, have good interpersonal skills, maintain confidentiality, be able to do a medical report, respond to the needs of children, and be a good source of information and referral.

- To improve access effort should be made by the health system and individual services to have transportation available, ensure health posts are resourced properly, staff show up to work and they have a good understanding of human rights and anti-discrimination. Interview participants emphasized the need for health providers to be involved in regular community engagement and provide outreach for people with a disability and socially isolated women.

- Make the national law easier to understand and access. Local authorities and community members should have a good understanding of the LADV, penal code and other national laws, the responsibility of different people in addressing domestic violence and how to refer cases to the police and a variety of support services. This could be done through yearly training for traditional leaders and regular education and socialization in rural areas. It would be useful to tap into existing local capacity and strengthen existing systems so that local and national law can be aligned and implemented together. The aim is to transform the culture of not speaking out so that it becomes acceptable to support people to report violence and get help.

- Ensure people are aware of the referral services available in their village, municipality and in Dili. Help to strengthen the local referral network including Government departments, the police, courts, prosecutors, community leaders, the health system and advocacy services by attending meetings and hosting events that build relationships. Support the coordination and information sharing amongst the network and between Harmonia staff and these services.

- Promote better access to women and children's advocacy services at the municipal level. Currently only Government departments are available at the municipal level in Ermera and Liquica to handle GBV cases, and women need to be referred to Dili for other support such as safe houses, medical forensic examination, legal assistance. Counselling and mental health support can help survivors heal and reintegrate into their communities. The lack of services for children and vulnerable young people is a concern.

  Vulnerable people should be able to access the social welfare system provided by the Government through MSSI. All community members should be able to refer people who need it. The community should be made more aware of other economic support available through NGOs, for example support currently available for business enterprise, continuing education and basic subsistence. Economic factors were seen as the biggest driver of domestic violence by community participants. Linking people, particularly women, with education, training and job opportunities is an important medium to long-term approach.

- Increase services and interventions for men who use violence. Men's alcohol use, anger problems and mental health issues are associated with more frequent and severe use of violence. However, there is an almost complete absence of programs for men to help change their behavior. It would be useful to collaborate with existing men's organizations to make programs more available and to hold them accountable for their behavior.

Implications for the Harmonia Activity

Based on the results of the GESI analysis, the Harmonia activity will prioritize specific topics within all three key areas:

- *Shifting cultural beliefs and social norms* – the Learning Labs with health providers and the Information and Learning Events with CMP groups will explore of the concept of gender, how gender roles are created and how gender inequality is perpetuated. They will give participants the skills to challenge the concept of men's sexual entitlement and attitudes that normalize and justify violence. They will create awareness of discrimination, increased risk and impact of violence on disadvantaged groups. Positive male and female role models will be sought to engage in these activities to highlight the positive change men and women can make within families and society.
    - Harmonia outcome indicators:
      Outcome Indicator 1: CMP participants have improved knowledge and attitudes about gender-based violence (pre-post survey: % of CMP participants with improved knowledge and attitudes)
      Outcome Indicator 4: Health providers demonstrate improved knowledge and attitudes related to GBV (pre-post survey: % of health facilities that demonstrate improvement in staff knowledge, attitudes and empathy in responding to GBV)

- *Building capacity of communities to address GBV* – CMP and Information and Learning Events will include information on national laws and human rights frameworks to address to GBV. Participants will be facilitated to plan how they can bring traditional laws and dispute resolution in line with national and international frameworks. Workshops will be conducted to build skills in positive parenting and communicating in ways that avoid physical violence or emotional abuse. Health providers and CMP participants will be given the skills to provide a first-line response to survivors of violence and know how to connect them with services in the community.
    - Harmonia outcome indicators:
      Outcome Indicator 2: CMP participants act within their community to address gender-based violence (pre-post survey: % CMP participants with increased community support and helping behavior + % of CMP groups who have developed and implemented an action plan to address gender-based violence in their communities)
      Outcome Indicator 5: Health providers have increased confidence in delivering survivor-centred care (pre-post survey: % of health facilities that demonstrate improvement in staff self-efficacy, professional role and system supports)

- *Improving access to services* – Health providers will be supported to improve access and quality of health services for people who have experienced violence, through a process of case reviews and action planning. Through the Learning Labs health facilities will be supported to build connections with referral services in the Dili and their Municipality and strengthen the referral network. Health providers will engage with communities around issues of GBV, give information on what help the health service can provide, and other referral services available for people who have experienced domestic violence or sexual assault.
    - Harmonia outcome indicators:

Outcome Indicator 3: CMP participants trust the local health facility as a place for women to receive assistance (pre-post survey: % of CMP participants who identify the health facility as a resource to address gender-based violence)
Outcome Indicator 6: Increase in clients identified who are survivors of GBV (health system records: % increase in GBV clients identified)
Outcome Indicator 7: Increase in clients referred between health facility and social service assistance (health system records: % increase in GBV clients referred to or from social service assistance)
Outcome Indicator 8: Increase in health facilities ready to respond to GBV (pre-post checklist: % increase in health facility readiness assessment score)

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Annex 1

Interview Guide

Participants were asked different questions depending on whether they were a community, NGO or government representative. Below is a list of all possible questions asked.

Opening questions
What do you think are the main things that contribute to violence against women in this municipality? (or Timor-Leste if it's national level)
What is your organization/group doing to address violence against women? (or gender-equality if they don't work directly in GBV)
Who are the main people you collaborate with to address violence against women? (or gender-equality if they don't work directly in GBV)?
Women's empowerment and advocacy services
What other programs or services are available to help improve the situation for women in this municipality?
Are there any programs or services for disadvantaged people? i.e. people with a disability, children/adolescents, LGBTI people, widows?
Are there any coordination mechanisms for services to work together to address GBV?
Laws, policies, and political participation
Are there any national or local laws or policies that help to address violence against women and children? (prompt: Do you know about the Law Against Domestic Violence?)
Cultural norms and beliefs
What can you tell us about traditional law? Is traditional law implemented here? Does it include protecting women from violence? It is well implemented or not? If yes, how?
Gender roles and responsibilities
What are men's, women's and extended family's responsibilities in protecting their family and keeping them safe from harm?
Are there any male and female role models that can help to promote good forms of masculinity, women's empowerment and help stop gender-based violence?
Patterns of power and decision-making
How can women, men and families be supported in their decisions to seek help when they are subjected to or perpetrating violence?
Access to and control over assets and resources
What economic assistance (bolsa da mae or other) is available to women and other vulnerable people? How do they access it?

Policing and access to justice (including traditional law)
How are issues around domestic violence resolved in the community?
What role do the police play in protecting people subjected to violence?
What opportunities are there to improve justice for survivors of domestic violence and sexual assault?
Health and health care
How do the attitudes, behaviours and practices of health providers affect people's willingness to seek care and talk about the violence they experienced?
How are cases of violence documented within the clinic and reported to the district level?
How do you think the health centre or broader system could be improved (what changes could be made?) so they are better able to support survivors of violence?
Inclusion
Who is more at risk of violence in this community and why? (prompt: people with disabilities, young people, women who are abandoned/widowed/separated, LGBTI people, people living in remote areas, low education/employment, others?)
What has been the effect of COVID-19 and the state of emergency on these vulnerable people?
How can the Harmonia activity ensure we engage with these groups in a meaningful way?
Concluding questions
What do you think are the most important things that need to happen to stop violence against women? (prompt: within families, community, district, national level)
Is there anything else you would like to add?