GENDER-BASED VIOLENCE AND HEALTHCARE

in Timor-Leste

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FOREWORD

"If you are a healthcare provider, policy-maker or want to learn more about gender-based violence in Timor-Leste, this book is a must-read. It incorporates international best-practice and closely follows the World Health Organisation's (WHO) Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence, but has been carefully and sensitively adapted to the context of Timor-Leste. A strength of this book is the inclusion of people most likely to be affected by violence – women, children, people with disabilities and LGBT individuals. A very powerful aspect is the real stories from women who have experienced violence and the health providers who care for them, which sheds light on the complex realities faced by survivors and what we can do to support them. Presented in user-friendly language, in both English and Tetun, I recommend this book as a valuable resource to accompany health provider education in Universities and within health services in Timor-Leste. It would also be of value for those wanting to understand violence against women globally."

Dr. Claudia Garcia-Moreno (WHO's lead on violence against women),
Department of Sexual and Reproductive Health and Research,
World Health Organisation, Geneva

Preface from Ministry of Health

A right to healthcare constitutes a fundamental human right which the Constitution of the Democratic Republic of Timor-Leste defends for all of its citizens, independent of their ethnicity, race, religion, sex, status or social conditions, politics or economic circumstances. However, this right can become an important issue for the health sector when gender-based violence occurs.

Gender-based violence is a determining factor for health, and has had a negative impact on the desired results in the area of health defined by the VIII Government and also the recommendations from the World Health Organisation. As well as being a public health problem, gender-based violence also has a profound and negative impact on the education and economy of our nation.

Because of this, the Ministry of Health is very appreciative of the initiative of the group of researchers, educators and health professionals from Timor-Leste and Australia in developing a book to contribute to the struggle against gender-based violence and support health facilities which can provide assistance for women, children and men who have experienced gender-based violence. As Health Minister, I believe that this book can guide health professionals, educators and teachers, including community members, students and their families, regarding the procedures, attitudes and self-confidence to educate, promote, reduce the risk of violence and respond to victims of violence.

Across the entire health sector, including at the public, private and civil society or community levels, we need to recognise that gender-based violence is an urgent socio-cultural issue. Because of this, we need to make an intersectoral effort together to improve health infrastructure and considerations for user privacy, and strengthen primary health care and hospital performance to provide quality care for victims which is integrated, humane and safe.

This book prompted the Ministry of Health to design *Standard Operating Procedures for Management of Victims of Gender-Based Violence* to strengthen health system leadership and governance with relation to capacity building for healthcare professionals, access and availability of services for victims of gender-based violence, including improving the epidemiological surveillance system and healthcare monitoring and evaluation for victims of gender-based violence in the health sector.

On behalf of the Ministry of Health, I give our thanks to Dr. Kayli Wild, Katrina Langford and Guilhermina de Araujo, together with professional colleagues from Timor-Leste and Australia, contributed their practical and professional experience, resources and expertise to prepare this book.

Together we can develop a society that is free from gender-based violence and discrimination, guarantee human rights and promote gender equality in our beloved land of Timor-Leste.

Dr. Odete Maria Freitas Belo, MPH
Minister of Health

Glossary of abbreviations

ADTL	*Asosiasaun Defisiénsia de Timor-Leste* (Timor-Leste Disability Association)
ALFeLa	*Asisténsia Legál ba Feto no Labarik* (Legal Assistance for Women and Children)
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CODIVA	Coalition for Diversity and Action
CSI	*Centru Saúde Internamentu* (In-patient Health Centre)
FOKUPERS	*Forum Komunikasaun Ba Feto Timor Lorosa'e* (East Timorese Women's Communication Forum)
HAI	Health Alliance International
HAMNASA	*Hamutuk Nasaun Saúdavel* (Together a Healthy Country)
HIV	Human Immunodeficiency Virus
HIV PEP	HIV Post-exposure Prophylaxis
INS	*Instituto Nacional de Saúde* (National Institute of Health)
IUD	Intrauterine Device
JSMP	Judicial System Monitoring Program
JU,S	*Jurídico Social Consultoria* (Legal Social Consulting)
LGBT	Lesbian, Gay, Bisexual, Transgender
MISP	Minimum Initial Services Package
MoH	Ministry of Health
MSSI	Ministry of Social Solidarity and Inclusion
MSSI OPL	MSSI *Ofisiál Protesaun Labarik* (Child Protection Official)
PRADET	Psychosocial Recovery and Development in East Timor
PTSD	Post-Traumatic Stress Disorder
RDTL	*República Demokrátika de Timor-Leste* (Democratic Republic of East Timor)
RHTO	*Ra'es Hadomi Timor Oan* (National Disabled Persons Organisation)
SEII	Secretary of State for Equality and Inclusion
SISCa	*Servisu Integradu Saúde Comunitáriu* (Integrated Community Health Services)
STI	Sexually Transmitted Infection
TAF	The Asia Foundation
UNFPA	United Nations Population Fund
UNTL	*Universidade Nacional Timor Lorosa'e* (National University of Timor-Leste)
VPU	Vulnerable Person's Unit
WHO	World Health Organisation

Key to reading concepts

Women's quotes/stories

Knowledge

Laws/policies

Concepts from the literature

Good practice

Key messages at the end of each section/chapter

INTRODUCTION

Why do we need this book?

We are a group of researchers, educators and health practitioners from Timor-Leste and Australia. We have a vision to help support the health system in Timor-Leste to be a safe and compassionate place that can help women and children who are subjected to violence. We also want to contribute to the ability of health providers to reduce and prevent violence in the longer term. We started doing this work in 2015 with a small research grant from La Trobe University. At that time, we wanted to learn more about how to support midwives to respond to this complex problem because they are the primary healthcare providers for women and children.

In that research we interviewed 56 midwives and community leaders from Dili, Baucau and Liquiçá (Wild et al. 2016; Wild et al. 2019; Wild et al. 2020a). They told us about the difficulties they were facing when they were assisting victims of violence, especially a lack of privacy during consultations and not enough time to ask the important questions when there were lots of patients waiting.

But the midwives also told us that these barriers were not impossible to overcome. They felt they could find ways to support victims of violence if they received capacity-building and guidance from the Ministry of Health and good support from their managers and colleagues.

That research also showed the limitations if only a few people in a health service received education or training on how to assist victims of violence. If the person who received training was not working when a victim of violence attended the service, or if they left to work somewhere else, there was no one to take responsibility and assist women and children who needed help.

Helping people who have experienced violence and trauma is work that is difficult to do alone. Because of these reasons, and also because many women and children in Timor-Leste have been subjected to domestic violence, it is very important that *all* health providers are able to provide first line support and that managers can provide strong leadership to support their staff. It is also very important to have good policies, referral mechanisms at the health system and community levels and record-keeping systems that can support justice for victims of violence and quality improvement of services.

We have designed this book as a foundation to support all health providers in Timor-Leste to assist survivors of violence. The book is written as an accompaniment to the World Health Organisation (WHO 2019) curriculum on caring for women subjected to violence which was adapted for Timor-Leste as a pre-service university course (Wild et al. 2020b) and as in-service training and follow up support within health services (HAI et al. 2021). These teaching and learning materials, and more papers about the findings from the research studies, are available in both Tetun and English on this website.[1]

1 https://www.latrobe.edu.au/jlc/research/reducing-violence/timor-leste

What evidence informs the content?

Timor-Leste was one country where the World Health Organisation's curriculum was first piloted. Results of this pilot showed there were very good learning outcomes for students who did the course and their knowledge, attitudes and confidence in responding to victims of violence improved significantly (Wild et al. 2020c).

The results of the pilot studies in Timor-Leste were fed back to improve the World Health Organisation's global curriculum for use in other countries (Wild & Taft 2019). Because the Timor-Leste curriculum closely follows the World Health Organisation's evidence for best practice, much of this book draws on the structure and content of the World Health Organisation's clinical guidelines (WHO 2013; WHO 2017a), handbooks (WHO 2014; WHO 2017b) and global curriculum (WHO 2019).

It also includes the policy and legal context of Timor-Leste and aligns closely with the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH et al. 2018), which is also based on the World Health Organisation's best practice.

This book and the curriculum have been heavily contextualised for Timor-Leste, based on our research with midwives and community leaders, and also a study with 28 women who have experienced violence. These women told us about the importance of kindness and empathy when they are finally able to reach assistance at health services. The women also told us they want information about all their options from health providers and they want to be assisted to safety, for both themselves and their children (Wild et al. 2022).

This book includes stories from these health providers and women so we can have a deeper understanding of their experiences and design systems that can meet their needs.

"It's good to attend training and receive a book. If we just talk, later we will forget." Midwife, Baucau

Acknowledgements

This book was made possible because of the hard work and dedication of many people. The primary research with midwives, community leaders and women who have experienced violence was funded through an Australian Research Council post-doctoral fellowship (DE170101454) and a La Trobe University 'Transforming Human Societies' Research Focus Area grant. The adaptation and piloting of the World Health Organisation curriculum in Timor-Leste and the development of the video learning resources and this book was made possible through funding support from the Rotary International Clubs of Manningham (District 9810, Australia) and Dili Lafaek (D9560, Timor-Leste) and from the World Health Organisation's Department of Reproductive Health and Research.

The National University of Timor-Leste (UNTL - Universidade Nacional Timor Lorosa'e) has been our main partner from research to curriculum development and capacity building of health lecturers and trainers in Timor-Leste. Without the leadership of UNTL, this work would not be possible. We also value the collaboration of several other Universities in Timor-Leste which have shown commitment to taking up and teaching the curriculum within their undergraduate and diploma degrees – thank you to *Institutu Superiór Cristal, Universidade Oriental Timor Lorosa'e, Universidade Dili, Universidade da Paz and Instituto Ciências da Saúde*. We thank the National Institute of Health (INS - *Instituto Nacional de Saúde*) in Timor-Leste for their continued support for research in this area, their input into teaching material and their contribution to training. The Ministry of Health together with the United Nations Population Fund (UNFPA) and the World Health Organisation in Timor-Leste have provided strong national leadership on the health system response to gender-based violence which was important in guiding this work.

Content warning: Readers should be aware that this book contains content and stories of trauma and abuse that some people may find difficult to read. If you experience any distress, or something similar has happened or is happening to you, it is helpful to reach out and talk to someone who is supportive. There are domestic violence and sexual assault support service available in most countries. If you are in Timor-Leste this website has a list of services and contact details to get further assistance. https://hamahon.tl/#/

Many non-government and civil society organisations in Timor-Leste have generously shared their insights and contributed to so many aspects of this work. Thank you to PRADET for inputting your practical experience and knowledge of training and helping victims of violence, and always being there for us. Thank you to HAI/HAMNASA for amplifying this work more broadly within health services and for your commitment to scaling up best practice. Thank you to The Asia Foundation Nabilan program which advised on policy and legal aspects, peer-reviewed the curriculum and were a sounding board throughout this journey. FOKUPERS, Alola Foundation, Uma Pas Baucau and PRADET were instrumental in connecting us with the women who bravely shared their stories. The work of these organisations makes such a difference to women's lives. And thank you most of all to the women and health providers whose stories enrich these pages and bring meaning to the learning resources.

In addition to the authors who wrote and edited the Chapters in English and Tetun, Katrina Langford and Dr. Kirsty Sword Gusmão translated and copy edited the entire book in both languages and ensured consistency and clarity. We thank you for your attention to detail and commitment to combatting gender-based violence. A big thank you to our academic peer-reviewers, Prof. João Martins for the Tetun version and Dr. Sana Niner for the English version, who brought their knowledge of Timor-Leste and the issue of gender-based violence and health systems to critically analyse the text and suggest areas for improvement.

Thank you also to Sebastian Kainey and Steven Chang from the La Trobe eBureau who have helped through the entire process of producing this book. We share your commitment to developing resources that are open-access and can support teaching and learning for students everywhere.

Why are memory aids so important?

When we first began the adaptation of the World Health Organisation curriculum for Timor-Leste, one very important aspect was adapting the memory aid that helps health providers remember the steps in a good response for victims of violence. In English this is LIVES (Listen, Inquire, Validate, Enhance safety, Support). Memory aides are very important because research has shown they result in higher recall and performance scores and are remembered over longer periods of time (Carney & Levin 2000; Levin et al. 1992; O'Hara et al. 2007).

Memory aids have even shown to increase student comprehension and create a deeper, more conscious learning experience (Tisdell 2019). Based on the steps in LIVES and what women were telling us about their need for confidentiality, empathy and not to be blamed for the abuse, a new memory aid was developed in Tetun: *Hahú Relasaun* (begin a good relationship) and these steps form the foundation of the curriculum structure and first line support in this book.

ENGLISH MEMORY AID	TETUM DIRECT TRANSLATION	TETUM ADAPTED MEMORY AID **Hahú Relasaun** *di'ak*	ENGLISH TRANSLATION
L Listen	**R** *Rona*	**Ha > *Hatene sinál ba violénsia***	**Ha** Know the signs of violence
I Inquire	**H** *Husu*	**Hu > *Husu kona-ba problema***	**Hu** Ask about problems
V Validate	**V** *Valida*	**Re > *Reasaun empátiku***	**Re** Respond with empathy
		La > *Labele fó sala vítima*	**La** Don't blame the victim
		S > *Segredu profisionál*	**S** Professional secrecy
E Enhance safety	**A** *Aumenta seguru*	**Au > *Aumenta seguru***	**Au** Enhance safety
S Support	**S** *Supporta*	**N > *Nafatin tau matan***	**N** Continue support


This book is titled '*Gen*der-based Violence and Healthcare in Timor-Leste' in recognition of the many forms of violence that are directed at women and girls because of their gender, and are rooted in the difference in power and entitlement given to men compared to women. However, within the book we tend to use the more specific term 'domestic violence' (violence within the family) because this is by far the most common type of violence against women in Timor-Leste and is most often committed by men against their female partner (intimate partner violence) (GDS et al. 2018). We also refer to 'sexual assault' (including non-partner sexual violence) and 'child abuse' because these are very important issues that need to be recognised and addressed through specific responses within the health system.

We acknowledge that men can be victims of domestic violence and sexual assault and need the same care by health providers that is outlined in this book. We also acknowledge that women can perpetrate violence against men and also against children and other family members. However, because of gender and power relations, most violence is committed by men against women. When men do experience violence, it is mostly from other men. The violence that men inflict also has a greater impact and health providers will most often come into contact with women and children as victims of violence. Therefore, given the magnitude of the problem and the severe impact it has specifically on women and children, the focus of the language must be on them.

In the wider literature, there is some debate about the use of victim versus survivor, patient versus client. All of these have their limitations because they label and categorise people based on a specific experience they have had or a situation they are in. We have therefore tried to foreground women and children as people first and foremost by using, for example, 'women who have experienced violence'. This longer wording is not always practical, and so we have used victim to facilitate ease of reading. We have chosen to use the word 'victim' rather than 'survivor' throughout the book for two reasons. The first is that in Tetun the word 'survivor' (*sobrevivente*) is not as common or widely understood compared to the word 'victim' (*vítima*). The second reason is that the word 'survivor' tends to be associated with someone who has survived the war during the Indonesian occupation.

Who should read this book?

This book is designed as a University-level textbook and is essential reading for nursing, midwifery and medical students as well as those studying public health and allied health degrees. It is also useful as a practical guide for health providers already working within services and for policy-makers and managers, as it charts a way forward for strengthening the health system response to violence against women and children in Timor-Leste.

This book may also be of interest to readers internationally who want to learn more about gender-based violence and health in Timor-Leste or are seeking to adapt global guidelines and curricula to specific country contexts. The book begins with an outline of the definition and prevalence of different forms of gender-based violence in Timor-Leste and globally, followed by an in-depth exploration of the laws, policies and referral mechanisms specific to the context of Timor. We then examine the root causes of violence including gender inequality, power and the damaging attitudes and beliefs that often lead to victim-blaming. The following chapters provide a step-by-step guide to help health providers identify the signs of violence, ask about violence and respond in a way that empowers and supports people on their journey to safety. The book ends by outlining how we can all contribute to a more supportive health system and how we can make a difference by helping our colleagues, family and friends who might be victims of violence themselves.

Together we can stop the cycle of violence that affects so many women and children around the world. We hope this book provides a strong foundation for us all to feel confident and supported as we stand united against gender-based violence and help our families and communities to thrive.

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1 VIOLENCE AGAINST WOMEN AND CHILDREN: IMPORTANT ISSUES FOR PUBLIC HEALTH

Prof. Angela Taft[1], Prof. Lídia Gomes[2] & Dr. Kayli Wild[1,3]

In this Chapter you will learn about these important things:

1. *Definitions of domestic violence, sexual assault and child abuse*
2. *Prevalence (what percentage of people it happens to) of different forms of violence globally and in Timor-Leste*
3. *The cycle of violence and some people who are more vulnerable to violence and abuse.*

1 Judith Lumley Centre, La Trobe University, Australia
2 Gabinete Assuntos de Cooperação, Universidade Nacional Timor Lorosa'e, Timor-Leste
3 Institute for Human Security and Social Change, La Trobe University, Australia

1.1 DEFINITIONS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE

In this section you will learn about the types of violence against women and children that are the most common. You will also learn about the definitions of these types of violence, according to international standards from the World Health Organisation and the law in Timor-Leste.

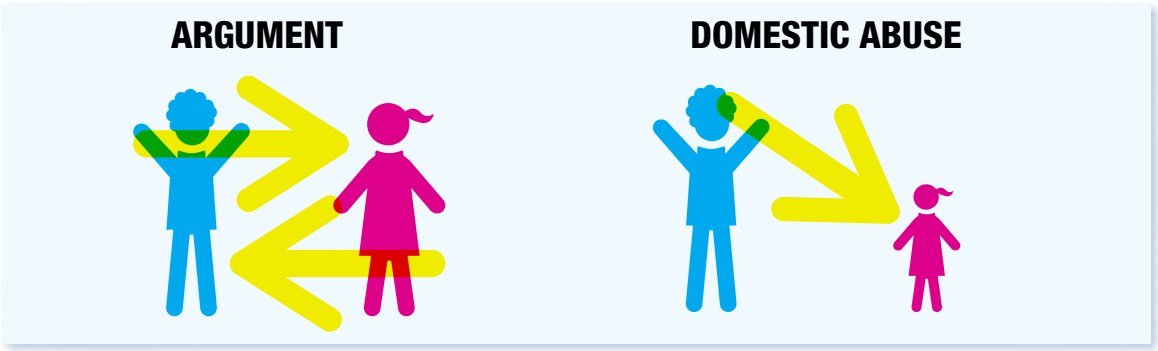
Gender-based violence is a very broad term that describes harmful acts directed at people based on whether they are a man or a woman. Because of power differences between men and women in society, women and girls are more at risk of being targeted for violence. But men and boys can also be victims, and lesbian, gay, bisexual and transgender (LGBT) people are often targets of violence based on their gender identity.

Gender-based violence can take many forms. You will learn more about the most common types of violence in Timor-Leste, what behaviours constitute abuse and violence and how these behaviours can be properly measured.

What is domestic violence?

Domestic violence includes threats and physical, sexual, emotional or economic violence or abuse from family members or other people who live in the house. This occurs when a person abuses the power or control that they have over other members of the family. Most victims of domestic violence are women and children and most times it is men who commit these crimes. In Timor-Leste, the Law Against Domestic Violence (2010) defines domestic violence in the following way:

Domestic violence is "any act or sequence of acts committed **within a family context,** with or without cohabitation, by a family member against any other member of that family, where there is a situation of ascendancy, notably physical or economic, in the family relationship, or by a person with regard to another person with whom the former has had an intimate relationship which resulted, or may result, in **physical, sexual or psychological injuries** or suffering, **economic abuse**, including **threats** such as intimidating acts, bodily harm, **aggression, coercion, harassment, or deprivation of freedom**" (RDTL 2010)



Domestic violence involves a power imbalance in an abusive relationship.
Source: adapted with permission from RACGP (2022).

Violence and abuse is more likely to happen in relationships when power is not equal (RACGP 2022). For example, if men have more power than women or parents believe they should control and teach their children by hitting them.

Globally, the type of domestic violence that is most common is violence against women from a current or former husband or boyfriend (this is called intimate partner violence). The next most common type of violence is child abuse (WHO 2013).

What behaviours define domestic violence or abuse?

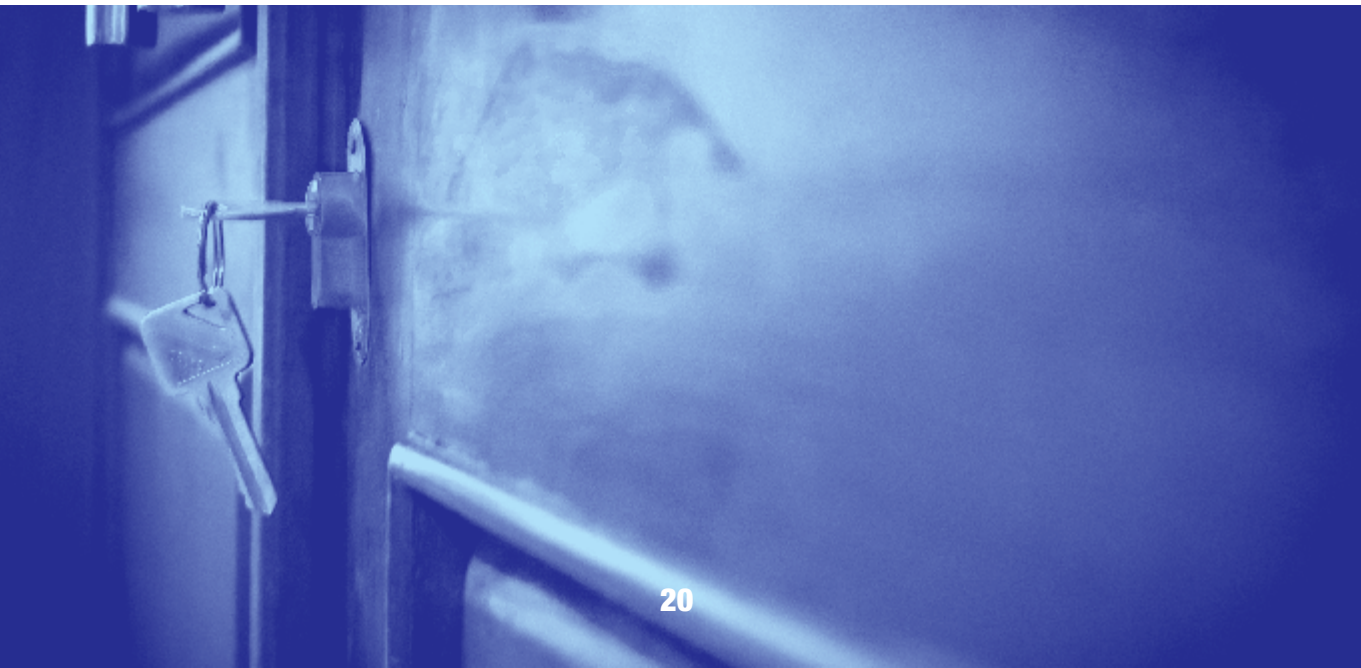
Emotional/Psychological abuse – saying mean things like she is ugly or stupid, threatening to be violent to her or her children, threatening to destroy the things she really likes, putting her down constantly, embarrassing or putting her down in front of other people.

Physical violence – hitting, kicking, strangling, burning, slapping, hurting with a weapon, pushing, shaking.

Economic violence/control – not sharing money to buy the necessities for the family, always asking where the woman is and what she is doing, not letting her leave the house (for example to go to work or to meet family or friends), not allowing her to get health care or treatment (for example contraception) or always accusing the woman of being unfaithful.

Sexual violence – forcing someone to have sex or forcing them to do sexual acts they do not want to do, hurting her during sex, forcing or trying to force her to have sex without protection from infection or unplanned pregnancy.

These different types of violence usually occur together.



Types of violence against women

Physical Violence

Hurting with a weapon	Beating	Hitting
Slapping	Shaking	Kicking
Pushing	Strangling/choking	Burning

Emotional/psychological abuse

Criticising her repeatedly	Threatening to destroy things she cares about	Threatening to hurt her or her children
	Humiliating or belittling her in public	Insulting her or calling her names

Sexual Violence

Harming her during sex	Forcing someone to have sex or perform sexual acts they don't want to	Forcing her to have sex without protection from pregnancy or infection

Economical controlling behaviours

Destroying important documents	Not allowing her go out of the home (i.e. to work or see family)	Leaving her without money to run the home
Insisting on knowing where she is at all times	Often being suspicious that she is unfaithful	Not allowing her to seek health care without permission

What is sexual assault?

When two adults engage in sexual activity, they both need to agree that they want to participate. This is called '**consent**' and it means both people freely make a choice and say 'yes', without pressure or manipulation. Any sexual activity without the other person's consent is **sexual assault**. If two people are married, consent for any sexual activity is still required and women are not obliged to have sex with their husband if they do not want to.

In Timor-Leste, there is very limited understanding of consent among both men and women. A report investigating the high rate of teenage pregnancy in Timor-Leste found that many young women felt pressured by their boyfriend to have sex, some were deceived or exploited by older or more powerful men, and others were forced to have sex (raped) (Cummins 2017). All of these are considered sexual assault.

A common definition of **sexual assault** is forcing or tricking someone into having sexual relations or participating in sexual acts when they do not want to. Sexual assault includes penetration of the vagina, anus or mouth (rape) as well as many other types of sexual acts including:

- Forcing or trying to force someone to have sex by threatening them or making them scared
- Touching someone's genitals
- Forcing or trying to force a person to touch their genitals
- Forcing or trying to force a person to show parts of their body to them
- Forcing or trying to force a person to do sexual acts when other people are watching
- Forcing or trying to force a person to watch pornography

Any sexual activity with a person under the age of 14 is sexual assault, because the legal age of consent under the law in Timor-Leste is 14. This means it is illegal to carry out sexual activity with someone who is not yet 14, even if they want to do it. Sexual acts with people who are 14-16 years of age is also a crime if the perpetrator is in a position of power or takes advantage of the young person's inexperience (RDTL 2009).

Sexual harassment is also a form of discrimination and abuse against women. Sexual harassment includes behaviour such as commenting on someone's physical appearance, pestering someone constantly to go out on a date, offering favours for sex and other verbal and physical behaviour that is sexual. This short video[4] by JU,S *(Jurídico Social Consultoria – Socio-Legal Consulting)* describes the sort of behaviours that constitute sexual harassment. This behaviour by men affects women in many ways, because it can make the woman feel humiliated, intimidated and unsafe, and this can have a negative impact within her family, social, education and work environments.

What is child abuse?

Child abuse is physical, emotional, psychological or sexual mistreatment of a child. Neglect (not looking after) and abandonment are forms of child abuse. Chapter 6 in this book provides detailed information about how you can assist children and people with disabilities. Chapter 6 also has information about various types of abuse that people do to children.

Many times, when people carry out sexual abuse of a child they do not do it with physical force, they use manipulation (for example psychological manipulation, threats or offering presents to children if they carry out sexual acts). Many times, the

4 https://www.facebook.com/watch/?v=494384231385234

person who carries out the sexual abuse of the child is a family member of the child. This is called incest. Adolescents also experience sexual abuse and sexual harassment from their friends, or people the same age as them, including their boyfriend.

It is very important to remember that different types of violence can occur at the same time. For example, if a young woman is raped and the woman's family blame her and beat her. Another example is a child whose parents do not look after them (neglect) and then someone chooses to sexually abuse them because they think the child will not be able to get help from their parents. Health providers have a very important role in understanding various forms of abuse and supporting children to get help, because many times children are not able to get help in other ways.

Witnessing violence in the home or in the community can have a negative impact on children, even if they themselves are not subjected to the violence. If children witness violence, they can feel very scared and be constantly worried about their safety or the safety of their parents. Witnessing violence can also cause children to have difficulties concentrating at school. Children may copy these violent behaviours towards their siblings or friends, and when they become adults, they may also repeat this behaviour with their spouse and children of their own.

Health providers should tell their clients what domestic violence, sexual assault and child abuse are, and that it is their basic human right to live free from violence and control. They should also tell people that violence against women and children is against the law in Timor-Leste and there is help available for them. You will read more about the Law Against Domestic Violence and the obligation of health providers under the law in Chapter 3.

Domestic violence is when a member of the family uses their power to abuse or control other members of their family. This abuse can be physical, sexual, emotional or financial. Violence from a current or former husband or boyfriend (intimate partner violence) is the most common form of violence in Timor-Leste and around the world.

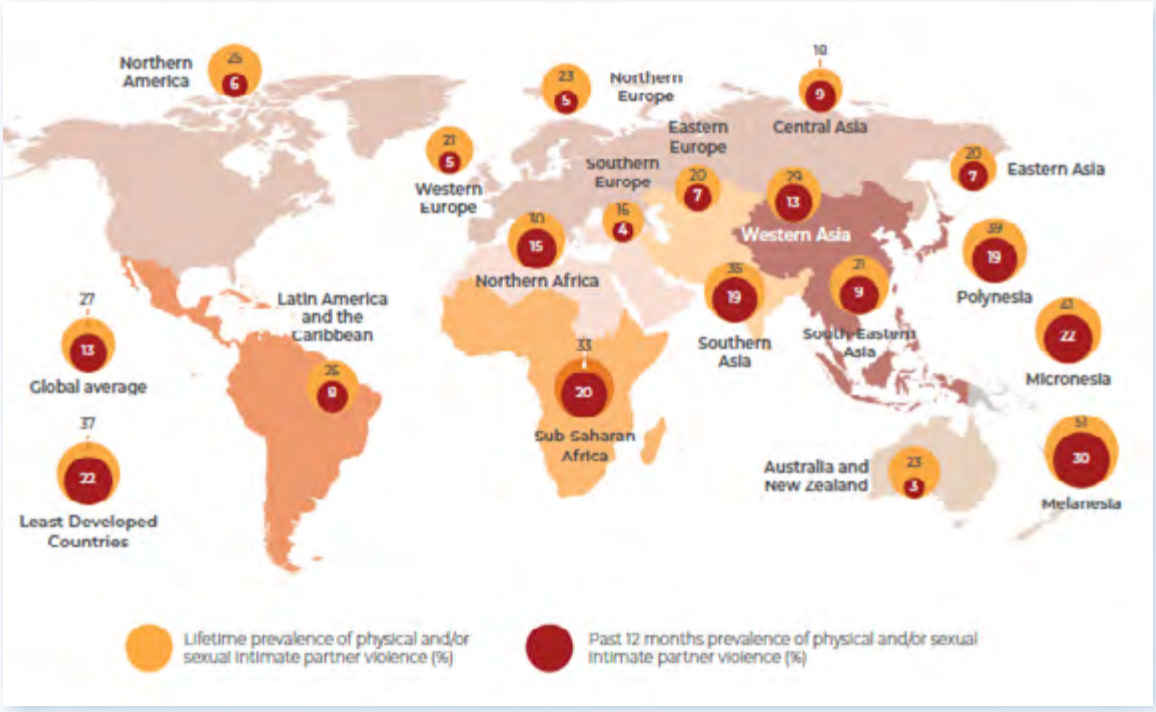
1.2 PREVALENCE OF DIFFERENT FORMS OF VIOLENCE AGAINST WOMEN GLOBALLY AND IN TIMOR-LESTE

In this section you will learn about the prevalence of domestic violence, sexual assault and child abuse. You will learn about some of the different surveys that collect data at a national level and you will look at the differences between these surveys.

Prevalence means the proportion of people who have experienced something over a specific period of time. For example, you can look at the proportion of women who have experienced violence in their lifetime, or the proportion of women who have experienced violence in the last 12 months. Prevalence is usually written as a percentage (%). A percentage means how many out of 100. For example, five people out of 100 people is 5%. Another example is if 40 women have experienced violence in the past 12 months out of 100 women who took a survey, then the prevalence is 40%. If you measure the prevalence of domestic violence with different definitions, you will get different results. If you only measure physical violence, you will get a smaller percentage than if you also include other types of violence such as sexual violence and emotional violence as well.

The map below shows the global prevalence of domestic violence from a husband or boyfriend (intimate partner violence) in different regions of the world, based on surveys that used the World Health Organisation's questions and methods (WHO 2021). These surveys asked women the same questions about abuse or violence that people have done to them. These surveys are nationally representative, which means they ask the questions randomly to women in different municipalities. Asking questions randomly gives a random sample and means the people who are selected are likely to reflect what is happening in the whole population around the country.

The map below shows that violence from a husband or boyfriend is a significant problem for women in all places, but there is a big difference in the percentage of women who have experienced violence in the last 12 months. For example, women in Melanesia are ten times more likely to experience physical or sexual violence from their husband or boyfriend in the past 12 months, compared to women in Australia (30% compared with 3%).



Percentage of women in different regions of the world who have experienced physical or sexual violence from their partner in their lifetime (large yellow circle) and in the past 12 months (smaller red circle).

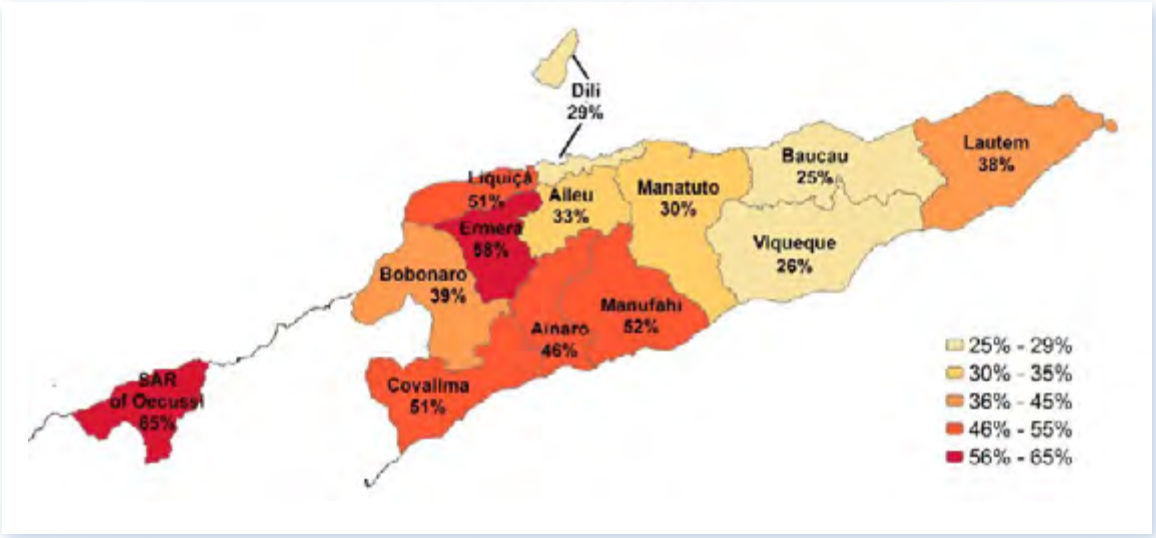
Source: (WHO 2021, used under CC BY-NC-SA 3.0 IGO).

Several national surveys on violence against women have been carried out in Timor-Leste and use the World Health Organisation questions. To date, there are three national surveys that have collected data about the prevalence of violence against women in Timor-Leste:

- 2010 Demographic and Health Survey
- 2016 *Nabilan* Survey
- 2016 Demographic and Health Survey

The 2016 Demographic and Health Survey asked 5,122 women and girls aged between 15 and 49 (the childbearing years) from all municipalities in Timor about their experience of violence (GDS et al. 2018). This survey found that 38% of women who had been married had ever experienced physical or sexual violence from their husband or boyfriend. This survey also showed that 35% of women had experienced violence in the past 12 months. This indicates that around one in three women are currently experiencing domestic violence in Timor-Leste. This number of women experiencing violence is extremely high and if you look at the map above, you can see that Timorese women experience a level of violence that is higher than most other countries in the world.

The map of Timor-Leste below shows that in the 2016 Demographic and Health Survey women reported different rates of violence from their husband or boyfriend in each municipality. You can see the percentage of women who said they experienced violence is highest in Oecusse (65%) and lowest in Baucau (25%). But these differences could also be because of the difference in women's willingness to speak to researchers about violence that has occurred, and this could affect the numbers that you see in the research. What do you think?



Percentage of ever-married women who have ever experienced violence from their husband or partner, by municipality.

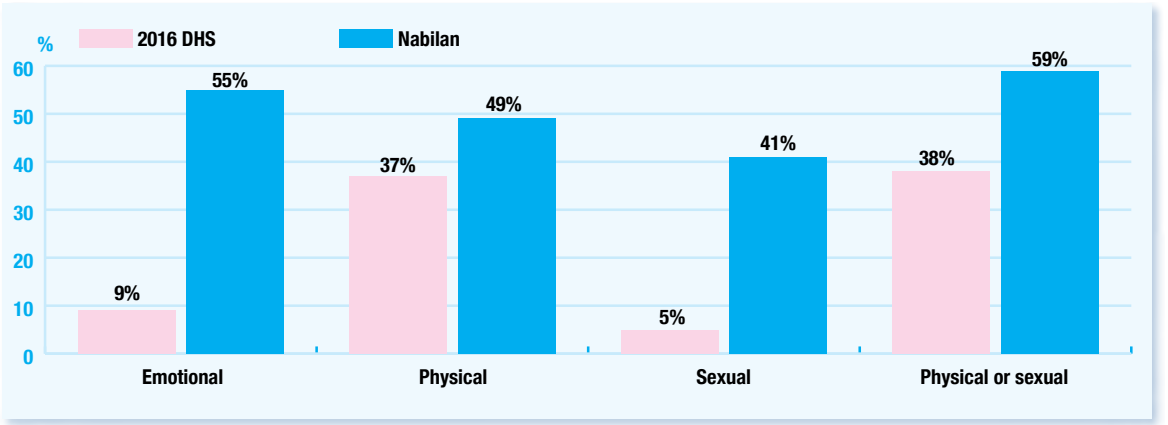
Source: 2016 Demographic and Health Survey (GDS et al. 2018, used with permission)

There are also differences between rates of violence in the different surveys. For example, the *Nabilan* survey was carried out in the same year as the Demographic and Health Survey (2016). The *Nabilan* survey asked questions to 1,478 women aged between 15 and 49. The *Nabilan* survey showed that 59% of women had ever experienced physical or sexual violence from their husband or partner and 47% had experienced violence in the past 12 months (TAF 2016).

The graph below shows the percentage of women who have ever experienced different types of violence, including emotional violence, physical violence, or sexual violence from their husband or partner. In this graph, the white bars show the percentage from the 2016 Demographic and Health Survey, and the black bars show the percentages from the 2016 *Nabilan* survey. In the graph you can also see various types of violence. There is a big difference between the data from these two lots of research, especially regarding the prevalence of emotional and sexual violence, even though these two surveys were national surveys held in the same year. These differences may have occurred for many reasons. The following are some of the reasons that may have made the survey results different:

- How the questions were asked
- The level of training of the people who carried out the survey
- Whether the women felt comfortable or not to speak about what happened to them.

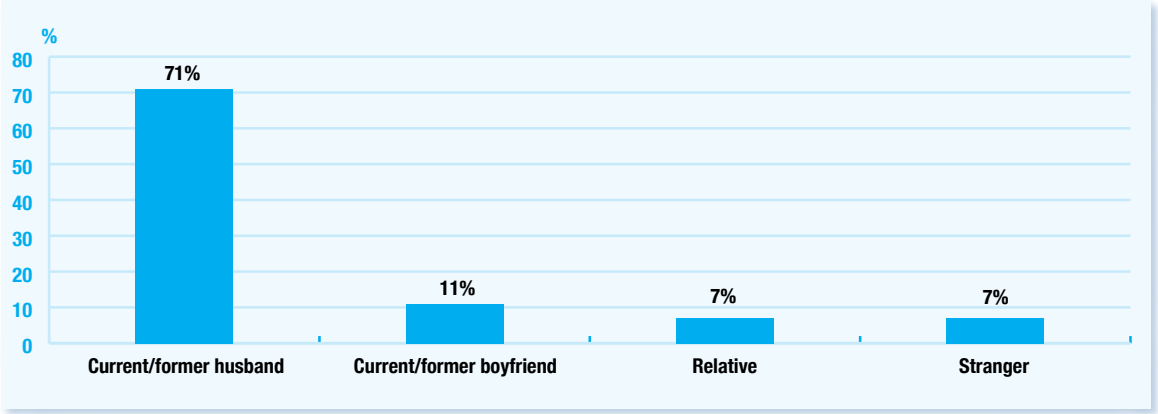
Generally violence tends to be under-reported, which means higher estimates are likely to be more accurate.



Percentage of women who have ever experienced different types of violence, committed by their husband or partner.

Source: (GDS et al. 2018; TAF 2016)

When you look at the 2016 Demographic and Health Survey data in the graph below, you can see that for women between the ages of 15-49 who said they experienced sexual violence, the perpetrator of the violence was most likely to be their current or former husband (71%), and only 7% of women said they experienced sexual violence from a stranger (people they do not know) (GDS et al. 2018). Lots of people think that most sexual violence is committed by people who are strangers, but this is not correct.

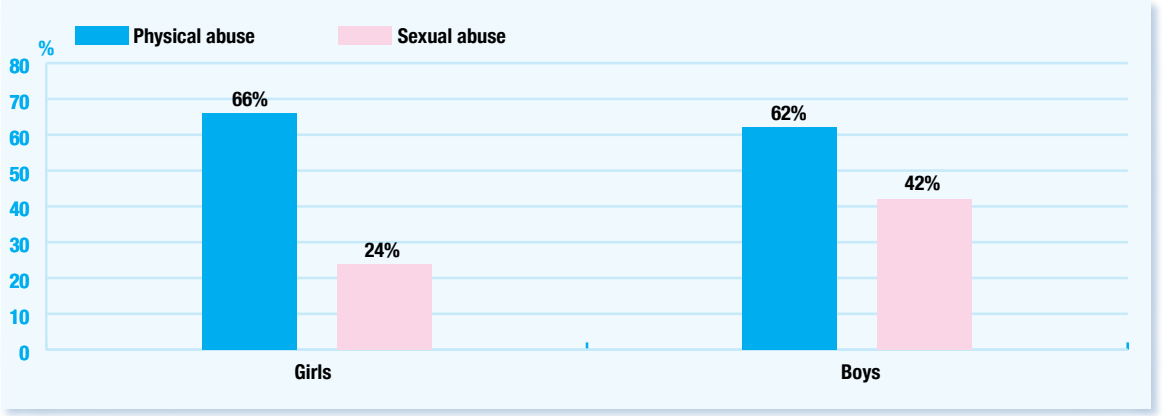


Perpetrators of sexual violence against women aged 15-49.
Source: 2016 Demographic and Health Survey (GDS et al. 2018)

The *Nabilan* survey shows that 14% of women had been raped by someone who was not their partner. For these women, the perpetrator was most likely to be their father or other member of the family (20.2%), a stranger (15.6%), a man who lives nearby (11%), a friend of the family (9.3%), a boy (17 years and younger) who lives nearby (2.3%) or a teacher (0.6%) (TAF 2016).

The graph below shows the percentage of women and men who said they were physically or sexually abused when they were children. 66% of women and 62% of men said they had been physically abused as a child (TAF 2016). Other research in Timor-Leste has found similar rates of physical abuse and violent discipline, and shows that tolerance of violence toward children is widespread (UNICEF 2006; Suthanthiraraj 2019). This use of violence is extremely damaging to children's health and development, and all sectors of society need to work together to prevent violence and keep children safe.

In the *Nabilan* survey 24% of women and 42% of men said they had been sexually abused as a child. These rates of child sexual abuse are very high. Researchers have pointed out that boys can be targeted for sexual abuse to humiliate them or assert masculine power or hierarchy over them by other boys or men (Dalby et al. 2021). Boys who do not conform to dominant ideas of 'masculinity' can be more at risk of abuse.



Percentage of women in Timor-Leste and men in Dili who experienced physical or sexual abuse as a child.

Source: (TAF 2016)

The level of domestic violence in Timor is very high compared to many other countries. We know this because Timor-Leste collects good data through the Demographic and Health Survey and other surveys. People can use this data to make plans and advocate for the situation to change. People can also see what has improved and what has not improved over time.

1.3 THE CYCLE OF VIOLENCE AND SOME GROUPS THAT MIGHT BE MORE VULNERABLE TO ABUSE

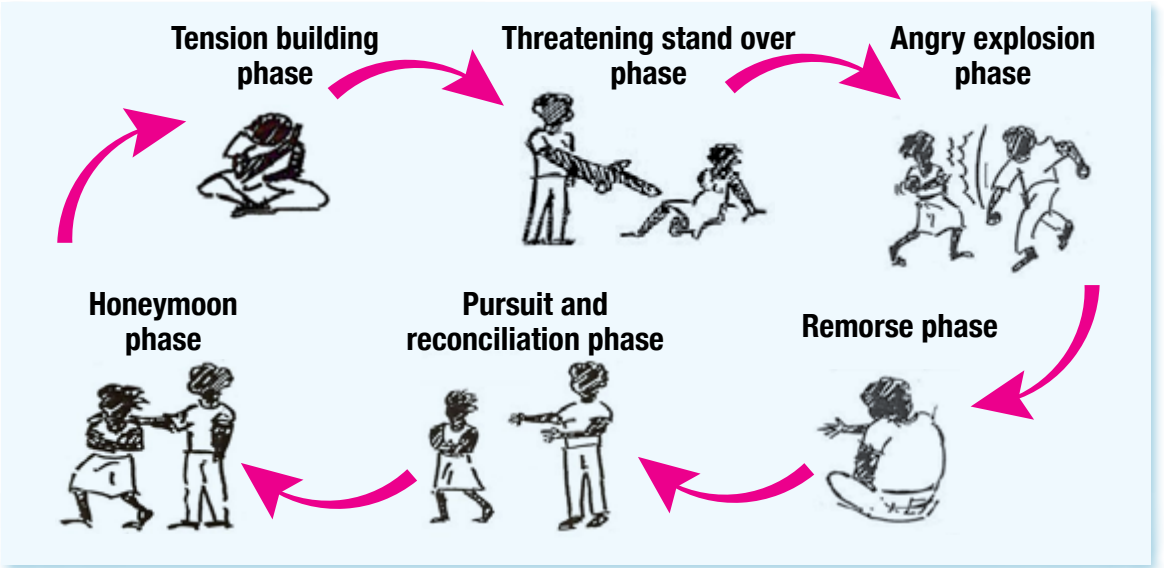
In this section you will learn about the cycle of violence, which means that abuse from a partner is likely to get worse over time. You will also learn that some groups of people are more likely to experience violence because they are more vulnerable, or it is more difficult for them to get help. Women and children are very vulnerable during crisis situations and there needs to be special measures to protect them during times of emergency.

What is the cycle of violence?

Men who use domestic violence are usually violent many times, not just once. Most research shows that domestic violence is a pattern of violent and controlling behaviour that is repeated and it continues to get worse over time. This situation also occurs in Timor-Leste because 81% of women who reported experiencing violence from their partner said this violence happened frequently and 77% said the physical violence was severe (TAF 2016). This way in which men use violence and control over their partner is a pattern of behaviour called the cycle of violence. This cycle begins when tension and anger increase bit by bit until the man uses violence (this can be verbal, emotional or physical). After this, the man may say he is sorry and promise it will never happen again. Following this is the phase where things seem calm, until the tension and anger start to increase again and he is violent again. It is important to know that every time this cycle happens, it is more likely that the violence will be worse and more damaging over time.

If a man drinks alcohol, especially if he is a heavy drinker, he is more likely to use violence (Laslett et al. 2021). When alcohol is involved, the violence is usually worse and the injuries can be worse. Even though not all perpetrators follow this cycle of violence, many do and it can be very dangerous for the woman or her children's life. If health providers talk about the cycle of violence with the woman who has been abused and ask the woman if the violence against her has increased, it can help the woman to understand the risks to her and her children's safety.

Cycle of domestic violence



The cycle of domestic violence.

Source: PRADET Fatin Hakmatek *(Copyright 2008). Used with permission.*

Who is most vulnerable to domestic violence and sexual assault in Timor-Leste?

Global research and research in Timor-Leste has shown that some people are more vulnerable to being abused than others. The people who are more vulnerable to violence are:

- **Women** – Between 38% and 59% of women in Timor-Leste experienced physical or sexual violence from their husband or boyfriend (GDS et al. 2018; TAF 2016).
- **Children and young people** – More than 70% of men and women experienced physical or sexual abuse as a child (TAF 2016). There is a greater risk to them if they do not live with their own parents, for example in an orphanage, with other family members or work in someone's house.
- **Women with a disability** – Women with a disability are twice as likely to experience violence (TAF 2016).
- **Women who have been previously married** (for example, have been abandoned, separated, divorced or widowed) – These women are more likely to experience physical violence often (GDS et al. 2018).

- **Pregnant women** – 14% of women have experienced violence when they were pregnant (TAF 2016). Violence can get worse when a woman is pregnant, especially if the woman is still young. This can have a large negative impact on the woman and her baby.
- **People who are LGBT** (lesbian, gay, bisexual or transgender) – 87% of people who identify as LGBT have experienced intimidation and harassment in their lives (Rede Feto 2017).
- **Sex workers** or women who have been trafficked or coerced into an exploitative situation (including child marriage or being forced to marry someone who has raped them).

Why are these people more vulnerable to abuse? It may be because they have minimal power in society and in their families, people put them down or discriminate against them. They may have less ability to speak up about their problems or get help. People who belong to two or three of these groups may be at even greater risk, because they can be discriminated against based on gender, sex, age, social status, race, religion, disability and physical appearance. In Chapter 2 you will learn more about barriers for people getting help and how health providers can help take down these barriers.

In times of crisis such as pandemics, conflict or natural disasters, what are the additional risks to vulnerable people?

Poster to increase awareness and response to domestic violence during COVID-19. *Source: poster designed by Rici Alexander, used with permission. A print version of the poster can be found at this link[5].*

5 https://doi.org/10.26181/19246218.v2

Domestic violence, sexual assault and child abuse are likely to increase during and after times of emergency such as natural disasters, health pandemics such as COVID-19 and political conflict. This is because families are together at home for a longer time (for example during a state of emergency). Or they may be in an evacuation centre or in a displaced persons camp without good security. In emergency situations, people have limited ability to go out. People's ability to access community services and facilities such as schools, health services and safe houses is also reduced. Situations like these make it very difficult for women and children to get help or escape from violent situations. In situations like these, men who use violence sometimes increase their alcohol consumption and this can make the violence even worse. People usually feel more stressed in times of emergency because they may not have work, enough food or enough money. Although emergency situations are stressful, it is important to remember that these are not reasons to justify violence.

As health providers, you need to know about the increased risk of domestic violence and sexual assault in times of emergency. The government should prioritise essential services so they can remain open. These include maternal and reproductive health services, shelters and advocacy services for women and children. In situations of crisis and population displacement, there is a Minimum Initial Service Package (MISP) that aims to ensure women's basic health needs are met in times of emergency and reduce the long-term effects of trauma (Women's Commission 2006).

Women, young people, LGBT people and people with a disability are the most likely to experience violence and discrimination. When people are subjected to violence by a perpetrator, this violence usually occurs in a cycle that gets worse over time. If people do not intervene to stop the perpetrator, it is likely that the violence will not stop and can increase during crisis situations.

Important messages you learned in this Chapter:

- There are many forms of violence against women and children, including emotional, economic, physical and sexual violence and coercive behaviour.
- Domestic violence from a husband or boyfriend is very common in Timor-Leste.
- Some people, such as women with a disability, women who have separated from their husband or been abandoned, or children who live far from their home are more vulnerable to abuse and violence. Health providers need to know about the additional risks to these people and need to be ready to help them.
- Violence increases in times of crisis and pandemics such as COVID-19. If people are experiencing violence, it is likely that the violence will increase over time.
- Health providers have a very important role in understanding gender-based violence, providing care and treatment and supporting victims to be able to get further help.

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2 VIOLENCE AND SOCIETY: BELIEFS, ATTITUDES AND BARRIERS FOR PEOPLE TO GET HELP

Dr. Kayli Wild[1,2], & Angelina Fernandes[3]

In this Chapter you will learn about these important things:

1. *What contributes to violence against women and children in Timor-Leste*
2. *People's beliefs and attitudes towards violence and how to challenge these beliefs and attitudes*
3. *Obstacles for women, children and people with a disability to get help.*

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2.1 WHY IS THERE A LOT OF VIOLENCE AGAINST WOMEN?

In this section you will learn about the things that contribute to violence against women and children in all countries in the world, including Timor-Leste. But you need to first learn about three very important things: gender, power and control.

A person's *sex*, if a person's body is male or female, is different to *gender*.

Sex is the physical difference between women's and men's bodies. For example, a male grows facial hair and has a penis. A female has a vagina and breasts. These are physical differences.

Gender is the way our culture and families teach us to live in a 'feminine' or 'masculine' way, according to our sex. For example, women and men are expected to wear certain types of clothes, behave in certain feminine and masculine ways and have different social obligations and relationships to each other based on their gender.

Gender roles are what people believe is a woman's role and what is a man's role. Historically, society tells us that a woman's role is to clean the house, cook the food and look after the children, and a man's role is to go to work to make a living and make decisions for the family. In Timor-Leste it is common that married women are expected to be of service to their husband and his family, and submit to men's authority (Boarccaech 2018). Women are expected to be good wives and mothers who take care of the children and perform household chores (TAF 2016).

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 (Wild et al. 2009; Wild et al. 2020).

"…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

The gender roles assigned to women and men create gender stereotypes, but they do not actually reflect what women and men are capable of. For example, we know that men can cook, clean and look after their children. We also know that women can work and make decisions for their family. Gender roles are not the same in all countries because we create gender roles based on our culture. Gender roles can change when we change the way we think.

An example of how our society creates gender inequality:

A baby is born in Timor-Leste. The midwife tells the baby's parents that their child is a girl. The baby's sex is female. After a few years the girl starts to help her mother clean the house. She helps feed her younger brothers and sisters, wash the clothes and cook. Her brothers go to school and play soccer with their friends. She really wants to play soccer too, but her parents tell her girls should not play soccer.

When she grows up she gets married and her husband works and brings home money for the family. Because he is the one who works, he says he can use the money for whatever he wants. He is able to walk around at night, but he tells her she should not walk at night because it is not safe for women. Her friends say she should obey her husband.

From the example above, we can see that we assign different gender roles to people based on whether they have male or female bodies. Many times we do not realise we are doing it because people taught us about this when we were children. Because of these different gender roles, men are often placed at the top of the hierarchy within families and society (Boarccaech 2018). This means men have more power and control than women, and women often have less freedom, less money and fewer opportunities than men. This difference in men and women's power and the difference between how people treat men and women is called gender inequality.

Because men usually have more power than women, this creates inequality between men and women that can have a negative effect on women's health, access to resources and ability to participate in society. Some examples include:

- **Discrimination against women** such as parents wanting sons more than daughters, greater priority given to a son's education than a daughter's education, women getting lower wages than men, or doing more unpaid work.
- **Putting women in a position where they have very little power.** For example, through marriage when a woman is still too young, bride price, obligations to have children and look after children, economic dependence, and women not having the power to make decisions.
- **Violence against women** including physical violence, financial and emotional violence, sexual abuse, rape and human trafficking.

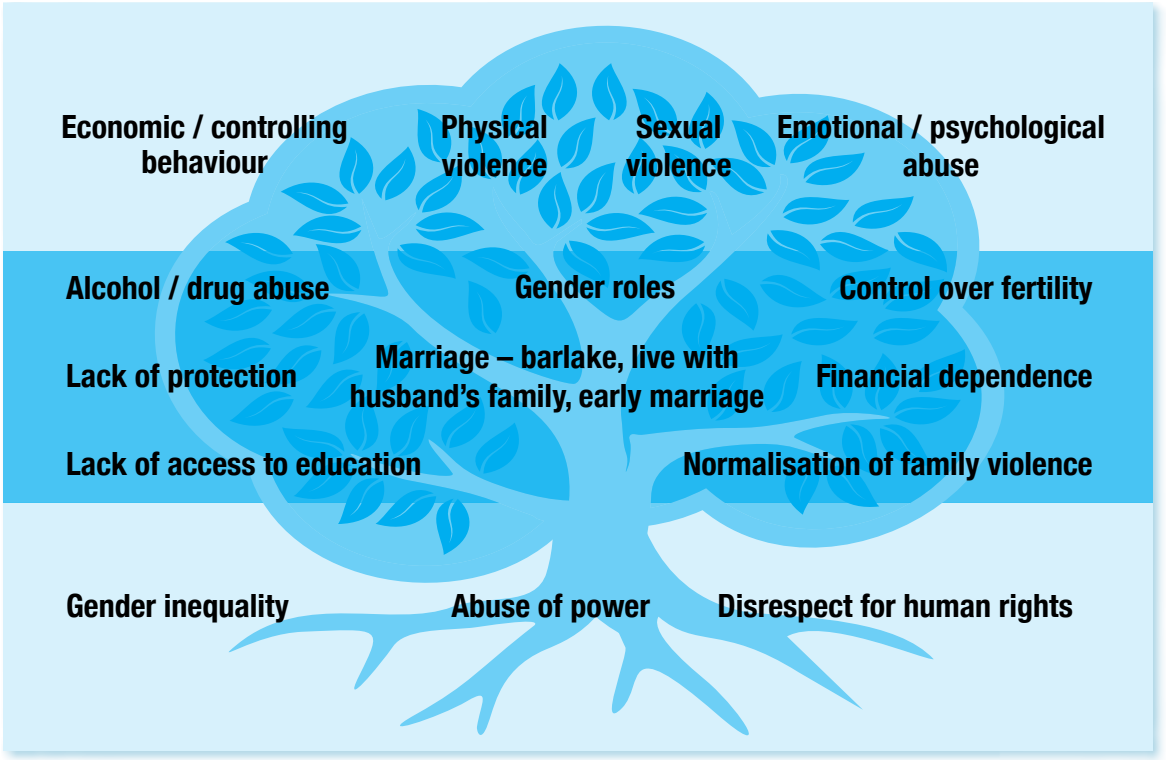
It is important to understand that gender inequality is one of the main factors that allows violence against women to happen. The history of war during the fight for Independence from Indonesia has also left a legacy of trauma and violence that is often repeated across generations. Many people survived detention, imprisonment, torture, displacement, loss of family and friends and were victims of sexual violence at the hands of the Indonesian military or militias (CAVR 2006; Niner 2013). Survivors of these war crimes have reported committing violence themselves and there has been a direct link established between experiences of violence during the armed conflict and current high rates of domestic violence and sexual assault (CAVR 2006; Niner 2013).

Although a new generation of youth are growing up in an Independent nation, the social construction of masculinity, or what it means to be a man, continues to be shaped and modelled by previous generations. When physical strength, aggression and male authority are valued as 'masculine' traits this can contribute to boys modelling their behaviour around these violent masculinities (Myrttinen 2005; Cahn & Ni Aolain 2010; Wild et al. 2020). These negative forms of masculinity, and the unequal power between men and women, promote a sense of entitlement by men and reinforce the damaging belief that men have a right to power over women, are entitled to sex whenever they want it and that women are obliged to obey. All of these social factors combine to create the foundation for physical violence, sexual harassment and sexual assault against people who hold less power. Unless these broader social issues are challenged, violence is likely to continue.

Research from Timor-Leste has found many men commit sexual violence against women because they believe they are entitled to sex, regardless of consent (TAF 2016). Men learn to use violence from a very young age and this is part of a dominant masculine identity that is very damaging to women's health, sexual rights and participation in society (Niner 2011; TAF 2016; Cummins 2017; Wallace et al. 2020).

The diagram below shows how the underlying social structures (the roots of the tree) create the conditions that allow the different types of violence against women to happen. Research on community attitudes about gender-based violence in Timor-Leste shows that there is limited community understanding about these root causes of violence (The Equality Institute 2019). This means, as health providers and as a society as a whole, we must address the root causes and contributors of violence as well as assist and advocate for the people who are experiencing abuse.

Root causes and contributors to violence against women and children.



Power is the ability to think for ourselves and to do what we feel is right for ourselves. Everyone has the right to have their own power; these are our human rights. We can all decide how we use our own power. We can use our power to help other people or we can use our power to control and harm other people.

In our society we learn from a very young age that men can control women and children and can teach them using violence. Because of this, many people tolerate violence against women and children and do not say anything when it happens (Michau 2008). But using power to harm other people is a crime. If we remain silent when we see other people being violent, it is unjust and allows the violence to continue.

Society creates gender roles and inequality between men and women. Because of this, gender relationships can change when we change the way we think. As health providers, we need to be careful that we do not support the gender roles that reduce women's power.

2.2 HOW CAN HEALTH PROVIDERS CHALLENGE NEGATIVE BELIEFS AND ATTITUDES?

In this section you will learn about some beliefs and myths about domestic violence, sexual assault and child abuse that are common in Timor-Leste. A myth is something that people believe, which is not the reality. When people believe in these myths, they can justify violent behaviour and they often blame the victim for what someone else has done to them. When we understand our own attitudes about gender roles and the power that men have in our society, we can start to challenge these myths.

Everyone is born into a family, a society and a culture that holds certain beliefs and values and has rules and norms that tell us how we should behave. These rules and norms and taught to us from a very young age. This is illustrated in research from Timor-Leste, which has demonstrated that the environment boys grow up in influences their gender attitudes and they become less gender equitable as they get older (Wigglesworth et al. 2015). As we grow up we incorporate these ways of thinking and behaving into our subconscious and come to think of them as a normal or natural way of being. It leads us to make judgments about the way other people should act and to have feelings and attitudes about whole groups of people based on their characteristics such as age, gender, ethnicity and appearance. Often these judgements are activated involuntarily and without our awareness or intentional control (The Kirwan Institute 2012). This is called unconscious bias and it can have a strong impact on how we respond to people in our care.

These unconscious biases and judgements play out everywhere in Timor-Leste (Niner et al. 2020), particularly with regard to people with a disability, women who are divorced or abandoned, girls with an unplanned pregnancy and LGBT people. The power and authority given to men in our society, and the gender roles assigned to men and women, shape our beliefs about what is appropriate behaviour for different groups of people and contribute to a widespread acceptance of violence as a way to address family issues. For example, the 2016 Demographic and Health Survey showed that 74% of women and 53% of men agreed with at least

one justification for a man beating his wife if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him (GDS et al. 2018). There is also a high level of acceptance of sexual harassment and forced sex among young men in Timor-Leste (Wigglesworth et al. 2015). It is promising to note that acceptance of violence has declined substantially since the previous Demographic and Health Survey in 2009, especially amongst men (GDS et al. 2018). This indicates that social attitudes can and are changing.

However, as we found in Chapter 1, it is still very common for men to use violence against women, especially their wives, and for parents to use violence against their children. The acceptance of violence therefore needs to be continually challenged and people need approaches to move forward in more positive ways. This begins with exploring our own attitudes and biases and engaging in deep conversations with our colleagues, friends and family. If our own attitudes are not properly addressed it can negatively impact on the care we provide to women and children, can lead to victim-blaming of those who need help, and can affect our workplace, families and whole communities.

Below are some examples from research with midwives in Timor-Leste that shows how their unconscious bias and belief in traditional gender roles leads them to blame women for their husband's violence. These types of statements are unhelpful for people who are experiencing abuse because they reinforce that women should be passive and accepting, do not address men's violent behaviour and disempower women further.

"You cannot argue with your family, you have to agree with what your family say to you. For example your husband or family is talking loudly to you and you respond to them, it creates many problems and it will affect the baby. If the husband or family is talking loudly to us, we have to be quiet and calm. We just accept or agree with what they say." Midwife, Dili

"I also help them through advising them how to be a mother. We say to them 'you must be patient because this is our way to be a mother'…If you don't want to get domestic violence, when your husband comes back from work leave him to relax." Midwife, Baucau

Although these biases we have are very ingrained and widespread, we can reduce their impact with attention and effort. Being aware of and understanding the different types of biases that exist can help us find ways to overcome them. The table below presents a series of common biases or 'myths' in the left column. In the right column it has ways to reframe or challenge these myths with a new type of reality. It may be useful to think about each of the statements with the following steps:

1. Reflect on whether you hold those beliefs and how they might be affecting your actions.
2. Next time you encounter someone who has experienced violence, refrain from judging them. Instead, listen and learn about their experience.
3. Think about and practise saying the good responses in right hand column.
4. Start conversations about this new way of thinking with your colleagues, friends and family.

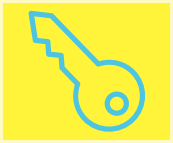
MYTH	*REALITY*
DOMESTIC VIOLENCE	
A common myth is that a man can hit a woman if she has not yet prepared food or has not looked after the children well. Lots of people also believe that a man can hit a woman if she does not do what he wants or if she tells other people about his behaviour.	Men cannot hit women. This is a crime in Timor-Leste. Gender roles in our society put many burdens on women to look after the children, look after the household and also to go to work. Men and women need to share the responsibility of looking after the children and doing the household work together. There is never a good reason to hit a woman. There are better ways to communicate. Violence always violates people's rights and violence is unjust.
Another myth is that a man can hit a woman if he thinks she has been having a sexual relationship with another man, or if she does not want to have sex with him. Another myth is that if a man's family has already paid a bride price, he has the right to do whatever he wants with his wife.	Men should never hit women. This is a crime in Timor-Leste. Men who use violence are often jealous and try to control their partner. Men like this often accuse their partner of cheating as an excuse to start a fight or to try and control her. If someone forces another person to have sex, this is a crime. If a husband does this to his wife, or if a boyfriend does this to his girlfriend, or a man does this to any woman, it is a serious crime. Violence is NOT part of our culture. If someone pays a bride price, it does not mean that the woman belongs to the man or his family. Women always have the right to make their own decisions. The law in Timor-Leste protects women's human rights.

MYTH	REALITY
CHILD ABUSE	
A common myth is that someone can hit their child if their child is naughty in order to teach them a lesson.	There is never a good reason for parents or other people to hit children. If we hit children, we teach them violence. There are positive and better ways to teach children such as talking to them and explaining things to them. Remember that violence is an abuse of power. All children have the right to be safe and protected.
Some people believe that if a child does something like hug or kiss a person that this shows that the child is looking for a sexual relationship. Some people also believe that children make up stories about physical or sexual abuse, but this is also a myth.	All children want love and hugs, especially from their parents. Children kissing people is also something that is normal, and they are never thinking of having a sexual relationship. Doing any sexual act with a child is a crime and this has a negative impact on their development. Based on worldwide research, children do not tell people about sexual abuse or violence without good reason (they do not make it up). As health providers, we have an obligation to listen to children, believe them and make sure they get further help.

MYTH	REALITY
SEXUAL ASSAULT	
It is very common for people to blame women when they are sexually assaulted. For example, if a woman is walking alone at night, if a woman is wearing a short skirt or if a woman does not yell or run away when she is being assaulted, then people say that the woman is in the wrong.	Everybody has a right to feel safe in their community and to dress how they want. Forcing a person to have sex is a serious crime. Most people who are sexually assaulted do not scream or hit the person who is assaulting them. This is because when a person is assaulted, most times they cannot move because they are too scared. This means that most times people cannot yell or run away. Perpetrators of violence are responsible for their own actions and people should never blame women for men's violence.
A common myth is that men cannot control themselves when they feel like they want to have sex. Another myth is that men abuse other people, including children, because they feel that the sex with their wife or partner is not good or not enough.	The majority of sexual assaults are planned (people plan to do it, they do not do it suddenly). Men can control themselves and should never be able to say that they 'couldn't control themselves' as a reason to force someone to have sex. Men who abuse children in their family are probably also abusing other children from other families. If people do not stop him, this sexual abuse will continue. Health providers have a responsibility to ask their clients about sexual abuse if they think this abuse may have occurred. They also have the responsibility to report all cases of physical and sexual abuse to the authorities. This is especially important for very vulnerable people, for example if the victim is a child or a person with a disability.
Many people think that girls are more likely to be sexually abused than boys, but this is a myth.	Sexual abuse happens a lot to both boy and girl children in Timor-Leste. A survey by the Asia Foundation in 2016 found that 40% of boys and 20% of girls had experienced sexual abuse. This means that health providers need to look for signs and symptoms of abuse in both boys and girls, and also in men and women and know how to support them to get help (TAF 2016).

It can be difficult to challenge our own beliefs. People unconsciously look for experiences and stories that confirm their existing biases and tend to ignore anything that contradicts them. So this reflection and ongoing learning is important work! The following chapters will give you the knowledge and skills to be able to respond in a positive and empowering way to victims of violence. These positive approaches will be much easier to implement if you believe in equality between men and women and continually question what biases might be underneath your actions. Once you are able to reframe your own thinking toward these myths, you can start conversations with other people around you to challenge the damaging beliefs that are used to justify violence against women and children.

"Nowadays we cannot bring tradition or barlaki (bride price) as an excuse to take other people's rights away. Timor-Leste is now a nation and we have laws. If they do violence, it is against the law and they must be responsible for their behaviour." Midwife, Dili

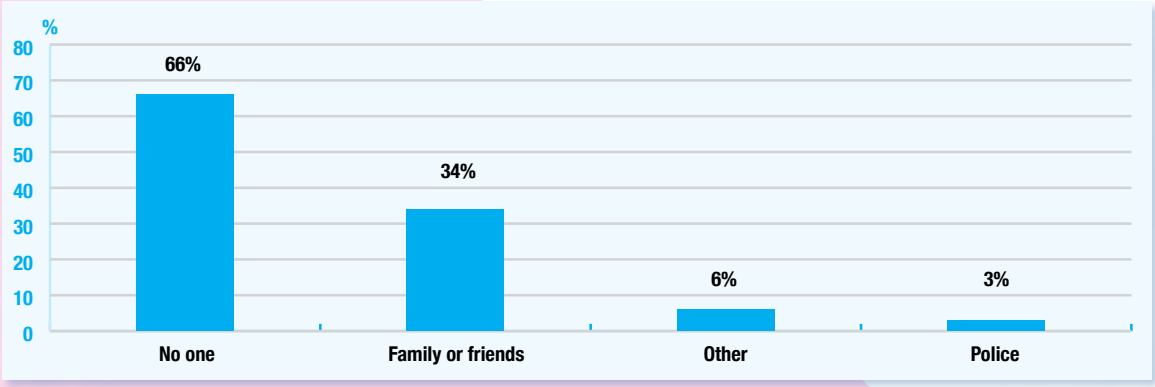


When we examine common myths, we are able to see how people tolerate violence and how people have a tendency to blame the victim rather than blame the perpetrator of the violence for their own actions. The reality is that violence is a crime that causes a lot of physical and mental trauma. We can never accept violence. We can all spread this message to others in our families and communities. We can also use this message to make sure we do not blame the victim, and that we show respect and compassion when we give assistance to people who have experienced violence.

2.3 WHY IS IT DIFFICULT FOR WOMEN AND CHILDREN TO GET HELP?

In this section you will learn about who women usually talk to when people are violent towards them. You will learn about the difficulties victims of violence face when they are trying to get help, especially when the person who is abusing them is also threatening or isolating them. You can listen to some stories from women on the video link below to understand more deeply about the things that make them feel afraid, and barriers for them to tell anyone about their problems. In this video you will also hear about the things that health providers can do to help them.

Have a look at the graph below. This graph is from a national survey in Timor-Leste in 2016 that asked women about violence they have experienced (TAF 2016). This research showed that most women (66%) who experienced violence from their partner or husband did not tell anyone about it. When they did tell someone about the violence, most times (34%) women told their family or friends.



Who women told about the violence they experienced from their husband or partner. *Source: (TAF 2016)*

The survey also interviewed women who had been raped by somebody who was not their partner or husband. This research showed that only a small number of them (7%) had told a health provider about the sexual violence that had occurred. This is a big problem because women who have been raped need immediate health care. This shows why it is very important to make health services places that are safe for women and children, so that they can talk about these issues that are very difficult and can get the health care they need.

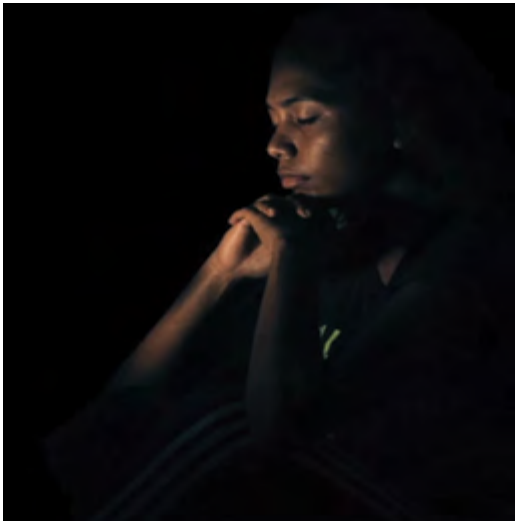
Children and people with a disability can feel that it is very difficult to tell someone about the abuse that has occurred because:

- They depend on others for their care.
- They cannot get to a health service if other people do not help them.
- They may not know what abuse is or be able to speak about abuse.
- They are more isolated and do not have as much social support as other people.
- People often use violence to teach children, so children might think violence is normal. They might also feel they cannot tell anyone because they think it is a family problem.
- Negative community attitudes toward people with disabilities can mean people may think violence or abuse is an acceptable way to manage their behaviour.

There can be additional barriers for women and children to tell other people about violence that has occurred if the person abusing them is someone in a position of power. Some examples are if the perpetrator is a police officer or in the military, if the perpetrator is a village chief or a member of parliament or if the person who abused them is a teacher, a priest or a member of their family. Health providers should be very careful to ensure they ask, listen to and believe people when they think that violence or abuse has occurred. They also need to take action to ensure that people who are vulnerable receive protection.

Watch the video in this link.[4] This video is based on women's experiences of domestic violence or sexual assault in Timor-Leste. While you are watching the video, listen to what the women say about the difficulties they have getting help and what health providers can do to help them talk about their problems.

4 https://doris.latrobe.edu.au/doris/video/view/88228



Women and children experience many barriers to getting help, especially if they have a disability.

Source: screenshot from video 'Women's stories of trauma and resilience', used with permission

It is very difficult for women to tell health providers about violence that occurred. In Timor-Leste, of the women who received injuries from acts of violence, only 37% disclosed the real reason for their injury to health workers (TAF 2016).

What women say are some of the barriers to getting help when they are being subjected to violence:

- They feel embarrassed to go to the health centre or talk about their problems.
- There is a lack of confidentiality if family work at the health centre or other people see them there.
- They feel embarrassed and uncomfortable when other people look at them and know they are a victim of violence.
- They live in the mountains or do not have money or transport to get to a health facility.
- The person who abuses her can often threaten her and forbid her to go out.
- The woman is worried if she tells anyone it will make the man more angry.
- The man is violent at night when there is no transport and everything is closed.

When women do seek help, many times they do it because their family or friends encouraged them to look for help or because the violence was so severe they could not endure it anymore (TAF 2016). Because of this, it is very important for health providers to encourage their clients and also their friends and family to talk about violence they are experiencing and help them to get support before the violence gets more severe.

What women say <u>helps them to speak about violence</u> with health providers:

- Do not be angry at them.
- Speak to them kindly and look at them kindly.
- Attend to them quickly, do not make them wait in busy waiting rooms.
- Carry out the consultation in a place that is private, secure and calm.
- Speak kindly and ask if somebody hurt her (if you do not ask directly, some women feel they cannot tell you).
- Understand the barriers that women face (see the list of barriers above) and understand the stress that women feel because of this violence.
- Tell the woman that she is not responsible for the violence that happened and that men are responsible for their own behaviour.
- Tell the woman that she has lots of courage and has done something very good because she has talked about the violence that has occurred.
- Encourage her to share her experiences and reinforce the good things she has done.
- Help her to get further support so that she can escape from violence.

If health providers recognise the barriers that women face, are kind to them and support them, this is the first step for women to be able to recuperate and find safety from the trauma they have experienced.

Important messages you learned in this Chapter:

- In our culture men have more power and control than women just because of their gender. This difference in power between men and women creates gender inequality.
- Violence is more likely to happen when there is unequal power in relationships. People with the least power are the most likely to be abused.
- Health providers have a responsibility to look at their own beliefs and attitudes so they do not blame victims when other people are violent towards them.
- There are many barriers for women, children and people with disabilities to get help. Because of this, health providers must speak to them kindly, see them in a private place and attend to them quickly when they get to a health centre.

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3 THE HEALTH PROVIDER'S ROLE: PRINCIPLES, LAWS AND POLICIES FOR RESPONDING TO VIOLENCE AGAINST WOMEN AND CHILDREN IN TIMOR-LESTE

Dr. Kayli Wild[1,2] & Laura Afonso de Jesus[3]

In this Chapter you will learn about these important things:

1. *Laws and policies for responding to domestic violence, sexual violence, sexual acts with adolescents and sexual abuse of children in Timor-Leste.*
2. *The health provider's role and responsibility when responding to violence against women and children.*
3. *Giving health care that prioritises women's wants and needs (woman-centred care).*

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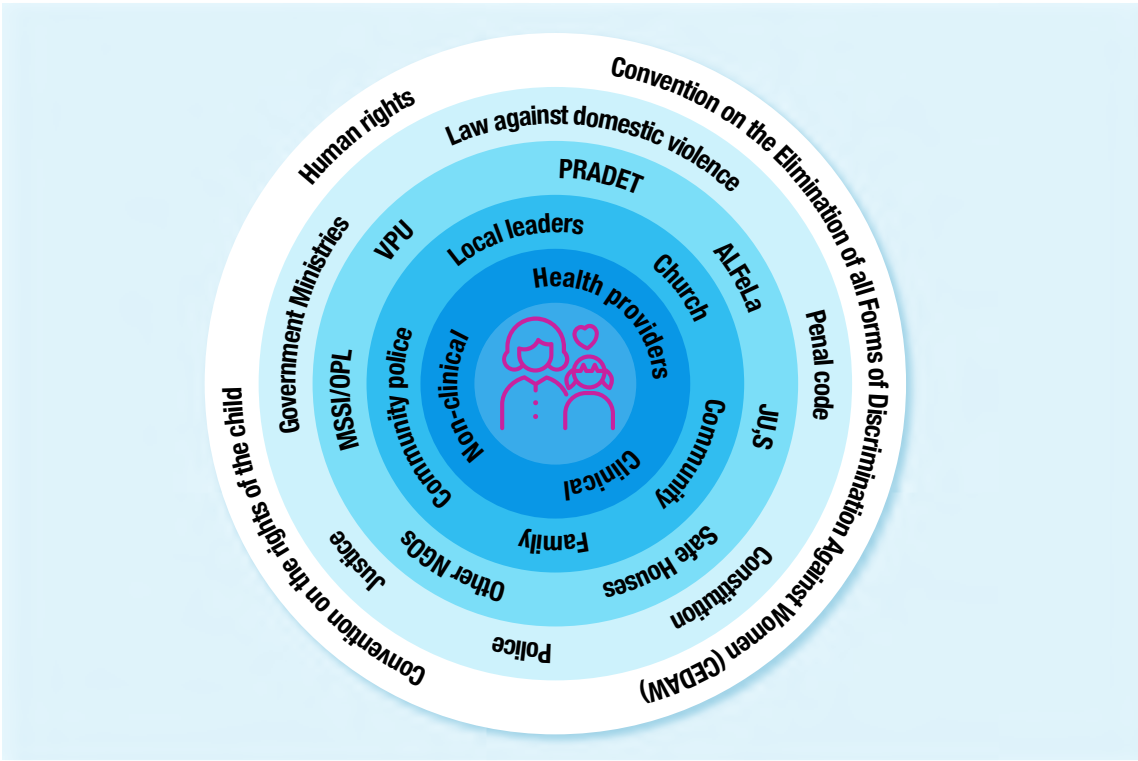
3.1 WHAT LAWS AND POLICIES SUPPORT THE RESPONSE TO GENDER-BASED VIOLENCE FROM THE HEALTH SYSTEM?

In this section you will learn that health providers do not work alone when they assist people who have experienced violence. Health providers are part of a health system and this system has guidelines and is governed by national policies and laws that can help them to respond to violence against women and children.

Have a look at the diagram below. This diagram shows people at the centre of the circle. They get support from health providers who have links to the community and formal organisations in the next two circles. All of these people receive support from Government ministries and also Timor-Leste's Constitution, which are linked to international treaties and human rights in the outer circle.

The different levels of protection and various supports for victims of violence in Timor-Leste.



The Government of Timor-Leste has developed laws and signed international treaties that commit to making the lives of women and children better. They have also developed standards and guidelines for health providers to follow. These guidelines are based on the principles outlined by the World Health Organisation and are also included in this book.

The health response to violence against women and children in Timor-Leste is based on these laws and treaties:

- Law Against Domestic Violence (RDTL 2010)
- Penal Code (Law no. 19/2009) - Abuse of a spouse and children is a crime (RDTL 2009)
- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW – ratified in 2002)
- Convention on the Rights of the Child (2002).

Standards and guidelines for health providers responding to domestic and sexual violence in Timor-Leste:

- National Guidelines on the Health Sector Response to Gender-based Violence (MoH 2018)
- National Action Plan on Gender-based Violence (SEM 2017)
- Standard Operating Procedure to assist victims of violence (MSS 2017)
- The Medical Forensic Protocol (PRADET 2017).

Since Timor-Leste gained independence in 2002, it has made good progress in developing laws that protect women and children. In 2010, the Timor-Leste government passed the Law Against Domestic Violence and acts of violence against family members became a public crime under Timor-Leste law. This Law is important because it provides a legal framework to prevent domestic violence, prosecute cases and assist victims.

"In 2010 the Law Against Domestic Violence was promulgated. Previously domestic violence was considered to be a civil matter (seen as a normal occurrence within families), but after this law was promulgated and implemented in 2010, Domestic Violence is now considered to be a public crime. This means that anyone who knows about this crime can report it to the authorities. An important intention of this law is to educate families in Timor that violence is not the right way to resolve a problem, because everyone has the same rights and responsibilities in Timor."
Legal official, ALFeLa

The concept of consent is very important in understanding what constitutes sexual assault. If two adults engage in sexual activity, they both need to be able to make a free choice to participate, without force, pressure or manipulation. In Timor-Leste, there is very limited understanding of consent among both men and women. Many men believe they are entitled to have sex whenever they want, and many women feel obliged to have sex even if they do not want to (TAF 2016; Cummins 2017; Wallace et al. 2020). But sex without consent is sexual violence. Sexual violence, including within marriage, is a crime in Timor-Leste.

In Timor-Leste, the age of consent is 14. At 14 years of age a person is allowed to decide for themselves (give consent) whether they want to have sex. It is illegal to carry out sexual activity with someone who is not yet 14, even if they want to do it. Sexual acts with people who are 14-16 years of age is also a crime if the perpetrator is in a position of power or takes advantage of the young person's inexperience (RDTL 2009).

Health providers have an important role in informing people that domestic violence, including physical and sexual violence, as well as psychological and economic abuse, is against the law in Timor-Leste and has been since 2010. It is particularly important to inform victims of violence about the law and that freedom from violence is a basic human right. Health providers should also contribute to wider socialisation about the law in their interaction with families and communities.

All health providers need to be aware of the laws in Timor-Leste that protect the rights of all people. Health providers also need to understand their responsibility to help victims of violence that are outlined under these laws.

3.2 WHAT IS THE HEALTH PROVIDER'S RESPONSIBILITY?

In this section you will learn about the health provider's role and responsibility when assisting people who have experienced violence. You will also learn about the role of the health sector and other services and how they work together to assist women and children who have experienced violence.

Doctors, nurses, midwives and other health providers have a duty of care. This means they have an obligation to ensure their clients are safe and comfortable and to protect them from further trauma. When assisting people who have experienced violence, the health provider's role is to give medical care, emotional support and empathy. Health providers must also keep good medical records, ensure the client is safe and refer them to people or organisations that can support them going forward. Asking about the cause of someone's wounds or trauma is part of good health care.

There are two articles under the Law Against Domestic Violence (RDTL 2010) that apply directly to health providers.

- **Article 22** means that health providers have the responsibility to write a medical report about cases of domestic violence and share their documentation with the police as evidence. Reporting is especially important when they believe a woman's life is in danger, and for cases of child abuse or abuse of people with a disability, because they have more barriers to getting help. It is very important to remember that the victim's security has to be a priority in any reporting process.
- **Article 40** means that health providers have an obligation under the law to ensure that a client's information is not shared with other people (confidentiality). However, they can share this information if they have their client's consent.

Article 22: Assistance at hospital services – When there is a victim of a domestic violence-related crime, specialised hospital services are required to:

a. Provide assistance and medical care that takes into account the victim's needs

b. Conduct a medical examination and preserve evidence related to possible crimes

c. Inform the victim of their rights and tell them about the obligation of hospital authorities to share the facts of the case with the police

d. Help to report the facts of the case to the police or Public Prosecutor

e. Prepare a report on the situation and send it to the relevant authorities (with permission from the victim)

f. Refer the victim to a shelter or other service based on their needs.

Source: adapted from the Law Against Domestic Violence (RDTL 2010).

Article 40: Professional confidentiality – staff who are assisting victims of violence are subject to professional confidentiality.

This means they cannot reveal any information or facts they learn through their professional interaction with clients. Health providers are allowed to share information when the victim gives consent or when they are called by judicial entities to testify or provide a medical report.

Source: adapted from the Law Against Domestic Violence (RDTL 2010).

Health providers do not have the responsibility to 'resolve' cases of violence. One example is that health providers SHOULD NOT give counselling to a husband and wife about violence or ask the perpetrator about the violence that occurred. Health providers DO NOT have the responsibility of validating the woman's story. For example, health providers should NEVER ask the woman's family or the perpetrator if the woman's story is true or not. The health provider's role is to believe the woman and assist her to get further help.

Midwives, as the main care providers for women and children, have an important responsibility to assist victims of violence.

Image used with permission.

Watch the video in this link [4] which is based on interviews with midwives and community leaders in three municipalities in Timor-Leste. When you are watching this video, pay attention to why midwives feel they have a responsibility as health providers to help women who are experiencing violence. Notice the important aspects of assistance that the midwives say they need to give to women.

Why do health providers have a responsibility to help people who experience violence?

- Violence has a serious impact on women's physical, psychological and sexual health and they need help.
- When health providers are kind, this helps to reduce trauma for victims.
- It is very difficult for women and children to speak about violence that happened, so health providers should help them feel comfortable to talk about their problems.
- Violence can have a negative impact on a woman's unborn baby and also other children at home.
- Preventing violence can reduce the number of women and babies who die (maternal and infant mortality).
- Many women do not know where to go to get help and many of them do not have transport. Health providers can therefore help by connecting them to other people or organisations that can assist them further.
- According to the Law Against Domestic Violence, health providers have an obligation to help victims of violence.

4 https://doris.latrobe.edu.au/doris/video/view/88235

When health providers help women and children who have experienced violence, what are the important aspects of assistance they need to provide?

- Attend to victims of violence quickly.
- Provide immediate medical treatment they need.
- Ensure there is a private place for them.
- Build trust and help them speak about the violence that occurred.
- Do not talk about the woman's situation with other people in the community (confidentiality).
- When you need to pass on the woman's information to the police or other authorities, you must speak with the woman about this before you do so.
- Create a space that is calm and safe.
- Provide information about other people and organisations that can help her and assist her to contact those organisations.

Health providers have a duty of care to provide first line support to women and children who have experienced violence. First line support is practical support that responds to her immediate needs.

This means that health providers must:

- Attend immediately to the emotional and psychological needs of the victim.
- Provide medical treatment and address physical health issues.
- Support the woman to help her be safe now and in the future.
- Help the woman to identify what she needs so she can control her own life.
- Provide information and link the woman to other organisations and resources that can help her.

3.3 WHAT IS WOMAN-CENTRED CARE?

In this section you will learn about woman-centred care. This means that you prioritise the woman's social, mental and physical health and needs. This means you follow the woman's wishes and provide the assistance that she wants.

Woman-centred care is based on two important concepts: 1) Respect for a person's human rights and 2) Promotion of gender equality (equality between men and women).

The story below is an example of a person's right to access contraception and to make decisions for themselves:

Maia's husband was very violent and tried to control everything she did. When Maia was giving birth to her third child, she had a very difficult labour and her uterus ruptured. The doctor told her that she must not get pregnant again for the next three years so that the scar on her uterus could heal. If she got pregnant now, she could die. Maia's husband said "No, you must give me a child every year." Maia's husband forced her to have sex many times. Maia went to the health centre to get contraception, but the midwife said that Maia needed her husband's permission to get it and did not give the contraception to Maia. The midwife said to Maia that she had to return with her husband.

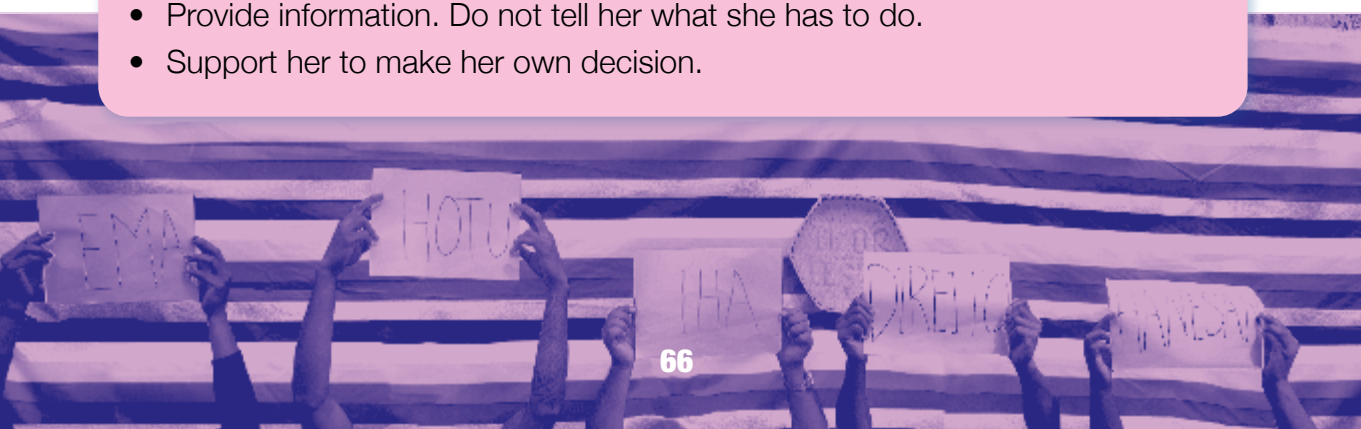
- This example shows that the midwife did not treat Maia with dignity. She did not respect Maia's right to choose what was best for herself. The midwife took Maia's power away and this could put Maia's life in danger.
- A better reaction from the midwife would have been to ask Maia about her history, provide information to her about various forms of contraception and follow Maia's wishes. The midwife should also have asked Maia if she and her children were safe and given her information about organisations that could help her in her difficult situation with her husband.

Woman-centred care means you follow the woman's wishes and provide the assistance that she wants.

Respect for people's human rights means that you treat people with dignity and give them the opportunity to make decisions that are right for them. This is especially important for people who have experienced violence because this helps them to reclaim power that was lost when people abused them.

How to promote gender equality when helping women who have experienced violence:

- Look at the difference between men's power and women's power and help women to increase their power.
- Talk to her about her value as a person, that she has the right to live with dignity and respect.
- Listen to her story, believe her and take action if she needs help with something.
- Do not blame her or put her down.
- Provide information. Do not tell her what she has to do.
- Support her to make her own decision.



How do health providers find the balance between their obligation to report cases of domestic violence and the need to prioritise their clients' safety and wishes?

- Health providers have a legal obligation to help victims to report cases of violence to authorities and to prepare a medical report as evidence. This is especially important if the victim is a child, has a disability or they believe the woman or her children's life are in danger.
- Before a health provider gets information from their client about domestic violence and sexual violence, they have to tell the woman about their obligation to give this information to the police, and that they may also give this information to other health providers and organisations that give her assistance.
- Research from all over the world shows that reporting is a time that is very dangerous for women and children and it can put their lives at risk. Because of this, they need good social support (for example, from family, friends, neighbours) as well as from police, village leaders and women's organisations like FOKUPERS, PRADET, ALFeLa and others.
- Health providers must maintain a patient's confidentiality but they can share the information if the patient gives consent based on their own free will.
- If health providers need to report a case of domestic violence, sexual violence or child abuse to the police, before they do this they must first tell the woman what they plan to do and talk about when and how they will do it so that they do not put the woman or her children in more danger.
- There might be situations where it is not safe to report to the police (for example, if the husband is a police officer, in the military or in a position of power in the community), so health providers will need to arrange alternative strategies and methods of reporting with higher authorities.
- This work is sometimes difficult and complicated and health providers need to get support from their managers and senior colleagues so that they are not working alone. Health providers' security is also important.

Woman-centred care means that health providers prioritise the things that the woman (or the child) needs. You respect the things they choose, you respect their rights and you help them to reclaim their dignity that people took from them when they were abused.

Important messages you learned in this Chapter:

- Timor-Leste has national standards and guidelines and a strong legal framework to be able to support health providers to respond to violence against women and children. All health providers should know these laws and policies well.
- The health providers' role is to give emotional support, medical treatment, documentation and connect the woman to other people and groups that can help her.
- The assistance that health providers give to victims of violence should be based on human rights and gender equality. This means the victim's needs must be the priority.
- When health providers respect the woman's rights and choices, this helps them reclaim their dignity and power that other people took when they abused them.

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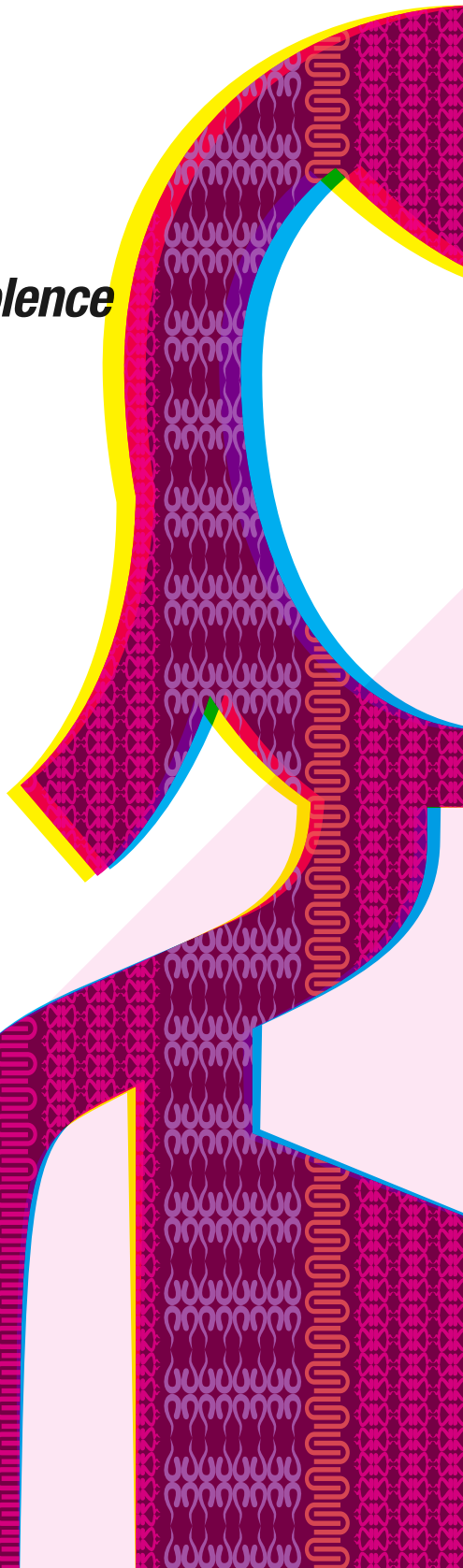
4 IDENTIFICATION

Ha > Know the signs of violence
Hu > Ask about problems

Dr. Kayli Wild[1,2], & Luisa Marçal[3]



In this Chapter you will learn about these important things:

1. *Physical and mental health impact of domestic violence*
2. *Signs of violence in adults and children*
3. *The importance of rapport, non-verbal communication and privacy*
4. *How to raise the subject and know how to ask about suspected abuse*

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In this Chapter you will learn about the first steps to respond well to someone who has been exposed to violence. To do this, you first need to know the signs of violence and know how to ask about violence in a sensitive way.

There are two words that can help you to remember how to respond to violence in a good way. These words are ***Hahú Relasaun*** *di'ak* (Begin a good Relationship). These steps are an adapted version of the ones developed by the World Health Organisation (LIVES in English).

Steps in a good response for people who have experienced violence

ENGLISH MEMORY AID	TETUM DIRECT TRANSLATION	TETUM ADAPTED MEMORY AID ***Hahú Relasaun*** *di'ak*	ENGLISH TRANSLATION
L Listen	**R** *Rona*	**Ha** > ***Hatene sinál ba violénsia***	**Ha** Know the signs of violence
I Inquire	**H** *Husu*	**Hu** > ***Husu kona-ba problema***	**Hu** Ask about problems
V Validate	**V** *Valida*	**Re** > ***Reasaun empátiku***	**Re** Respond with empathy
		La > ***Labele fó sala vítima***	**La** Don't blame the victim
		S > ***Segredu profisionál***	**S** Professional secrecy
E Enhance safety	**A** *Aumenta seguru*	**Au** > ***Aumenta seguru***	**Au** Enhance safety
S Support	**S** *Supporta*	**N** > ***Nafatin tau matan***	**N** Continue support

4.1 WHAT IS THE IMPACT OF VIOLENCE ON HEALTH?

In this section you will learn about the effects of violence on physical health and mental wellbeing. You will also learn about short- and long-term impacts on people's health and how trauma and stress can affect people.

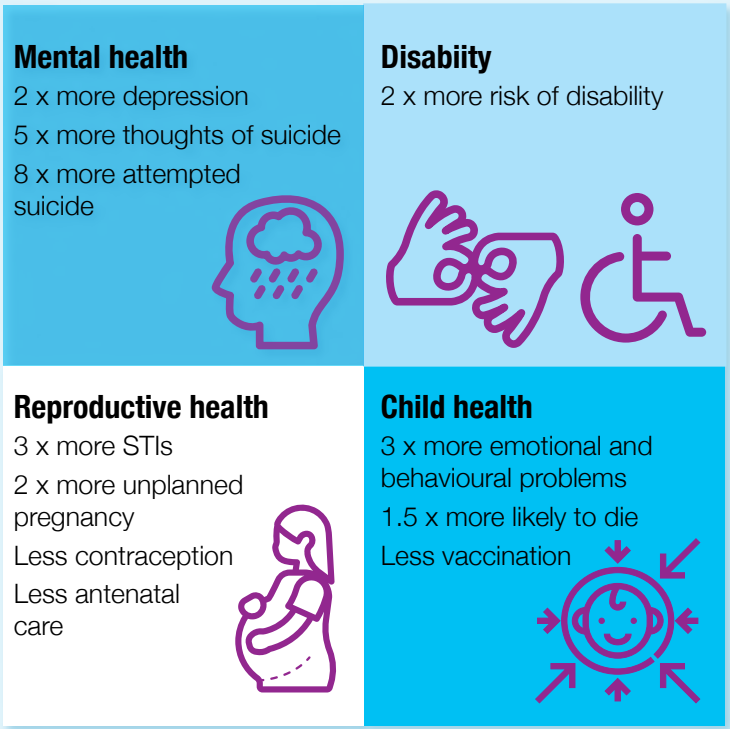
The *Nabilan* study (TAF 2016) and Timor-Leste's Demographic and Health Surveys (Taft et al. 2015; GDS et al. 2018; NSD et al. 2010) collect information about domestic violence and women and children's health. From these surveys in Timor-Leste, we have good evidence that domestic violence has a negative impact on mental health, reproductive health, child health and disability. These impacts are the same as anywhere else in the world (WHO 2013).

Mental Health – women who have experienced violence in their lives are twice as likely to experience depression, five times more likely to think about suicide and eight times more likely to try to commit suicide, compared with women who have not experienced violence in their lives.

Disability – women who have experienced violence in their lives are twice as likely to have a disability.

Reproductive Health – women who have experienced violence in their lives are three and a half times more likely to have a sexually transmitted infection (STI), twice as likely to have an unplanned pregnancy and they see a midwife less times when they are pregnant. They are also more likely to have a husband or partner stop them using contraception and they are less likely to take part in decisions about birth-spacing (how many years to wait before getting pregnant again).

Child Health – children of women who have experienced violence have less vaccinations compared to other children and are twice as likely to have emotional and behavioural problems such as nightmares, wetting the bed, being timid, being aggressive or stopping school. Women who experience violence are also one and a half times more likely to have a child who has died.



Health impacts of domestic violence on women and children.

Source statistics: (Taft et al. 2015; TAF 2016; GDS et al. 2018)

Violence has a large impact on people's health as well as other impacts such as psychological trauma and stress. Violence impacts on all areas of their lives. Watch the video in this link.[4] This video tells three Timorese women's stories and the impacts of domestic violence and sexual violence on their lives and health. When you watch this video, listen to their words about the physical, psychological and socio-economic impacts on them and their children in the short term and also the long term.

4 https://doris.latrobe.edu.au/doris/video/view/88228

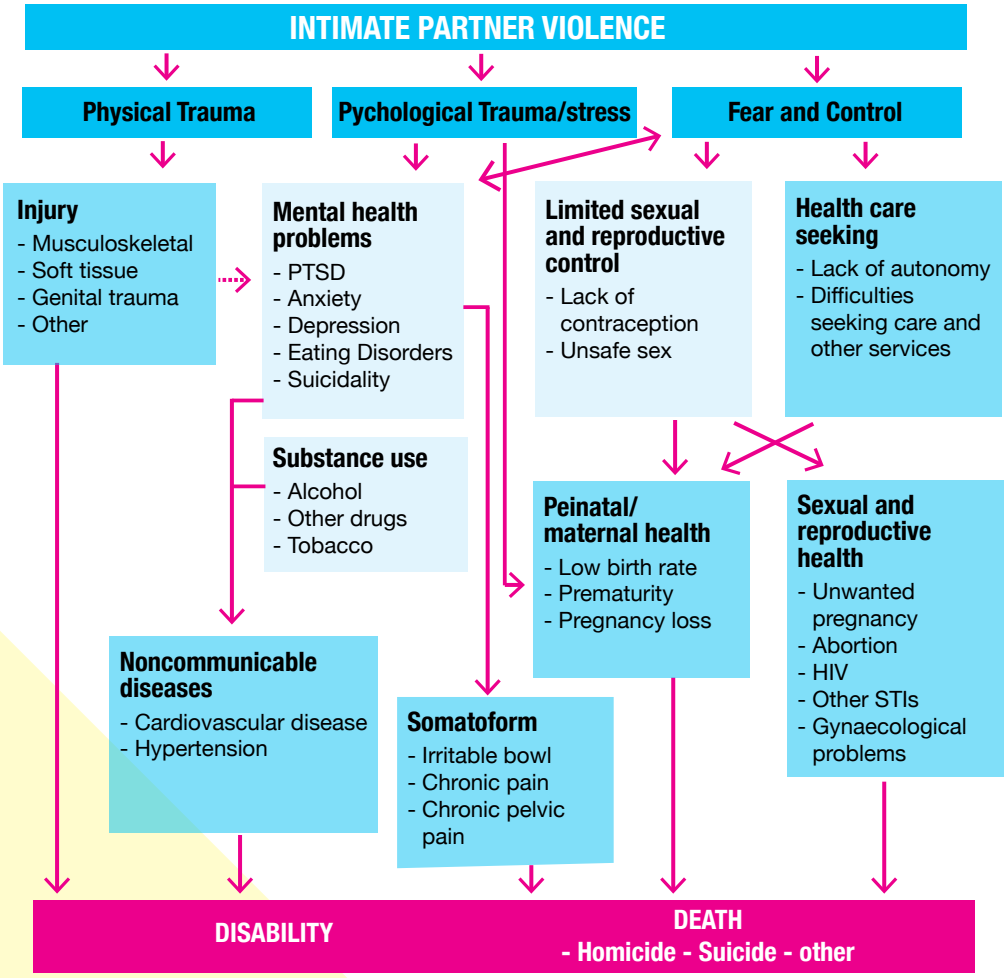
The women in this video talk about the effects of violence on their health:

- Cuts or bruises
- Going to hospital
- Abandonment
- Lack of food
- Stress
- Unable to eat
- Resentment
- Sadness
- Fear
- Isolation
- Mental illness
- Sexually transmitted infections (STI)
- Unintended pregnancy
- Sick children
- Death

Look at the diagram below, which is from the World Health Organisation (WHO 2013). This diagram shows the pathways and impact of domestic violence on women's health. Note that there are some immediate and short-term impacts, like cuts and bruises, infections, psychological trauma and a lack of control to be able to make decisions for themselves. There are also long-term impacts such as problems with mental health, long-term and recurring illness, problems in pregnancy and childbirth, disability, suicide and death.

Pathways and effects of domestic violence on women's health.

Source: (WHO 2013, pg 8. Copyright 2013).



There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

Being subjected to violence and control makes people feel deeply stressed and traumatized. Violence has a devastating impact on women and children's health, development and overall wellbeing.

4.2 WHAT ARE THE SIGNS OF VIOLENCE IN ADULTS AND CHILDREN?

In this section you will learn about the physical and behavioural signs that can indicate someone has been abused. Children and people with disabilities may display the same signs as adults, but there are also additional signals that you can see in children and people with disabilities.

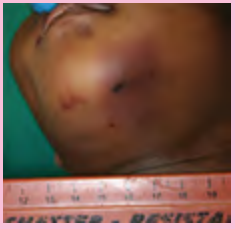
Ha > *Know the signs of violence*

Physical signs and symptoms of domestic or sexual violence:

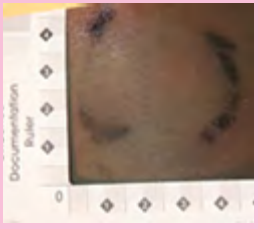
- Chronic headaches or pain
- Abdominal pain
- Sexually transmitted infection (STI) or sexual dysfunction
- Unwanted pregnancy, repeat miscarriages or abortion
- Injuries like cuts or bruises on the body or head, teeth missing, hair pulled out from the head, ears or fingers missing, broken bones, cuts, stab wounds, burns on the body, bite marks, blood in the ears and cuts or bruises on the face, neck, chest, breasts or genitals
- Injuries or bruises while pregnant
- Many different injuries or repeated injury.

Additional signs of violence in children:

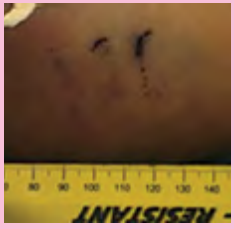
- Cuts or bruises, burns on the body, sprains or dislocations, bites and internal injuries
- Broken bones – especially in small babies where the possibility that it happened by accident is very small
- Taking drugs or poison
- A baby is shaken until there is bleeding inside their head or eyes, damage to their neck or ribs
- Lethargy, crying all the time, not eating / drinking well, breathing difficulties.



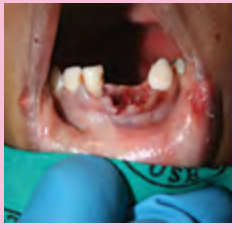
Bruising



Human bite mark



Fingernail scratches



Missing teeth

Photos sourced from: Teaching collection, Forensic Pathology Unit, Royal Darwin Hospital, Australia. Used with permission.

This story is from a midwife who works at a large health centre in Dili. She told us this story during training on the signs of violence because it occurred to her that some of the deaths and injuries she had seen at the clinic were likely to be due to violence, but that nobody was picking this up and they may have missed opportunities to assist women and children who needed urgent help.

"It was early in the morning and I was getting ready to hand over the shift to my colleague when a woman came running into the emergency room with her baby who wasn't breathing. The baby was born at the clinic just three months earlier. When I entered the room I saw the mother was hugging her child tightly, she was very panicked and shaking. The mother said her baby was very sick. One of the doctors checked the baby, he saw there were marks on the baby's neck. Under the back of the baby's ear was a wound that was badly infected like it had happened a couple of weeks ago. The baby could not be saved because it was no longer breathing and was already cold. The mother was shaking and crying and we asked her what the problem was but she did not answer us, she just kept quiet and said her son was sick. I asked her if she was having problems at home but she did not want to open up because at that time the emergency room had a lot of people. The child had died so the doctor asked the mother to take the child back home for the funeral.

I now realise after this training that the marks on the baby's neck were hand marks where someone probably choked his neck. The mother was probably afraid to take her child to the hospital and just hid it. But by the time she saw her baby was very sick or she couldn't take it anymore, it was too late to save the baby. Through this case I learned that health providers need to know more about the signs of violence. We should have brought the woman to a safe place to ask her about what happened, and we should have provided more help because she was in a panicked situation and it might not have been safe for her to return home."

Usually physical injuries are the most visible sign that people have experienced violence, but the most common symptoms are psychological – anxiety, stress and depression are the most common. Lots of people who are abused do not have signs of violence on their bodies. Because of this, health providers need to also know the signs of violence in people's behaviour that can show they have experienced trauma.

Behavioural signs that can show that people have been subjected to domestic violence or sexual violence:

- People are scared, shy or do not want to speak about their situation
- They are anxious, panic a lot or are very stressed
- They tried to commit suicide
- Say that their partner controls them or is angry all the time
- A woman or her partner has a problem with drinking alcohol, smoking or taking drugs
- Problems sleeping or eating
- She comes to the clinic with her partner or family and they speak for her
- The woman looks stressed or just quiet when her partner is there
- The woman's explanation about why she is hurt keeps changing, or her explanation about why she is hurt does not align with the injury itself
- Does not seek medical care straight away, she waits some time before getting treatment.

Additional signs and symptoms of violence in children:

- Distrust of adults
- Scared of parents or scared of the person looking after them. Scared to return home
- Being anxious, being fearful when other children cry or shout
- Excessively friendly to adults who they have just met
- Does not speak much, no energy, does whatever people tell them to and/or cries a lot
- Low self-esteem
- Delayed speech
- Acting like a much younger child (for example, soiling or wetting pants)
- Wearing long-sleeved clothing to cover bruises or cuts.

"She came here with some trauma and physical injury, so we had to provide treatment. The first time she came to me I saw her face was not the same as other women who looked happy. Her face always looked sad. I asked her, but she stayed quiet." Midwife, Dili

"The mum came because of lower abdominal pain. She came twice - at night and after a few days she came again. That's why it's interesting for me and I was asking 'why did you come one or two times?' And at the time also she wanted to go home early. She wanted to see her son and daughter because nobody was home, only her husband. At the time she was waiting for the doctor and I had time so we just shared there, I just took one chair 'ok if you want to say something just say, maybe I can help you.' So I just gave moral support, I didn't think about violence or something. I just asked 'why do you want to go home early, you just came here, and twice, and the doctor wants to do the complete examination for you.' So at that time she shared, she said 'yesterday my husband hit me.'" Midwife, Dili

Signs and symptoms of sexual abuse in children:

- The child tells someone that sexual abuse has occurred (children hardly ever make up stories about this)
- Headaches or stomach aches
- Sexually transmitted infections (STI)
- Pregnancy
- Problems learning in school
- Sexual behaviour or knowing about sexual things that are not normal for their age
- Behaviour that is not usual such as body rocking back and forth or sucking or biting
- Difficulty sleeping
- Difficulty speaking to adults or getting along with children of the same age.

Sometimes women and children who have been abused do not have cuts or bruises that other people can see. Health providers need to think of and look for behavioural symptoms as well.

4.3 WHAT DO HEALTH PROVIDERS NEED TO THINK ABOUT BEFORE ASKING ABOUT VIOLENCE?

In this section, you will learn about the important things that need to be in place before you ask someone about any violence they might be experiencing:

- **Privacy**
- **Rapport and trust**
- **Non-verbal communication**

Hu > *Ask about problems*

If health providers see physical or behavioural signs of violence that have been explained above, it is important to ask the client about problems they are going through. Privacy and confidentiality are very important for women's and children's safety. If perpetrators of violence know the victim has told people about the violence, they can beat them again or forbid the victim from going to the health centre or other places. To protect the victim's privacy, ensure they are alone before you ask about violence. Never ask in front of the husband, in front of the family or in front of friends. If her child is not yet two years old you can ask in front of her child, but if her child is over two do not ask in front of her child. Never share information about a victim if you do not have her permission or have informed her about it first.

"We don't feel free because the other patients who are with us could hear what we are talking about."
23 year old woman who experienced violence, Dili

"I didn't want to get pregnant but he forced me… If there are lots of people at the health centre, I'm never going to talk about it."
26 year old woman who experienced violence, Dili

It is very important to have a private place to speak, so that other staff and patients cannot hear the things you are talking about. In some clinics it is hard to find a private place or to see a woman without her family. In situations like these, health providers can think of a reason to take the client to another place before asking them about violence. For example, saying that you need to go together with the woman to check her height and weight or to test her urine. It may be possible to say that your health centre has a rule that certain parts of a consultation with clients must be held alone.

Do not ask about violence during a medical examination because a client can feel very vulnerable if they are not wearing clothes or if health providers are touching their body. Wait until the examination is finished so you can sit next to them and talk.

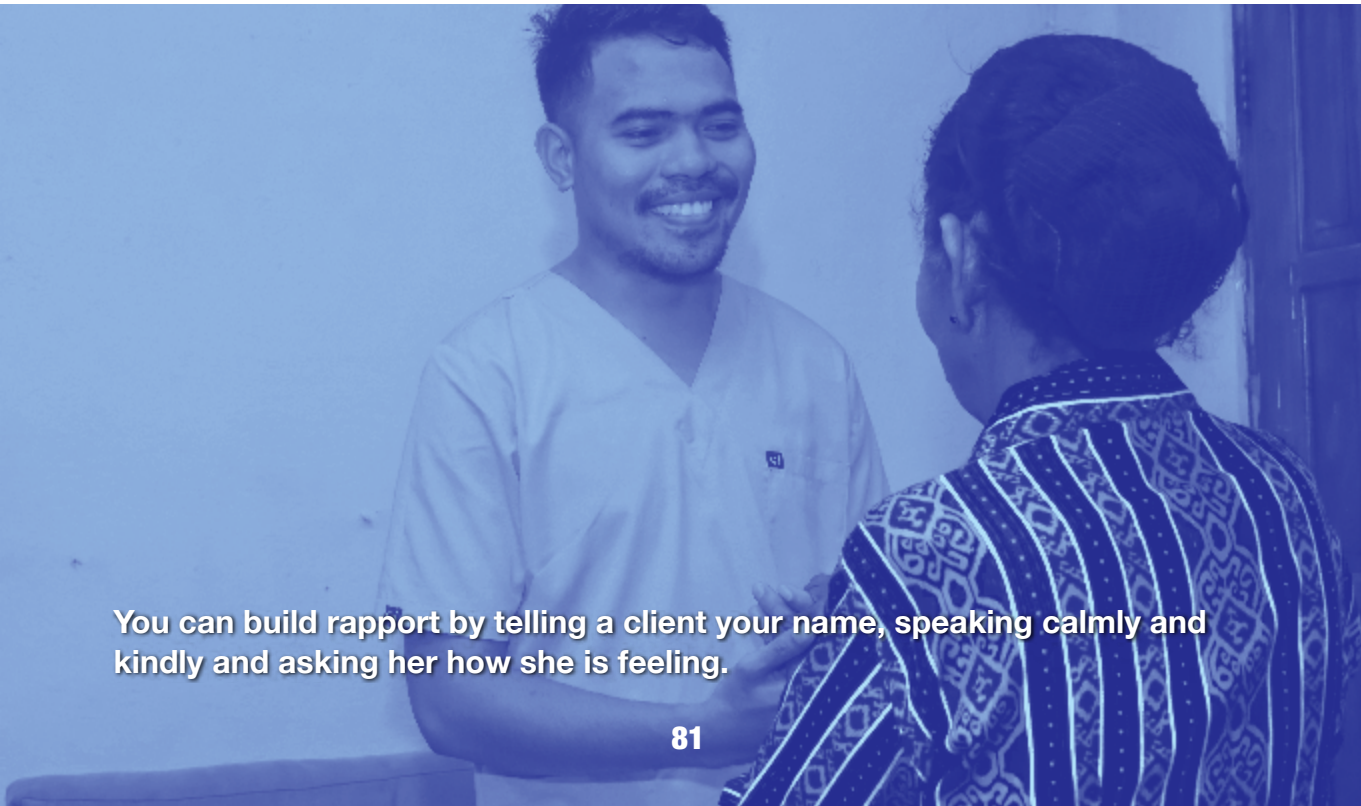
Another way to protect privacy is to attend to the victim quickly and minimize her movement back and forth. This is important because some people might stare at her or sometimes there is someone she knows and they might ask questions. The victim should not have to repeat her experience to other health providers because speaking about violence many times can make her more stressed and tired and also feel the trauma again. Health providers should not gossip or share victims' stories with staff who are not directly involved with the woman's care.

It is sometimes very hard for people to talk about violence or abuse, so health providers have to spend some time to create a relationship or connection so they can understand the client's feelings and have good communication. This is called building rapport. This helps to establish trust, which is important because people find it easier to talk to people they trust. You can build rapport by telling her your name, speaking calmly and kindly and asking her how she is feeling. You should listen carefully to what she is saying and help her to feel connected and supported.

It is very important to build rapport with children and to help them to trust you because they might feel scared and have difficulty speaking about the things that happened to them. You can build rapport with children by playing games with them, giving balls or paper or pencils for them to play with or giving them something to eat or drink. Usually, building rapport with children can take a lot of time, so you should not be rushed during consultations with children.

"It's very hard for a woman who is experiencing the problem of domestic violence to open up to us. We try to create a calm situation, a safe place. We must create trust so she can speak about the problems she has." Midwife, Baucau

A health providers' non-verbal communication shows a lot about the things they are feeling and can also show the client they have an interest in listening. Around 90% of our communication as people is non-verbal. Non-verbal communication includes body language, facial expressions and the way we speak (tone of voice). There are many things health providers can do, listed in the box below, to make people feel more comfortable through good non-verbal communication.



You can build rapport by telling a client your name, speaking calmly and kindly and asking her how she is feeling.

Good body language means sitting at the same level, facing the client, with a kind facial expression and calm tone of voice.

Types of non-verbal communication

Good body language:

- Sit facing the client
- Sit at the same level (do not be higher than her or stand over her)
- Your arms should not be crossed
- Give a comforting touch on the shoulder

Kind facial expression:

- Smile
- Look at her in the eyes (eye contact)
- Pay attention to the client

Tone of voice:

- Speak slowly, you do not need to be quick
- Speak softly, you do not need to be loud
- Be calm.

Before asking someone about their experience of violence, health providers need to ensure there is a private place to talk and take the time to build rapport and trust. Be kind, speak calmly and think about good body language.

4.4 HOW DO HEALTH PROVIDERS ASK ABOUT VIOLENCE IN A SENSITIVE WAY?

In this section you will learn about how to bring up the topic of domestic violence with your client and helpful questions to ask.

When you are in a private place and your client feels safe and comfortable, you can ask some open questions to help her speak about the problems she might have. Below are some examples you can use to start talking about these issues.

Examples of how to bring up the topic of violence:

- *"Many women experience problems with their husband or with other people who live with them."*
- *"When I see injuries like this, I wonder if someone has hurt you."*
- *"What is your relationship like with your husband/partner?"*
- *"I see that you are sad, is there something you would like to talk about?"*

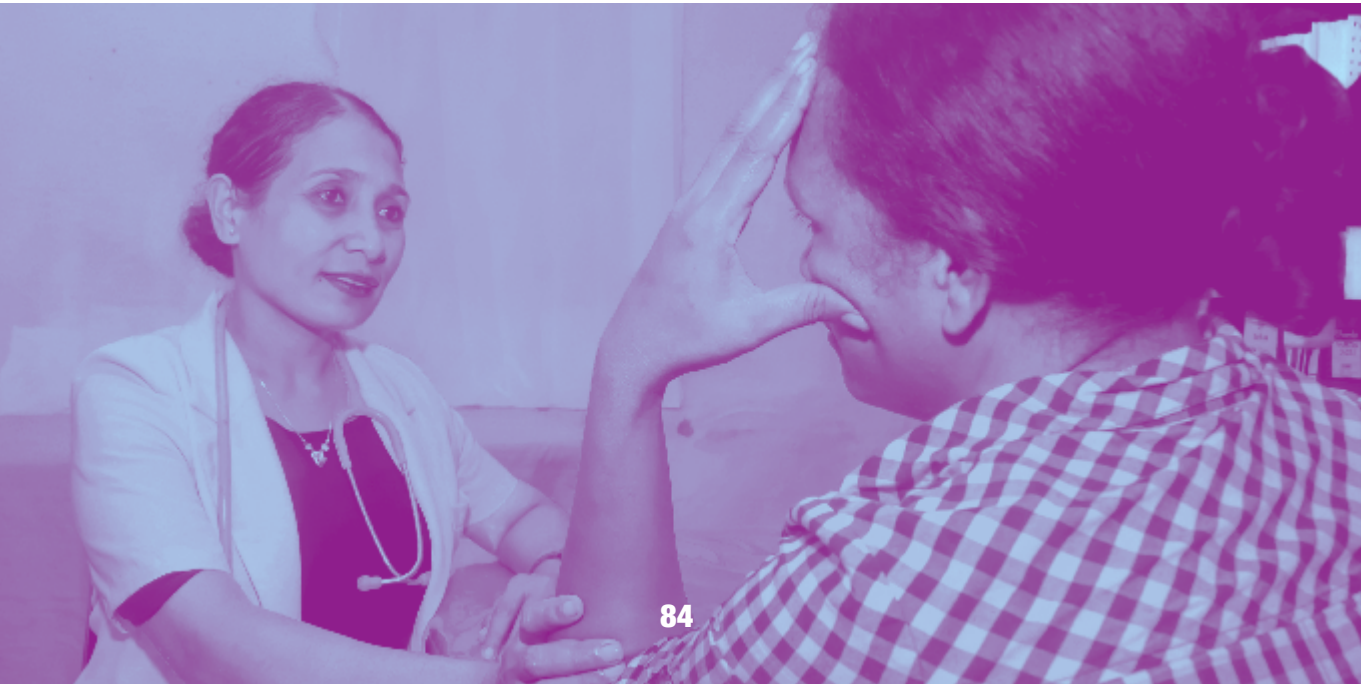
You may need some time for a woman to feel comfortable to speak about her situation, so it may be good to ask more than once. When she is ready to talk about violence, you can ask questions that are more specific or direct, which can be easier for her to answer because she can respond with a yes or no. It is very important to ask specific questions about how the injury happened because some women feel that if health providers do not ask them, they cannot talk about it. Direct questions are also very useful to get detailed information that you need for medical treatment. Below are examples of direct questions you can ask.

Examples of direct question you can ask if you think a woman may be experiencing violence:

- *"Did your husband hit you?"*
- *"Did someone force you to have sexual relations?"*
- *"Does your husband try to control you, for example not giving you money, or not letting you leave the house?"*
- *"Have you spoken to anyone about this?"*

When you ask about violence, you should ask one question at a time. This means you ask one question, wait for the response and then ask the next question. An example question is *"Did someone bite you?"* or *"Did he threaten you with a weapon?"*

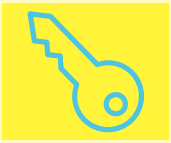
You should not ask questions that are too general, for example do not ask *"Are you a victim of domestic violence?"* because the woman may not feel that she is a victim, or she may not understand the phrase 'domestic violence.' It is also important not to ask questions that push people to answer in a way you are thinking of. For example, do not say *"What happened to your eye? Did you walk into a door?"*



"The police asked 'how did you get this wound?' I replied 'this injury is from when my husband hit me'. The doctor has never asked me like that…just asked 'why are you dizzy?' and I just said 'because of lack of sleep, lack of eating'…the doctor never asked, 'did your husband hit you?' If the doctor asked, I would answer."
36 year old woman who experienced violence, Dili

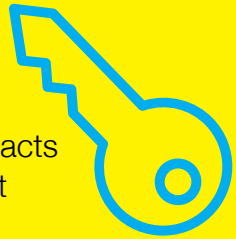
"When we got there [health centre], they didn't ask and we also didn't tell them. We want them to ask us directly so that we can explain. Then we can have a good consult and medicines." 21 year old woman who experienced violence, Dili

Some people might not want to talk about the violence or trauma they have been through. If they do not want to talk about it, do not force them. Give them more time to stay at the health centre and sit and talk with them. Health providers can offer information about the effects of violence on women and children's health and speak about services that are available if their situation changes, or if they know other people who might need these services. Remember to believe her. Her pain or injuries may be from something else and not violence.



If a health provider thinks a person is a victim of violence, they can start speaking about that subject and ask open questions. When a woman feels comfortable to open up, health providers can ask further questions that are more specific to be able to know the cause of the injury or pain and to know what the woman needs.

Important messages you learned in this Chapter:



- There are many short- and long-term impacts of violence. These impacts are not just from the injuries, but also from the stress and trauma that victims of violence are subjected to.
- Health providers can identify signs of violence when they see physical and behavioural signals, especially in women, children and other vulnerable people.
- It is very important that health providers hold consultations in a private place. Never ask about abuse in front of other people. This helps to keep the client safe and avoids further trauma.
- Health providers should be kind and build trust with all their clients, especially if they have suffered trauma.
- It is sometimes hard to ask clients about their problems but asking and knowing the cause of health problems is an important part of health care.
- Health providers have an important role even if women do not want to talk about abuse. Health providers can give information, increase trust through good communication and make plans to see the woman again.
- Being comfortable asking about violence can take time. Your skills will continue to improve if you continue to put them into practice.

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5 FIRST LINE SUPPORT

Re > *Respond with empathy*
La > *Do not blame the victim*
S > *Confidentiality*
Au > *Enhance safety*
N > *Continue support*

Dr. Kayli Wild[1,2], Prof. Lídia Gomes[3] & Guilhermina de Araujo[2]

In this Chapter you will learn about the steps to take to help victims of violence:

1. **Re > *Respond with empathy*: *how to listen and respond with empathy***
2. **La > *Do not blame the victim*: *how to reduce the risk of additional harm to victims of violence and not add to the victim's trauma***
3. **S > *Professional secrecy*: *how to protect a client's confidentiality and explain the limits of this confidentiality***
4. **Au > *Enhance safety*: *how to assess the level of danger for a woman and her children and help her to make a safety plan***
5. **N > *Continue support*: *referral services in Timor-Leste and how to link victims of violence with other organisations that can support them.***

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Health providers have a responsibility and duty of care to provide first line support for anyone who has experienced violence. The steps in ***Hahú Relasaun*** *di'ak* (Begin a good Relationship) are a way to remember how you can help victims of violence.

ENGLISH MEMORY AID	TETUM DIRECT TRANSLATION	TETUM ADAPTED MEMORY AID ***Hahú Relasaun*** *di'ak*	ENGLISH TRANSLATION
L Listen	**R** *Rona*	**Ha** > ***Hatene sinál ba violénsia***	**Ha** Know the signs of violence
I Inquire	**H** *Husu*	**Hu** > ***Husu kona-ba problema***	**Hu** Ask about problems
V Validate	**V** *Valida*	**Re** > ***Reasaun empátiku***	**Re** Respond with empathy
		La > ***Labele fó sala vítima***	**La** Don't blame the victim
		S > ***Segredu profisionál***	**S** Professional secrecy
E Enhance safety	**A** *Aumenta seguru*	**Au** > ***Aumenta seguru***	**Au** Enhance safety
S Support	**S** *Supporta*	**N** > ***Nafatin tau matan***	**N** Continue support

5.1 HOW CAN HEALTH PROVIDERS RESPOND WITH EMPATHY?

In this section you will learn that responding with empathy is one of the most important things a health provider can do when helping people who have experienced violence. Listening to the woman's story and understanding the situation from her perspective will help you to provide health care and support that is most useful for her.

Re > *Respond with empathy*

Empathy is a core competency for communication between healthcare professionals and their clients (Riess 2015). The World Health Organization says that listening well and responding with empathy helps the client much more than just giving advice (WHO 2014).

Empathy and compassion can affect how a person experiences health care. Research shows that when health providers show empathy, their clients are more satisfied with the health care they receive (Riess et al. 2012). People also experience less stress and suffering, and they get better more quickly if health providers show empathy (Neumann et al. 2011).

What is empathy?

Empathy is listening and really understanding a person's situation so that you can help them. There are three main aspects to empathy:

1. Understanding a person's situation and feelings from their perspective (imagine yourself in their situation)
2. Checking you understand what the person is saying and making them feel important
3. Taking action based on the information in a way that helps them.

(Adapted from Mercer & Reynolds 2002)

Empathy is the ability to understand and feel the emotional state of another person and then treat that person with compassion (Riess 2017). Empathy has been described as *imagining yourself in another person's situation in order to understand them* (Alma & Smaling 2006).

Listening carefully to what the client is saying is an important part of showing empathy. This is called active listening and it means that you 'listen' with your eyes (look at them and pay attention), 'listen' with your ears (hear what they are saying) and 'listen' with your heart (show compassion).

Active listening means health providers should:

- Listen with the eyes – give her your undivided attention
- Listen with the ears – truly hear her concerns
- Listen with the heart – treat her with kindness and respect.

Source: (WHO 2014)

Active listing means listening with your eyes, ears and heart

With the gift of listening comes the gift of healing, because listening to your brothers and sisters until they have said the last words in their hearts is healing and consoling. Someone once said that it is possible "to listen a person's soul into existence".

A quote by Catherine de Hueck Doherty (Warshaw & Ganley 1996)

If health providers listen actively, they can understand the situation from the woman's perspective. When they listen actively, they can learn what is most important for her so they can help her based on her needs.

Health providers should give time to the client to share their experience in a place that is secure and private. Pay attention to her verbal and non-verbal communication – how she is sitting, her facial expressions and the way she is speaking. This is so you can understand how she is really feeling. If you are calm and speak slowly, this helps to reduce her stress.

You should encourage her to speak and stay focused on her experiences. For example, you can ask: *"Can you share more information about that?"* or *"Then what happened?"* (WHO 2014).

Give her time to talk about her story. Let her talk about her experience in a way that she wants to tell it. It is okay if she becomes quiet some of the time. You can gently say *"It's okay, do you want to take a break?"* If she starts to get angry or cry, give her time to express her emotions. Never end the interview or ask her to leave. When she is ready, ask her *"Do you feel okay to continue?"*

When you are showing empathy, it is important to acknowledge her feelings. You can do this by reflecting back what she is saying. For example, if she said she was very scared you can say *"I understand this made you very scared"* or if she feels angry you can say *"I can understand why you are angry."*

Being kind and showing empathy is very important when assisting people who have experienced violence and trauma.

It is very important for health providers to acknowledge their client's feelings and reinforce her value as a person.

Experiencing physical abuse, sexual abuse or emotional abuse can affect a person's confidence and opinion of themselves (Lynch & Graham-Bermann 2000). A person who has been abused for a long time might feel they are not good enough or not worthy of love from other people. It is very important for health providers to reinforce her value as a person and tell her that she is not responsible for this violence. The perpetrator of the violence is responsible for his violent behaviour. Tell the woman she has the right to live without violence. You can say *"Your life and your health are important"* or *"You deserve to be safe."* (WHO 2014).

A response from health providers that is empathetic and does not blame the victim is very important, especially when speaking with children and adolescents. You should tell them that they are not to blame for this abuse and they have done the right thing by telling someone.

"We don't force women to go back to their husbands, but to strengthen what they feel so they can take decisions for their lives. To build their capacity to have confidence, this is really important" Domestic violence social worker, Baucau

When you are speaking with a person who has suffered violence, you should check that you understand what she is saying. You can summarize her words to check you understand properly, for example, *"I heard you say that…"* This process of summarizing what she has said can help her clarify her thoughts and express her needs. It can help you understand what is most important to her so you can help her take action based on her needs. You can ask her *"What do you think the best thing to do is?"* or *"How can we help?"* (WHO 2014).

Responding with empathy includes the following:

- Active listening to understand the situation from the woman's perspective
- Giving her time to say what she feels, in a place that is private and safe
- Acknowledging her feeling through a process of reflecting her words back to her
- Reinforcing her value and telling her she is not to blame for the violence
- Checking that you fully understand what she is saying so you can identify her needs and take action together.

Many times victims of violence are put down and silenced by perpetrators, and cut off by family members and people in the community. If health providers listen carefully and show empathy, this can make victims of violence feel that someone understands and is able to help. This is an important step towards healing.

5.2 HOW CAN HEALTH PROVIDERS AVOID BLAMING THE VICTIM?

In this section you will learn what 'victim blaming' means and why blaming the victim for someone else's violent behaviour is harmful. You will learn about other things that are important to avoid and how to focus on responses that are empathic.

La > *Don't blame the victim*

All health providers have the responsibility to do no harm. This is especially important for victims of violence because it is likely that they are suffering from trauma and stress in addition to physical health conditions. In many societies, a common problem is that people blame the victims for the violence that other people inflict on them. This increases their trauma and harm that they experience as a result of the abuse (Gracia 2014).

Victim blaming occurs when people blame the victim or say that the victim is responsible for the bad things that happen to them.

Research carried out with midwives in Timor-Leste (Wild et al. 2016) showed that many midwives blamed the victim for their husband's violence and advised them to be patient, to keep quiet and not to do anything that would make their husband angry. This is a problem because we know from research about the cycle of violence that if people do not do anything to help, a man's violent behaviour is likely to become worse (Campbell et al. 2007). Blaming the victim also creates emotional distance between the health provider and the person who needs their help (Kogut 2011). Health providers have an important role to ensure that they believe and support victims of violence. They also have an important role to ensure they do not deny the violence occurred or look for reasons for the perpetrator's behaviour. This will help women to live free from violence, and in the long term will contribute to gender equality and the wellbeing of women, children and families in Timor-Leste.

The following quote is from a girl who was physically and sexually abused by her father and shows how a victim can experience further trauma if other people blame them.

"My dad's mum, my grandmother… After she knew about my dad's actions, she said it was my fault, it was like I teased my dad to make him abuse me… My sister and my two brothers were with my dad. They defended my dad. First, they said my dad and I had to make peace. My dad refused, so they did not even want to look at me. When I made the complaint, they didn't want me to. So… my two brothers, they didn't want to be close to me. I don't know why they were disgusted by me." Nina, urban area, 19 years old

Health providers should not express their own attitudes or judgements about a person's situation. For example, it is not the health provider's role to disapprove if a woman is pregnant but not married.

Health providers should avoid asking questions that blame the victim. An example of something that you SHOULD NOT ask is *"Why did he hit you?"* or *"Why did you go there alone? Don't you know that place is dangerous?"* It is better to reinforce her value by saying *"This is not your fault"* or *"You have a right to be safe"* (WHO 2014).

The following situation is an example of a response that is not good because the midwife has blamed the woman for her husband's violent behaviour. This midwife told the woman what she had to do, she reinforced power differences between men and women and the role of men as aggressive and women as submissive.

"I give counselling to the mother to change her behaviour…many times we don't blame only the husband. Sometimes we ask the wife why did your husband hit you? If she said something that made her husband feel not good we remind her not to repeat it again." Midwife, Liquiçá

Many health providers believe that it is their role to give advice based on their own knowledge and opinions. However, when helping women who have experienced violence, it is very important to ensure they give women the power over decisions that affect them. Because of this, the role of health providers is to **provide information**, not advice. When providing information and support, health providers should make sure **women are empowered** to look for strategies that help resolve their own problems.

Avoid giving advice to people who have experienced violence. For example, a health provider's role is NOT to tell a woman she should stay together or separate from a man who is violent. Men who are violent toward women are often violent towards children. Because of this, health providers should NEVER tell women to stay with the perpetrators because it is good for the children.

There are other things health providers should do to **minimize further trauma** when someone has experienced violence. Some women find it very difficult to describe details of violence if it makes them feel hurt or scared. Do not force her to speak about these details if she does not want to. Do not ask her to repeat her story about violence many times or to many people. When listening to her story, try not to look shocked or sad and do not tell her how she should feel. For example, DO NOT say *"You shouldn't feel sad, you should feel lucky because you are still alive."* Just focus on trying to understand what the woman is feeling and reflect this back to her. For example, you CAN say *"I can see you feel sad."*

If a woman has been abused, the abuse is never her fault. The offender has chosen to do this and he is responsible for his own actions. It is helpful for health providers to say this to the victim and to explain this to their family.

5.3 HOW CAN HEALTH PROVIDERS MAINTAIN PROFESSIONAL SECRECY (CONFIDENTIALITY)?

In this section you will learn about professional secrecy or confidentiality. You will learn that health providers have the responsibility to maintain confidentiality under the Law Against Domestic Violence (RDTL 2010). You will learn that confidentiality also has limits, meaning that there are some situations where health providers have an obligation to share information with authorities. You need to explain these things clearly to people who have experienced violence before you record their information.

S > *Confidentiality*

Confidentiality means you keep a patient's health information, story and documents private and do not share them with other people. It means that if you do not have her permission, you cannot share her information with her husband or family and you cannot speak about these things with your friends or colleagues who are not directly involved in her care. In order to be able to keep her information confidential, you need to speak about violence in a private place, when the woman is alone and in a place where other people cannot see or hear. It means you need to store the client's documents in a safe place, for example in a locked drawer or on a computer file that has a password.

It is very important that you do not try to verify or check the facts of the case. The health providers' role is to listen and believe the woman, help document her story and her injuries and support her to get further help. You should not ask her husband, her family or other people about what happened. If you talk to them about her story, this is breaching confidentiality and it might put the woman's life in danger.

It is very important to protect confidentiality. If the perpetrator or other people find out the woman has spoken about the violence it can put the victim's life in danger. They may forbid the victim from returning to the health centre and she might be beaten and abused further.

The following is a true story that a doctor told us about (details have been changed to protect confidentiality):

Dr Ana was working in a sub-district health centre. She provided health care to a husband and wife, Maria and António. Sometimes she saw them on their own, sometimes she saw them together. She thought they were sad because they were from another district and did not have anybody to help them. Doctor Ana thought she had a good relationship with this husband and wife, and they spoke about their children. Maria made a beautiful woven cloth (tais) for Dr Ana when she had a baby. One day Maria came alone to see the doctor. She disclosed that she had been experiencing serious abuse from her husband António for a long time. Dr Ana listened to her story and gave her information but did not say anything to Maria about planning to talk to António. When António came to the clinic to get his medicine, Dr Ana asked him some questions about his anger. António guessed straight away that Maria had told the doctor. He stood up and said "She told you, didn't she?" and then he said "You will not be seeing us anymore." Dr Ana was very sad and tried several times to phone Maria to tell her what had happened, to warn her. But when someone picked up the phone, it was António who answered it and he hung up straight away. Dr Ana remained very upset because she had not spoken to Maria about her plan to speak with António. She had broken Maria's confidentiality and made it more dangerous for her. Dr Ana's actions also increased the possibility that Maria's husband would get more angry and hit her again. She never saw the husband and wife again. Maria lost her access to a doctor that was caring, and not long after that they moved away.

This story shows why it is very important for health providers to keep people's information confidential. Health providers need to ask a woman's permission before speaking to other people about the woman's situation. A woman understands her situation better than anyone else and health providers should listen to her and follow her wishes so she is not put in more danger.

Always store a victim's documents and medical records in a secure place that cannot be seen by other people.

The Law Against Domestic Violence. Article 40 – Professional confidentiality

1. Staff who work in health facilities must adhere to professional confidentiality with regards to facts that they know from their professional interactions with victims under their care
2. When victims give consent with their own free will, professional confidentiality will cease if judicial authorities call the healthcare worker to give testimony or give other information.

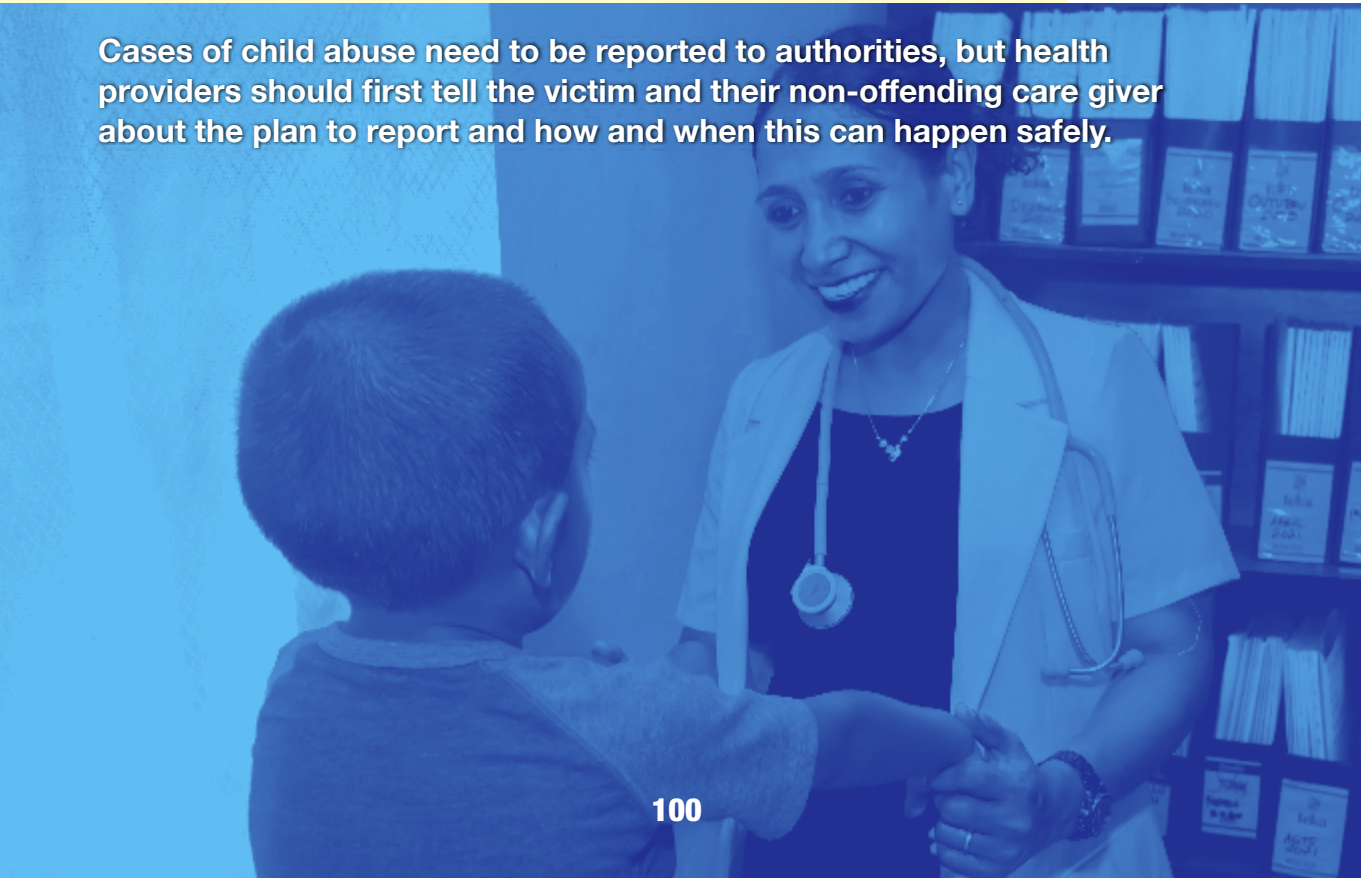
Source: adapted from the Law Against Domestic Violence (RDTL 2010)

A health provider can share a patient's information when they give their consent based on their own free will. For example, this means you can speak with people in the woman's family if the woman asks you to. This also means you can provide information about her case to a shelter or other service if she gives her consent to do this.

There may be times when the police or the public prosecutor requests that health providers testify or give other information such as a medical report, and health providers must provide this information. This is called the limits to confidentiality. You should explain this to the client when you first start speaking to each other. You should also explain to her that other people in the health facility might access her medical records. But other people who access the medical records also need to maintain confidentiality.

There are times when a health provider must report cases of abuse to the police or prosecutor and this is very important in cases of child abuse or if the health provider thinks that the woman or her children's lives are in danger. If the health provider needs to report to the police, they need to **first tell the victim about their plans to report and speak to the victim about how and when this can happen safely**. This is particularly important in small communities where many people know each other. For example, it may be very dangerous to report to the police if the perpetrator is a police officer. Another example is if staff in the health centre are related to the victim or the perpetrator of the violence. Health providers should always prioritise the victim's wishes and safety when they have discussions about sharing information.

Health providers should not share information if the victim has not given their consent. When health providers maintain confidentiality, it can help to keep women and children safe.



Cases of child abuse need to be reported to authorities, but health providers should first tell the victim and their non-offending care giver about the plan to report and how and when this can happen safely.

5.4 HOW DO HEALTH PROVIDERS ENHANCE SAFETY?

In this section you will learn how to assess the level of danger for a woman and her children. You will also learn how to make a safety plan together with her.

Au > *Enhance safety*

Most women who are killed by their partner have been abused by their partner before being killed (Williams et al. 2021). Many women who have been subjected to violence have fears for their safety. But other women may not think about their safety because they do not think that the violence will happen again (WHO 2014). Health providers can help explain that men do not usually stop using violence if someone does not help them to stop. The violence usually gets worse and occurs more frequently as time goes on (Campbell et al. 2007).

If a woman is scared about her safety, believe her. You can call the police or refer her to a safe house, or she can stay the night at the health centre or together with other family.

There are specific questions you can ask to evaluate whether a situation is unsafe for a woman to go back to her home. The questions used to carry out a danger assessment are from the World Health Organisation (WHO 2014) handbook and are based on many years of research with victims of violence from all over the world. Asking women these questions can help health providers and women to identify if she is at immediate risk of serious injury.

DANGER ASSESSMENT (WHO 2014[1])

People who answer 'yes' to three or more questions may be in immediate danger from the perpetrator of violence:

1. Has the physical violence occurred more times or gotten worse in the last six months?
2. Has the perpetrator ever used a weapon on you or threatened to use a weapon on you?
3. Has he ever tried to strangle you?
4. Do you believe he could kill you?
5. Has he ever beaten you when you were pregnant?
6. Is he always very jealous of you?
7. Is he violent towards your children?
8. Do the children see when he is violent towards you?

1 Two additional questions (Q7, Q8) have been added for the Timorese context to take into account the high rates of child abuse and risk to children in Timor-Leste. These additional questions are based on the Solomon Islands adaptation which also included children (UNFPA 2015).

If you believe the woman is in immediate danger it may not be safe for her to return home. You can say *"I am concerned about your safety, let's talk about how you can be safe from harm"* (WHO 2014). Provide information to the woman about her options such as contacting the police or arranging for her to stay at a safe house. If this is not possible, work together with her to identify a safe place she can go, like a friend's house, her family, the church (nuns) or staying the night in the health centre.

Help her make a safety plan (WHO 2014). A safety plan is important for all women who are experiencing violence, including women who are not in immediate danger. A safety plan can help women to recognize violence and the impact of violence on their lives. Safety plans can also help them to clarify their safety needs and priorities and how they can get help to meet those needs. The main aim of the safety plan is to help women to think about how they can escape from a dangerous situation if the perpetrator suddenly becomes violent.

SAFETY PLANNING

Questions to ask to help a person make a safety plan (WHO 2014)

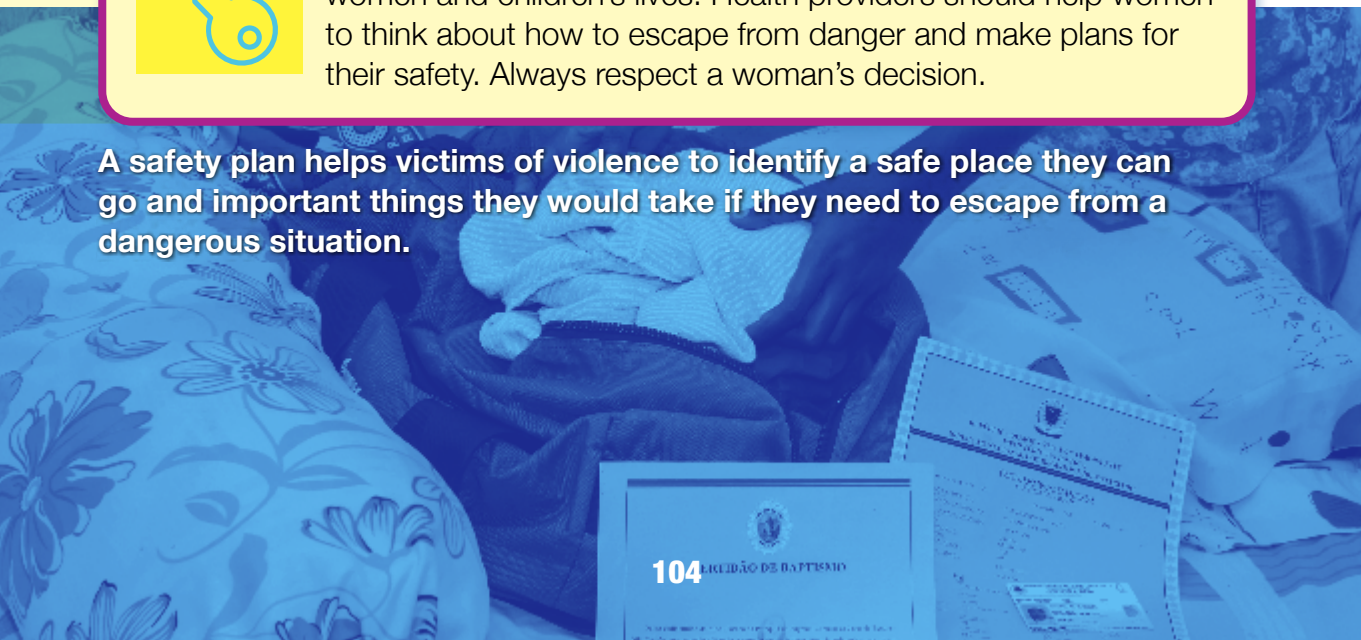
Safe place to go	• If you need to leave the house quickly, where would you go?
A plan for the children	• Would you go alone or take your children?
Transport	• How would you get there?
Things to take	• What things would you need if you left the house? • What things are the most important to take? (Things you can suggest to her: important documents, keys, money, telephone and credit, clothes, medicine, her children's special toy). • Do you have a safe place to keep those things?
Money	• Do you have any money if you have to leave home? • Can you access this money in an emergency?
Support from somebody who is close by	• Is there anyone who lives near you and can help you? • Can this person come with assistance or call the police if they hear sounds of violence? • Can you leave some important items with them?

There are more ways to help a woman make plans so that she can be safe. Here are some suggestions for topics that you can talk about with your client (WHO 2014):

- If there is going to be an argument, try to do it in a place with easy access to the door.
- If there is an argument, stay away from areas that have weapons or sharp things (for example, the kitchen). If possible, remove weapons from the house.
- Practice leaving the house safely. Identify doors or windows that are the best to leave from.
- The woman can make a word, sentence or code signal with the children, family, friends or neighbours for when she needs immediate help or if she wants to call the police.
- Speak to the children about what they can do and where they can go if someone starts to be violent. Practice the escape plan with them.
- Put the police phone number in her phone or help her to memorise the police phone number and other organisations close by that can help her.
- Put some phone credit away that can be used in emergency situations.

Helping women and children to be safe is a process that happens over time and a woman's priorities can change. You can look at the safety plan again with the woman when she comes to the next appointment and talk about any changes she has made.

Doing a danger assessment and safety plan can help save women and children's lives. Health providers should help women to think about how to escape from danger and make plans for their safety. Always respect a woman's decision.



A safety plan helps victims of violence to identify a safe place they can go and important things they would take if they need to escape from a dangerous situation.

5.5 HOW CAN HEALTH PROVIDERS CONTINUE SUPPORT?

In this section you will learn about the various needs of women and children who experience violence. You will learn how to support their mental health and help them with the stress and trauma they experience. You will also learn about the range of services that are available in the community to support women and children. It is important for health providers to have a good relationship with these services so that they can link victims of violence with the support they need.

N > *Continue support*

Support women's mental health and ability to cope with difficult situations

Victims of domestic violence and sexual assault need lots of social and emotional support to be able to cope with the stress and trauma that they have been through. It is very common for people to have many negative feelings after being abused. This can include feeling scared, ashamed, sad, anxious, unable to sleep or eat, depressed, powerless, feeling responsible, feeling numb (feeling numb is when you do not feel anything – this is a very common thing for people who have experienced trauma) and difficulty with resuming normal life (Amstadter & Vernon 2008; WHO 2014). People who have experienced sexual assault are especially likely to experience these negative emotions (Amstadter & Vernon 2008). When someone is abused, it is a common problem that other people blame the victim for this abuse. This can make the victim feel like they are being condemned and they can feel isolated from their family and community. If people blame the victim or treat her badly, this can make the trauma she is experiencing even worse. It is very important that health providers listen to her and believe her and tell her and other people that it is not her fault because it is the perpetrator of the violence who did this.

Social support means helping her identify people who can support her and connecting her with those people. If a woman receives support from her friends, family and the community, it can reduce the trauma she is experiencing (Sippel et al. 2015). Even if a woman does not want to share information with her family and friends about what has happened, doing things together and keeping active can help reduce stress.

To help her identify people who can support her, you can ask her:

- "Who do you feel most comfortable telling your problems to?"
- "Who do you usually ask for advice?"
- "When you are feeling unhappy, who do you like to be with?"

Source: (WHO 2014)

Emotional support means you listen and show you understand what she is feeling. You can show you understand when you reaffirm what she is saying. You can help her to feel she has power over her situation by encouraging her to make her own decisions. It can also be helpful to tell her that even though the situation feels very difficult at the moment, over time she is likely to feel better. Ask her to focus on the things she has done well. If you can give her hope and encourage her to think about a life that is better in the future, this can help her recover more quickly.

Coping strategies (strategies to deal with difficult situations) are important for dealing with immediate trauma. Victims of violence can be very stressed and worried, which can make them feel overwhelmed. Relaxation techniques can help to reduce stress because they can lower the heart rate, reduce anger, reduce tension in the muscles and help people feel calm (WHO 2014). Below is an example of a relaxation activity you can explain or do together with your clients who are experiencing stress. When she knows how to do this activity, she can do it anytime she feels stressed or overwhelmed. Another slow breathing activity that helps people relax is in Chapter 9.

Progressive muscle relaxation technique

1. In this exercise you tighten and then relax your body. Begin with your toes.
2. Curl your toes and hold the muscles tightly. This may hurt a little. Breathe deeply and count to three while holding your toe muscles tight. Then, relax your toes and let out your breath. Breathe normally and feel the relaxation in your toes.
3. Do the same for each of these parts of your body in turn. Each time, breathe deeply in as you tighten the muscles, count to three, and then relax and breathe out slowly.
   - Hold your leg and thigh muscles tight
   - Hold your belly tight
   - Make fists with your hands
   - Bend your arms at the elbows and hold your arms tight
   - Squeeze your shoulder blades together
   - Shrug your shoulders as high as you can
   - Tighten all the muscles in your face
4. Now, drop your chin slowly toward your chest. As you breathe in, slowly and carefully move your head in a circle to the right, and then breathe out as you bring your head around to the left and back toward your chest. Do this three times. Now, go the other way. Inhale to the left and back, exhale to the right and down. Do this three times.
5. Now bring your head up to the centre. Notice how calm you feel.

Source: (WHO 2014)

After experiencing violence, a person may feel it is difficult to carry on living as usual. Health providers can encourage strategies to deal with difficult situations by asking her to focus on what she has done well and the good things she is able to do in the future. For example, you can ask what is currently going well in her life or how she was able to overcome difficult situations in the past.

Reinforce positive coping strategies that she can use to overcome difficult situations. Encourage her to:

- Continue her normal activities, especially things she used to find interesting or made her happy
- Do activities that make her feel relaxed and reduce stress
- Sleep at the usual time and avoid sleeping too much
- Do regular physical activities that she enjoys doing
- Avoid using alcohol or drugs
- Encourage the woman to come back as soon as possible if she has any thoughts of harming herself.

Source: (WHO 2014)

Some people will suffer more than other people. It is very important for health providers to recognize mental health conditions that are more serious like severe depression, post-traumatic stress disorder (PTSD) or thoughts of self-harm. People who suffer from these serious forms of mental health will need help from mental health specialists such as counsellors, psychologists or psychiatrists. It is very important to refer her to psychology services that are available.

How you can tell if a person is at risk of harming themselves:

- Ask her about her feelings and emotions.
  - *"What emotions are you feeling?"*
  - *"Do you have any difficulties carrying on your normal activities?"*
  - *"Have you had any thoughts of hurting yourself?"*
- If the woman has had thoughts of hurting herself within the last month or if she has hurt herself within the last year, she is in immediate danger of hurting herself again or killing herself.
- Look at her condition. If she is very agitated or distressed, if she is violent or does not interact with other people at all, she could be in immediate danger of hurting herself or committing suicide.
- If you see these signs in a woman's behaviour, do not leave her alone.
- Refer her immediately to receive emergency mental health support (this can be from mental health nurses who are in some health centres, mental health workers at the municipal level or PRADET counsellors).

Source: (WHO 2014)

Know about various services that women and children may need

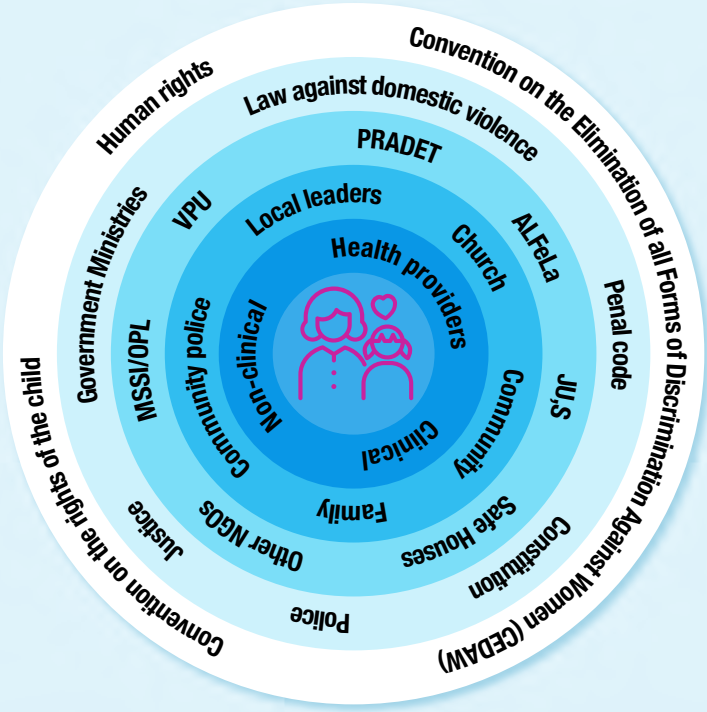
People who experience violence and trauma need many things, not just health care. An important role for health providers is to be able to help victims of violence to identify their needs and link them to support that is available. Knowing about services that are available and how to make good referrals is important for people who experience violence and also for other people in vulnerable situations such as people with disabilities or mental health problems, women who have been abandoned by their partner or their family or anyone who is experiencing distress.

Some of the services that victims of violence may need:

- Health care
- Police
- Shelters
- Medical forensic documentation
- Legal assistance
- Financial assistance
- Housing
- Support groups
- Counselling
- Mental health care
- Disability services

In Timor-Leste there is a national system that supports victims of violence. The government, non-government agencies and the whole community has an obligation to protect women and children and prevent domestic violence. These obligations are written in the Timor-Leste Constitution (see Chapter 3).

Shows the levels of protection and various supports for victims of violence in Timor-Leste.



Each sector has its own role when responding to violence against women and children.

Information about services with current telephone numbers can be found on this website. Please check this website regularly. https://hamahon.tl/#/

GOVERNMENT MINISTRIES

- MSSI – direct help for victims (food, money). Coordination and monthly meetings with service providers in each municipality to discuss complex cases.
- MSSI OPL (Child Protection) – need to receive information about all children who are victims of violence.
- SEII – coordination, National Action Plan on Gender-Based Violence.
- Ministry of Health – provides medical assistance and follow up, evidence preservation, medical reports and referring victims to other services that can help them.

POLICE

- Must take action when the victim or another person reports a case to the police.
- Must prepare a criminal complaint and evidence. The police have an obligation to submit the complaint to the Public Prosecutor's office within five days of someone reporting it to police.
- VPU (Vulnerable Persons Unit) works specifically with victims of violence and other vulnerable people. This unit works at the municipal level.
- Community police at the village level. Community police can link victims to services at the municipal level.

JUSTICE

- ALFeLa – provides legal advice and assistance for women and children and provides current information for victims about their case.
- Public prosecutor – prosecutes people for their crimes.
- Public defender – provides legal, judicial or extrajudicial assistance for every citizen who needs to face justice in Timor-Leste.
- Tribunal – determines cases and makes decisions about sentencing.
- JSMP – observes and creates reports on court decisions and provides suggestions on how the judicial system can be improved. JSMP also provides training and awareness about the law.
- JU,S – legal consulting services specialising in human rights, gender equality, children's rights, socio-economic rights, access to justice and rule of law.

SAFE SPACES (IN HEALTH CENTRES)

- a place at the health centre where women and children can go to access information, treatment, support and other advocacy services related to gender-based violence.
- Located in health centres at Viqueque, Bobonaro, Ermera, Liquica, Dili, Covalima.

SAFE HOUSES (UMA MAHON)

- A secure place to stay for women and children who are victims of violence.
- Provides accommodation from three days to three months, food, medicine, advocacy, connection to other services, and helping victims reintegrate into the community.
- Examples are Fokupers (Dili), Uma Pas (Baucau), Maria Tapo (Maliana), Uma Mahon Esperansa (Viqueque), Uma Mahon Luzero (Lospalos), Uma Mahon Forum Peduli Wanita (Oecusse).
- Refuges for children and young mothers – Casa Vida (Dili), Forum Comunicação e Juventude (FCJ), Uma Mahon Salele (Suai).

FATIN HAKMATEK (CALM PLACES)

- Helps victims of domestic violence, sexual assault, child abuse, abandonment and human trafficking.
- Provides medical treatment, medical forensic examination, basic necessities such as transport, food and clothes, up to three days emergency accommodation, referral to other services, follow-up medical treatment and home visits.
- *Fatin Hakmatek* are linked with referral hospitals in five municipalities:
  - Dili (covers Dili, Liquiçá, Aileu, Manatutu, Ermera)
  - Baucau (covers Baucau, Lospalos, Viqueque)
  - Suai (covers Ainaro, Manufahi)
  - Maliana (covers Bobonaro)
  - Oecusse (covers Oecusse.

OTHER NON-GOVERNMENT ORGANISATIONS

- PRADET – provides psychosocial recovery and counselling for people who have experienced trauma. PRADET also has socio-economic programs for victims and provides training (PRADET's training includes training for medical-forensic examiners, 4R training, training regarding people using and abusing alcohol, healthy relationships and counter trafficking). PRADET runs *Fatin Hakmatek* in five districts.
- Marie Stopes – provides counselling and treatment for sexually transmitted infections including HIV and a wide range of family planning methods.
- Empreza Di'ak – economic empowerment for women.
- RHTO (*Ra'es Hadomi Timor Oan*) and ADTL (*Asosiasaun Defisiénsia de Timor-Leste*) – helps people with disabilities.
- Alola Foundation – economic empowerment for women, education and scholarship support, women and children's health (including mother support groups and care packets for women who give birth) and advocacy to promote human rights for women and children.
- CODIVA and Arcoiris Timor-Leste – advocacy and assistance for LGBT people.
- FOKUPERS – advocacy for women's rights, assistance to victims of violence (including shelters, trauma healing and legal support) and community awareness and training.

Because of gender inequality and custom, women sometimes do not receive justice in a traditional system or a formal system. If an organisation is unable to help a woman or child based on their needs, you can link them with other advocacy organisations, which you can find at https://hamahon.tl/#/

There are many non-government organisations and other groups that support women and children, and people are creating new groups all the time to help victims of violence. You should find out what help is available in your area and what transport these services are able to provide to victims. This is very important if you work in a rural or remote area because it is sometimes very hard for people to access services that are far away.

In addition to formal services, people in the community and in extended families can help to protect people who are at risk of abuse and prevent perpetrators of violence from doing further harm. The community are the 'eyes and ears that help women and children to be safe'. Abuse should never be hidden because it is likely that the perpetrator of violence will continue the abuse until other people help.

There may be many good people in your area who can help prevent violence against women and children. Some examples are village and hamlet chiefs (*xefe suku, xefe aldeia*), traditional elders (*lia na'in*), families, neighbours, work colleagues or the church (nuns and priests). In 2009 a new law was introduced and community leaders must help create mechanisms to prevent domestic violence, support initiatives to protect and monitor victims of violence and punish perpetrators of violence (Kovar 2012). Health providers can link victims with good community leaders because they can be a source of social support and protection. But you should also link victims of violence with other organisations and services that can help. It is important to have a discussion with the woman about people who are close to her that she trusts and how these people can support her.

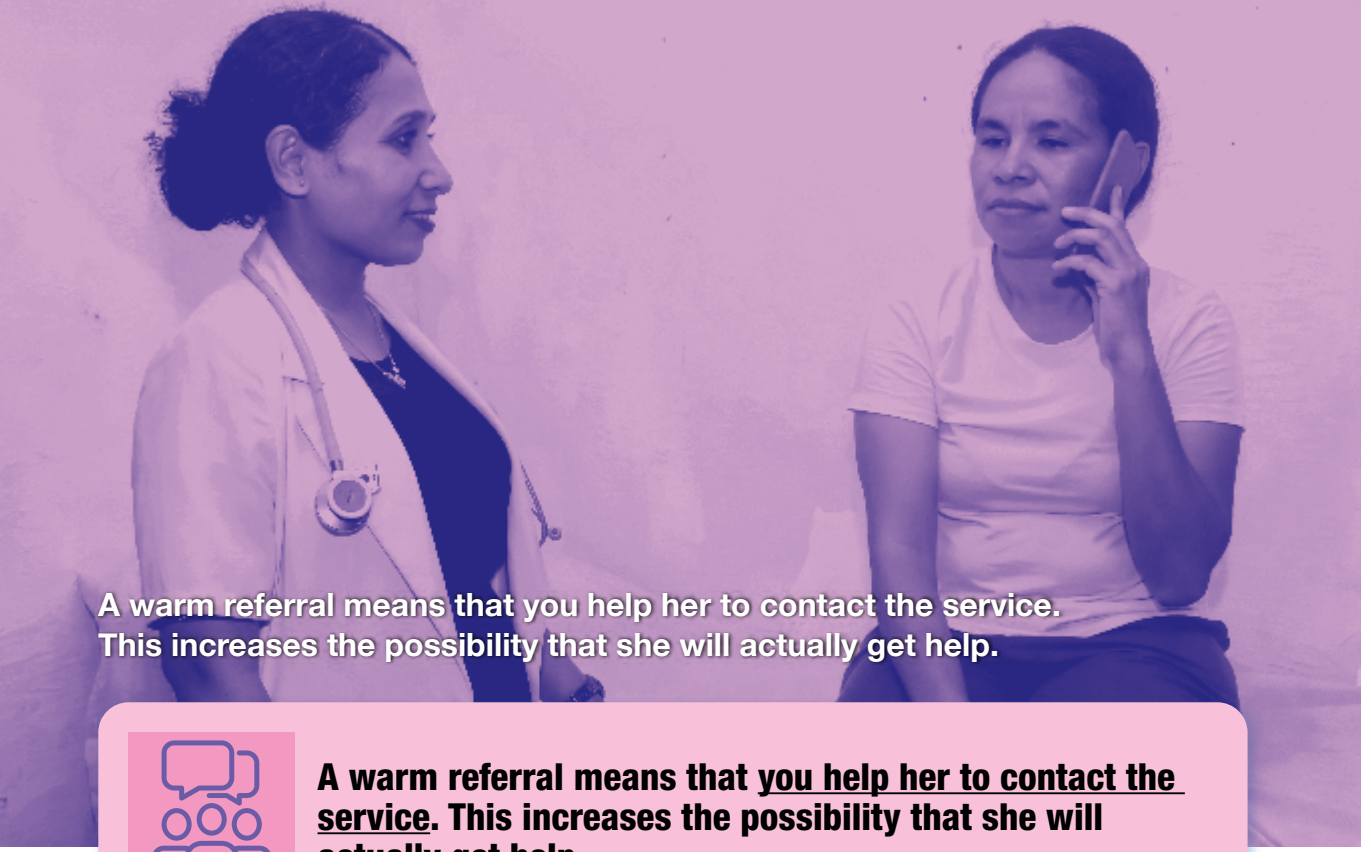
Provide a warm referral

The first step to providing a good referral is to help the woman identify the biggest problems she is facing so you can look for assistance that she needs. You can speak with her about her short-term needs and her longer-term needs. For example, in the short-term she may need somewhere to live and food and support from her friends and family. In the longer-term her needs might change. She might think about finding housing, finding work and getting mental health support to be able to recover from the trauma.

Give her information about the services that can help her to meet her needs. Tell her about other services that are available because she may not know about these services or may want to access these services in the future. Usually, women need more support than we can provide for them in a health centre, so it is very important to help them to also look for support from other places.

Your objective as a health provider is to support victims of violence and connect her with other resources that can help her to be safe so that she can continue to receive social support. It is sometimes very hard for a woman to receive the assistance she needs so it is best if you help her phone the services when she is still with you. This is called a 'warm referral'. It is best if you phone the service together with her rather than giving her a telephone number to call when she returns home because she may not have the courage to telephone when she is alone. She also may not have phone credit, she could forget or lose the information or it may not be safe for her to take written information home or telephone from her home.

Help your client to identify her needs and offer her information about the variety of services that are available to help her.



A warm referral means that you help her to contact the service. This increases the possibility that she will actually get help.

A warm referral means that <u>you help her to contact the service</u>. This increases the possibility that she will actually get help.

To do a warm referral:

1. Explain what the service is, where it is and how it can help the woman
2. Explain what will happen when you phone and the information they will ask the woman
3. Ask if the woman is ready to phone them
4. Ask if the woman wants you to:
   - Phone the place and she just listens
   - Phone the place together
   - Phone the place, begin speaking with them, then give the telephone to her
   - Arrange a private place so she can call them alone.

Source: (WHO 2014)

If the client does not want to contact other services, <u>do not force her</u>. When someone is abused, their power is taken away and they lose control over their own lives. For them to be safe and recover from trauma they need to have power and control over the actions that are taken (Perry & Szalavitz 2017).

Give her time to decide what she wants to do. Women in situations of domestic violence may need time to think about what they will do. They may also need time to make plans about the best way for them to access these services. If we give her hope, control and the right to choose, these all contribute to her recovery and feeling better (Perry & Szalavitz 2017). If the woman does not want to contact other services, you should still do a safety plan with her and offer information about the effects of violence. Give written information about services that are available and how she can access them at a later stage.

Tell her that you have an obligation to report a serious crime or child abuse to the police and talk about how you can do this together in a way that is safe. If the victim is a child and the family does not want to contact other services, you can contact MSSI OPL, the Police VPU, or *Fatin Hakmatek* for further assistance.

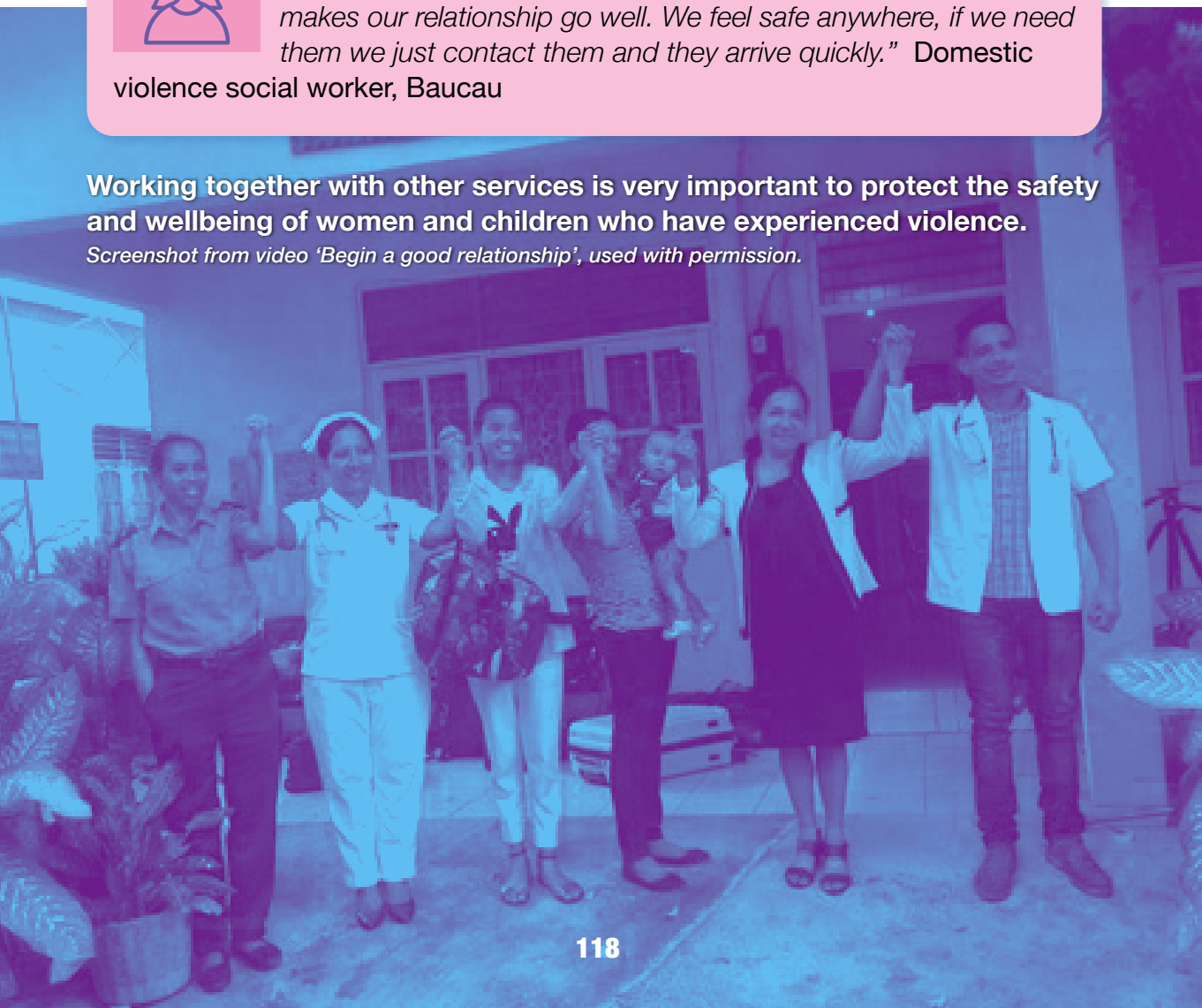
Whether the woman wants to contact other services or not, you should still make a follow-up appointment. This is important for her health care going forward and it is also important to check on her emotional recovery. Organise a day and time for her to return and try to ensure that she meets the same health provider each time she comes to the health centre.

Women and children are at higher risk of violence when they ask for help or when they separate from the perpetrator of violence, because the perpetrator can try to regain control, reduce the victim's contact with other people and become more violent (Jaffe et al. 2014). This risk continues after a woman has separated from the perpetrator, so the victim needs ongoing protection and support. If a woman does not attend her next appointment, you can try to ask other people about the woman (but do not tell them about the violence that has occurred). If you have referred a woman to another service, try to telephone them to check if the woman is still okay. Looking for information about a woman who does not come to the clinic again can be difficult if you work in a large health centre or hospital. Because of this, good documentation and communication between staff working in these places is very important.

Build strong relationships with referral services

When you help victims of violence, it is very good if you know the people who work in the services that can help women so that you can have a good understanding of the assistance they provide, their location and their contact details. Health providers should visit shelters and other services in their area, preferably on a regular basis, to introduce themselves and get to know each other. Knowing people in these services can help you explain the service more clearly to clients and can make the referral process easier.

"One day the police car was out of fuel so we gave them money for fuel. If we have activities we pay attention to their food, so this makes our relationship go well. We feel safe anywhere, if we need them we just contact them and they arrive quickly." Domestic violence social worker, Baucau



Working together with other services is very important to protect the safety and wellbeing of women and children who have experienced violence.
Screenshot from video 'Begin a good relationship', used with permission.

Health providers should visit services that provide assistance for victims of violence and find out:

1. How the service can help victims of violence and other people in vulnerable positions
2. The municipalities and villages they provide services in
3. Contact details and written information (for example, brochures or information cards) to give to clients
4. How people can make a referral to this service (for example, telephone, writing a letter, what transport is available)
5. Opportunities to work together to help victims of violence (for example, referral network meetings)
6. Give information to the referral service about how health services can help women and children who experience violence and sexual assault.

It is very good if you write down this information to share with your work colleagues!

Another way to strengthen collaboration between referral services is to join referral network meetings. MSSI has the responsibility of coordinating these meetings in each municipality. These meetings are a good way of sharing information and progress of cases for people you are looking after and also of looking for solutions to problems or challenges that you face. You can also attend training together, invite them to events or do community outreach together.

Health providers should provide medical care and emotional support for victims of violence and help them to identify family and friends who can support them. Health providers should give information, help women to identify their needs and refer them to other services.

5.6 *REVIEW OF* HAHU RELASAUN *FIRST LINE SUPPORT*

You can watch the video below, which shows a nurse using the steps of *Hahú Relasaun* to help a woman who has experienced domestic violence. When you watch this video, look at how the nurse shows empathy, how she avoids blaming the victim, how she keeps Maria's information confidential, how she helps Maria make a plan to enhance her safety and how she finds a way to refer Maria to a shelter. Click on this link [4] to access the video.

Source: screenshot from video 'Begin a good relationship[4], used with permission.

4 https://doris.latrobe.edu.au/doris/video/view/88236

How does the nurse respond with empathy (Re)?

- Doesn't make Maria speak quickly
- Sits with Maria and does not interrupt when she begins to cry
- Probes for information and encourages her to keep talking: *"How long has this been going on?"*
- Reflects back how she is feeling: *"That must be very stressful for all of you"*
- Reinforces her value: *"Everybody deserves to feel safe at home."*

How does the nurse avoid blaming the victim (La)?

- Tells Maria that no one deserves to be hit
- Says that alcohol is not an excuse for a man to hurt someone he is supposed to care for
- Informs Maria that domestic violence is a crime in Timor-Leste
- Reinforces that her husband's use of violence is wrong.

How does the nurse protect confidentiality (S)?

- Ensures that other people are not able listen when she is doing the consultation
- Keeps Maria's medical records in a locked filing cabinet
- Informs Maria that she will not tell other people in the community
- Explains the limits to confidentiality because she has an obligation to report a crime such as domestic violence to the police.

How does the nurse help Maria to enhance her safety (Au)?

- The nurse asks Maria if she:
  - Feels safe at home
  - Has a safe place to go
  - Has transportation
  - Can get help from her neighbour or people she can trust
  - Has a bag packed with her important things.
- The nurse also enquires about what will happen with the children and gives Maria the police phone number.

How does the nurse find a way to continue support (N) for Maria?

- When Maria is not ready for a referral, the nurse still mentions organisations that might be able to help someone in need.
- The nurse makes a plan for a follow-up visit.
- The nurse provides Maria with written information.
- When Maria does not show up for her appointment the nurse phones a trusted person (Maria's sister-in-law).
- The nurse talks to her manager about what to do.
- When Maria is ready, the nurse provides a warm referral by phoning the service and arranging transport for Maria and her child.

Important messages you learned in this Chapter:

- It is very important for a health provider to respond with empathy. To do this, you need to understand the woman's situation and what she is feeling, make her feel important and take actions that will help her.
- Never blame the victim for what has happened to her. Always remember that it is the perpetrator of violence who has committed the crime.
- Health providers must store client information securely and cannot share it with other people if the woman has not given her consent. You must also explain at the beginning of the consultation if you have an obligation to share her information with others (for example, with the police or other health providers).
- An important role for a health provider is to help a woman assess the danger she could be in and help her create a safety plan. This can help reduce the risk of harmful things happening again. A safety plan can be made together even if the woman is not yet ready for a referral to another service.
- When looking after victims of violence, health providers should give them social and emotional support. This includes helping the woman identify people who can support her, helping her to cope with stress and emphasising the positive things she is doing.
- There are many services available to help victims of violence in Timor-Leste. Health providers should help women to identify the support they need and actively connect them with services that can help.

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6 SPECIAL CONSIDERATIONS TO RESPOND TO CHILDREN, PEOPLE WITH A DISABILITY AND MEN WHO USE VIOLENCE

Dr. Kayli Wild[1,2], & Guilhermina de Araujo[2]

In this Chapter you will learn about these important things:

1. *Additional things to consider when caring for young people who have experienced violence*
2. *How to support victims of violence who have a disability*
3. *How to respond to men who use violence.*

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6.1 HOW CAN HEALTH PROVIDERS HELP CHILDREN AND ADOLESCENTS WHO HAVE BEEN ABUSED?

In this section you will learn that the steps for *Hahú Relasaun* are the same for children and adults, but there are additional skills that we need to utilise to be able to have good communication with children. When you work with children, you need to get informed consent and involve them in decisions about the care they receive. Because children do not usually have power within a family, health providers have an important obligation to ensure that the child is safe. Health providers also have an obligation to report abuse, neglect, violence or violations of children's rights to the authorities.

A minor is a child or adolescent that is aged less than 17 years (RDTL 2009), but most often people who are not yet 18 years old are still considered children. It is very important for health providers to be able to respond well to children and youth who have experienced violence because child abuse is very common in Timor-Leste and occurs in many different forms.

Any sexual act with a child under 14 years of age is a crime in Timor-Leste because children do not have the capacity to give consent. Sexual acts with people who are 14-16 years of age is also a crime if the perpetrator is in a position of power or takes advantage of the young person's inexperience (RDTL 2009).

Physical violence includes things like hitting, slapping, kicking, strangling, burning or shaking a child. Physical violence is a common method that people use to try to teach or punish children, but research has shown that using physical violence is very bad for children's development and is not effective in the long term (Gershoff et al. 2018; Smith 2006). There are positive ways of teaching children that do not involve violence (Durrant 2001).

Sexual violence or sexual abuse of children is when people participate in any sexual activities with a child. Sexual acts can include touching or putting something in the genitals or anus. It also includes things that do not involve physical touching, such as forcing them to show parts of their body, masturbating in front of them or showing them pornography. Sexual abuse of children includes other forms of exploitation such as prostitution (allowing other people to have sex with children in order to get something in return like goods or money). Sexual abuse of children includes sexual slavery, sex tourism, trafficking or selling children for sexual exploitation, possessing visual images of child sexual abuse or the arrangement of children into early marriage (Suthanthiraraj 2019). Many times, people carry out sexual abuse of children but do not use physical force (WHO 2003). It is most likely that the perpetrator of violence uses manipulation so that the family will trust them and they can be alone with the child. Perpetrators might also give children drugs or alcohol, threaten to hurt the child or threaten to hurt somebody else in the child's family so that the child does what they want. Most often someone from the child's own family, or someone who is close to the family, is the one who abuses the child. If a young woman is sexually abused, most times this sexual abuse is by their boyfriend (Devries et al. 2018).

Emotional abuse is the verbal and psychological maltreatment of children. Emotional abuse includes things like rejection and not showing love to a child, being angry with them all the time, putting them down or laughing at them, yelling at them or making them feel embarrassed (for example, telling them that they have no value) or threatening to do bad things to them or destroy the things they like (Glaser 2002). Emotional abuse is the most common type of child abuse and most often it is people in the child's family or people their own age (for example, friends at school) who carry out this abuse (Devries et al. 2018). Emotional abuse has a large negative impact, just like physical abuse does. Emotional abuse has a big impact on a child's thoughts about themselves and also their emotional wellbeing (Vachon et al. 2015).

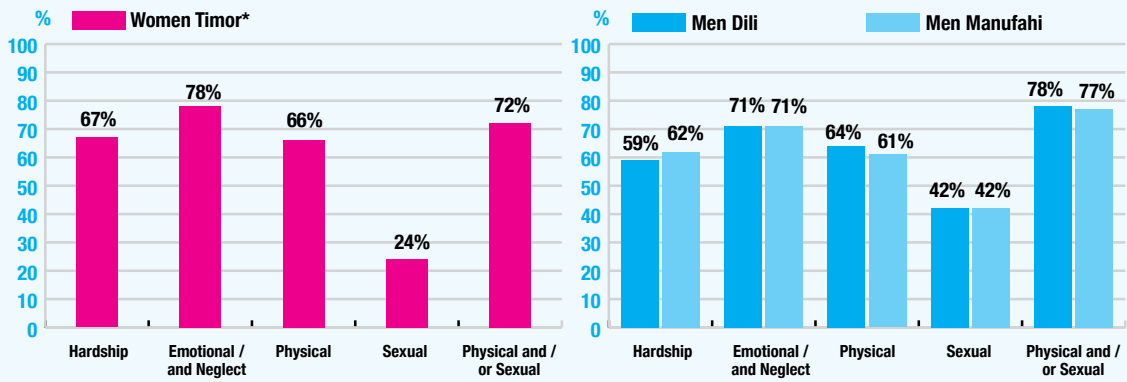
Neglect is when caregivers are not emotionally responsive to children, do not interact with them, do not express positive emotions toward them or do not express any emotions when they interact with the child (Glaser 2002). Neglect also includes behaviour such as separating the child from other people, not giving them the opportunity to interact with other people or not giving them the opportunity to receive education or health care.

Witnessing violence. If children see violence in the home or in the community it can have a negative impact on them, even if no one has hit them. If children see violence, this can make them anxious, sad or scared about whether they or the people they love will be safe. This can affect the child's behaviour and their ability to concentrate in school. Domestic violence also affects people's ability to be good parents. Children can copy this violence and be violent to their younger siblings or friends and, when they grow up, they can repeat this behaviour with other people (Stiles 2002). In Timor-Leste, between 36% and 49% of men and women witnessed physical violence towards their mother when they were a child (TAF 2016).

Have a look at the graph below. Data from the *Nabilan* survey found that 71-78% of men and women experienced emotional violence or neglect when they were a child, 64-66% experienced physical violence when they were a child, and 24-42% experienced sexual violence when they were a child (TAF 2016). Other research from the Pacific Islands and Timor-Leste estimated that 87% of Timorese children experienced violent discipline at home. This is greater than all of the other countries in the study (Suthanthiraraj 2019).

Percentage of women and men who experienced different types of abuse as a child.

Source: (TAF 2016)



* As the female survey is nationally representative and the male survey is only representative of two municipalities, caution is recommended in directly comparing women's & men's reports.

The following is true story from 'Mery'[1], a 24 year old woman with a physical disability who was subjected to severe abuse from her husband. She has three children and describes the impact that both witnessing and experiencing violence can have on children from a very young age. Readers should be warned that this story could be distressing for some people, so please feel free to skip over it.

"I think our problems had a big effect on my eldest son. My eldest son looked like he was traumatized. Sometimes we had problems in front of our children. We never hid our problems from our children, we never had fights in our room, we just showed our children. Recently my eldest son was traumatized, he was scared. My eldest son was scared and he had a razor blade, he cut his brother's stomach…There were lots of them at home, but he was with his younger brother in the room. He saw a razor blade and cut his younger brother's body. I think he was traumatized because normally when me and my husband had problems, my husband always told my son to go and get a knife. 'Go and get a knife so that I can kill your mum.' So, well the children were young, they are always thinking and smart, and always remembers these things. I think my son is copying my husband's behaviour that he always did… We took him to see the doctor and they said he needs to stay somewhere that is safe… Sometimes he hit my two children until they were seriously injured. He hit them, he hit one of them until he had a disability. He took them to the village and just left them there. He took them there until they got better. But my older son is still traumatized, so I took him far from the family to stay with the nuns and I talked to the nuns about it. The nuns were very understanding, very kind, and they looked after him very well. I can see now he is a bit better, before when he held a stick, he would straight away hit people with it. This child just turned five years old and he knows about violence."

It should be noted that while experiencing and witnessing domestic violence is very damaging, children also display incredible resilience, especially when they are assisted to safety and supported to deal with the ongoing trauma they are experiencing.

1 This story is adapted from interviews we did with 28 survivors of violence in Timor-Leste. Some details have been changed to protect the woman's identity. The research participant, 'Mery', was asked for and granted specific permission for this story to be included in the book.

When helping children and youth who have experienced violence, health providers should follow the guiding principles from the United Nations Convention on the Rights of the Child and the World Health Organisation Guidelines on responding to children and adolescents who have been sexually abused (WHO 2017).

Guiding principles when assisting children and adolescents (adapted from WHO 2017)

- **Best interests of the child** – Think about all potential harms and choose the path that will minimize negative effects on the child and reduce the possibility of abuse in the future. Sometimes the choice the family makes is not the best thing for the child themselves. Health providers should prioritise children's safety. This includes protecting their privacy and ensuring they continue to get help from relevant authorities.
- **Evolving capacity of the child** (the capacity of a child increases with their age) – Provide information that is appropriate for a child's age and their developmental stage. For example, explain using simple words they can understand or use things like pictures or toys to explain things to them.
- **Do not discriminate** – Treat all people the same when providing health care. Do not provide different health care based on their sex, race, ethnicity, religion, sexual orientation, gender identity or socioeconomic status. Pay attention to every client's needs in a way that is non-judgmental. Health providers should recognise that people who are discriminated against are also more vulnerable to being abused.
- **Participation** – Involve the child in decisions that have an impact on their life. Ask them about their thoughts, respect their opinions and take their wishes into account when you provide care and treatment.

The key principles and steps to help children who have been subjected to violence are mostly the same as the steps for adults. Health providers should carefully follow the steps from *Hahú Relasaun*. Chapter 4 and 5 explain these steps in detail. Below are the additional things you need to think about when providing assistance to children.

Ha > **Know the signs of violence.** It is sometimes hard to know if a child has been abused or not. Physical and behavioural signs of violence in children are explained in Chapter 4.

Hu > **Ask about problems.** If you think a child has been abused, it is very important to ask them about this when they are on their own and in a private place. Do not force them to speak. You may need lots of time for a child to trust you. It is better if you are in a place that the child feels comfortable to talk. If you are helping an adult victim of violence, ask if the children are also experiencing this violence.

It is very important not to force a child or adolescent to answer questions or be examined if they do not want to because this can increase their trauma or threaten their safety.

Re > **Respond with empathy.** Listen to them and do not judge them. Show them that you understand what they are saying. Tell the child they did the right thing by telling you. Let them know they are brave because it can be very difficult for a child to speak about these things. Give them lots of time and encourage them to use their own words. Using other ways of communicating with children can be useful, like using pictures or toys to help them explain what happened (WHO 2017). Talk to children in a way that is appropriate for their age so they can understand the information. For example, if you need to explain the process of doing an STI test, your explanation will not be the same for a person who is 14 and a person who is 4.

La > **Do not blame the victim.** Tell the child that they are not to blame for the abuse occurring and they have done the right thing by speaking about it. Explain to the family that it is never the child's fault if they get abused. It is illegal to engage in any sexual activity with a child under 14, so people cannot say that the child gave their consent or acted in a way that invited the abuse.

S > **Professional secrecy (confidentiality).** Confidentiality is very important to keep children safe. Many times children hide abuse because they are embarrassed or scared. It is very common for people who carry out sexual abuse of children to threaten them and tell them not to tell anyone.

Do not speak with the perpetrator about the violence or discuss what the child has told you because this can be very dangerous for the child. Perpetrators of violence against children, especially perpetrators of sexual violence, are often charismatic people who can give a variety of excuses for their actions and try to shift the blame to other people (van Dam 2001, cited in CFCA 2015).

Children sometimes ask health providers to promise not to tell other people about violence that has occurred. You should not promise something that you cannot do but you should talk to them about how they can stay safe and explain to them who you will talk to about this matter and what the next steps are (CFCA 2015). For children who are not yet 16 years old, identify someone in their family who is not the perpetrator of violence who can support the child through this process and can give consent as a guardian. If the child or adolescent does not have an adult who can support them, they still have the right to receive confidential counselling and information from health providers and other services (WHO 2017). There may be some situations of child abuse where it is not safe to involve a parent or guardian, so health providers need to remember the guiding principle of what is best for the child and follow the child's preference (WHO 2017).

Au > **Enhance safety.** It is very important to prioritise the child's safety because children have less power than other people in the family and often they cannot run away from violent situations. It is very difficult for children to get help because they depend on other people to look after them. Sometimes the perpetrator of violence or the child's parents do not allow children to get help, so it is very important that health providers do what is best for the child and take action to protect them. Health providers should work together with non-offending caregivers (adults from the child's family who are not violent to the child) to make a plan for the child to be safe. Do not speak with the perpetrator of violence because this can be very dangerous for the child. Always think about the children when responding to women who have been abused because it is likely that their children witnessed or experienced the violence too.

N > **Continue support.** Speak kindly to the child, explain their options and respect their wishes. Violence and abuse generally make children feel they do not have any power or any control over their own lives. Because of this, it is very important that health providers properly explain each step of the process, so children can feel less scared and feel more in control (CFCA 2015). Sometimes there are situations where it is not possible to prioritise the child's wishes. If this occurs, health providers should explain to the child the reasons why this needs to occur before continuing (WHO 2017). Provide information to the child and the person who is looking after them and contact the appropriate authorities such as MSSI OPL (child protection) or the Police Vulnerable Person's Unit (VPU). It may not be safe for the child to return to their home, especially if the perpetrator of the violence or abuse lives with them or near their home. Arrange for them to go to a safe house or to stay with family who are not abusive or violent and can support them.

To provide good care to children who experience violence, health providers need special skills in talking with children about their story, forensic examination and interpretation of results. Always try to refer a child to specialists to carry out this documentation and examination (WHO 2003).

Play therapy to help children exposed to trauma

It is very important to provide child victims of trauma and abuse with support as early as possible. Child-appropriate therapies can help reduce the likelihood that children will repeat these behaviours in the future and can reduce intergenerational use of violence. Breaking the cycle with early intervention will enhance long-term positive outcomes for children.

Appropriate counselling and therapies like play therapy enable children to process their experiences without having to talk or use words. Play as a form of therapy allows children to utilise toys as their language and helps them to process their trauma. This way of processing is more suited to children's stage of development and is less traumatising to children. Play therapy is the least intrusive form of therapy, it can help to free children of guilt, shame and fear from the past trauma.

Play therapy can begin for children from as young as 2.5 years of age. These can be children who have experienced direct child abuse and/or exposure to other abuse within the family. This therapeutic support by trained social workers can assist children's healthy psychological development and help to reduce trauma and the risk of repeating these behaviours into adulthood.

Josephine Martin, Director, Play Therapy Northern Territory, Australia

Penal Code, Article 286. Obligation to report (RDTL 2009).

Any person who has knowledge of a public crime has the obligation to report it to authorities. If this is not reported to the authorities, there is the possibility that they can receive a penalty for not reporting it.

If you are in a situation where you think you need to report a case of violence to authorities, you should always explain this to the victim and do it in a way that the victim chooses and which protects their safety.

Take extra time to build rapport and show empathy and kindness when assisting children who have suffered trauma.

Health providers have an important obligation to help children who have experienced violence. This includes speaking with children in a private place, speaking in a way they can understand and involving children in decisions about their care. Health providers also need to do what is best for the child and ensure they receive help going forward.

6.2 HOW CAN HEALTH PROVIDERS HELP PEOPLE WITH A DISABILITY WHO HAVE EXPERIENCED VIOLENCE?

In this section you will learn that people with disabilities are at greater risk of being abused and have more barriers to getting help. Health providers should be ready to respond to all victims and ensure they do not discriminate or treat people differently just because they have a disability. When you provide first line support for people with additional needs there are some things you can do in order to communicate more effectively and gain informed consent. There are a variety of specialised services for people with disabilities that can work together with health providers to ensure better care.

In Timor-Leste, 18% of women have some type of disability (GDS et al. 2018). People who have a disability face higher rates of violence than other people (WHO & World Bank 2011). People with disabilities are at greater risk of all types of violence both within and outside of the home, including injury or abuse, neglect, cruel treatment and exploitation (UN 2006). Many families and communities do not have much information about the needs and rights of people with disabilities. Because of this, people with disabilities can be poorly treated such as keeping them only at home, tying them up or hitting them to try and teach or control them.

Different types of disabilities include difficulty:

- Seeing
- Hearing
- Communicating
- Remembering or concentrating
- Walking or climbing steps
- Getting dressed or washing themselves

The most common disability in Timor-Leste is difficulty seeing (GDS et al. 2018).

People with disabilities can become the target for perpetrators of violence, especially sexual assault, because perpetrators might think they do not have the ability to tell people, that people will not believe them or they will not be able to get help. Women with intellectual disabilities or communication difficulties are much more likely to be sexually assaulted than other women, but reliable data regarding this is still lacking (Jenkins 2018).

The crimes of domestic violence and sexual assault are more serious crimes with longer jail time if these crimes are committed against children or people with disabilities (RDTL 2009).

People with disabilities have more barriers to getting help. It can be more difficult for them to get transport or to get around to different services and often they cannot get to SISCa mobile health clinics. If people looking after them at home are also their abusers, they can be afraid to speak out because there may not be anyone else to look after them. It is also very difficult for people with disabilities to make a complaint and there is a greater risk that people will not believe them or do anything about their complaints (Harpur & Douglas 2015).

People with disabilities face various forms of discrimination from service providers. One study with health providers and women with disabilities in Timor-Leste found that some health providers used words that were discriminatory and said things like women with disabilities were 'not normal', suggested that women with disabilities could not look after their children properly and sometimes said that they should not have children (Ledger 2016). Other research in Timor-Leste has shown that most of the time midwives did not recognise that women with disabilities can be more vulnerable to violence than other women (Wild et al. 2016). These studies show that awareness-raising with health providers about how to provide care for people with disabilities is very important.

Bela is a young woman who lives in a small village in Baucau. She has a brother and two sisters and they live together in their parents' house. Bela has a disability that affects her muscles so she has difficulty walking and communicating with people. Because of her condition, her parents worry a lot about her and do not let her leave the house. This is Bela's story:

"One day I was alone at home and I was bored so I went outside. Three men came and gave me food. They took me in a taxi to a small house and they forced me to go inside. They took off my clothes and raped me. I was scared, crying and I didn't know what to do. Afterwards, I came out from the house and a man saw me and helped telephone the police. The police came but they couldn't find the men who did this. The police took me to a Fatin Hakmatek (safe house) and they helped me. After this the police took me home and told my family what had happened. My mother was shocked and really angry. She said 'I didn't tell you to go out of the house' and she hit me. She said it was my fault because I left the house. That made me feel very sad and stressed. Soon after, my mother took me to the health centre to speak with the midwife. The midwife put something inside me (IUD). I was confused but my mother said that it was a good thing because if I went out and people raped me, I wouldn't get pregnant. I felt very sad because I don't want anyone to rape me again. I want to go outside and visit the neighbours and walk freely in the community. When I went to the health centre, it was too busy. It would be better if health workers could visit us at home to check on our condition."

There are a few important issues that are raised in Bela's story:

- People with disabilities are usually isolated at home but they need to participate in community life and feel connections with other people just like everyone else.
- Bela's mother blamed her and beat her after people had raped her. This increased the trauma, stress and sadness for Bela.
- The midwife gave Bela contraception but she did not explain to Bela what contraception was and she did not get Bela's consent to use this contraception.
- The midwife did not ask Bela about the violence that she experienced. She also did not talk to Bela about whether she was safe or not and did not connect Bela with people or organisations in her community that could help her.
- People with disabilities and their families need more support than other people.
- Communities need to become safer and give more protection to ensure that people with disabilities are not harmed.

The treatment for people with disabilities who have experienced violence is the same as for other victims of violence. Health providers should implement steps of *Hahú Relasaun*. The guiding principles on how to respond to children (explained above) should also be implemented for people with disabilities. Health providers should always:

- Do what is best for the victim, put their needs as the priority
- Communicate with them in a way they understand
- Do not discriminate against them
- Involve them in all decisions about their care

Health providers need to provide care and treatment for all people, including those with a disability, even though this may be difficult sometimes. In the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018), there is guidance on effective communication with victims of violence who have a disability. The following things are important to remember when working with victims of violence who have a disability:

- **Give additional time** – When speaking with someone who has an intellectual disability, a hearing disability or when you need a translator, ensure you have additional time to see the client.
- **Do not assume things about the person's ability** – A person's disability may be less or more severe than it looks, so do not make assumptions about their ability based on what you can see or how they speak.
- **Ask about methods of communication that they prefer** – Ask if they need a translator or need something to be able to write with. If you have information or resources to show the client, it is better if you are able to present this information in different ways such as in large print, with pictures or in braille. It can also be useful to have pens and paper to be able to try other methods of communication if needed. The Agape School for the Deaf has translators that use sign language.
- **Use a professional translator, not family** – Professional translators receive training to maintain confidentiality. Do not use family members or the victim's children as translators.
- **Gain consent if you want to involve the family** – Sometimes family members can help the victim in their difficult situation. But before involving family, first ask the victim about who they want to involve. Get the victim's consent before disclosing their information to other people. Pay attention to the interaction between the victim and the people supporting them to detect if there is any threat to the victim's security. Look for signals that the person looking after them may be trying to influence, frighten or manipulate the victim.
- **Speak directly to the client** – Communicate with the client. This means making eye contact (look at their eyes) and speaking to them directly, not to the family or the translator.

There is further information about how to communicate with people who are deaf, blind or have other disabilities in the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018).

Sometimes health providers give treatment based on the wishes of the family, but they do not listen to the wishes of the victim themselves. However, health providers have an obligation to gain informed consent from all of their clients, including those with a disability. Informed consent means you provide information, ensure the client understands this information, that they have made the decision themselves and that other people have not forced them (MoH 2018). When you speak with the client, take note of their body language. If they are agitated, angry or stressed this can mean that they do not feel comfortable with something that is happening (MoH 2018).

If you suspect that someone with a disability has been abused but there is no opportunity to ask them privately, you can provide information and refer them to general services such as rehabilitation services or specialised services for people with a disability. These services can be more secure for victims with disabilities to access if they live with or are close to an abuser, and you can talk to these services about your concerns (MoH 2018).

People with different types of disabilities sometimes need additional services to respond to their needs. There are many organisations in Timor-Leste that can help people with physical rehabilitation, mental health care, counselling, services for the deaf or blind, advocacy, education and economic opportunities. A poster with names and contacts for these organisations is available through this link [3]

Organisations that work in the area of disability.[3]

This poster is from the Ministry of Health. It was created by Catalpa and funded by the Australian Government through the Partnership for Human Development (PHD). Used with permission.

People with disabilities are at greater risk of violence and discrimination. Health providers should give sufficient time for good communication and link clients with victim support services as well as specialist disability services to ensure that people with disabilities receive the care and support they need.

3 https://doi.org/10.26181/19246098.v2

6.3 HOW SHOULD HEALTH PROVIDERS RESPOND TO MEN WHO USE VIOLENCE?

In this section you will learn that health providers should not speak to victims and perpetrators together about the violence. If the two of them are both clients, it is better to refer the perpetrator of violence to another health provider. If you know that one of your clients uses violence, there are ways to talk to him to reduce the risk of him getting angry and retaliating. Health providers should reinforce that violence is not good and has a negative impact on the health of the victim, the perpetrator and the whole family. Encourage him to make use of services, especially any mental health or behaviour change programs that are available.

In the course of providing health care, health providers may meet men who are violent towards their wives or other members of their family. It is best that the same health provider does not provide health care to both the victim and perpetrator of violence. If both the perpetrator and the victim are your patients, you should refer the man to another health provider and continue to support the victim (Hegarty et al. 2016). This recommendation exists because perpetrators of violence are often worried that the victim will speak about what they have done. If health providers help both of them, there is a risk the health provider could reveal some information from the victim, and the perpetrator might then take revenge (Hegarty et al. 2016).

Continue to prioritise the safety of victims and their children when responding to perpetrators of domestic violence (Ganley 1996).

It is best that health providers DO NOT give counselling to men and women together about domestic violence or about their relationship. Many men use violence as well as intimidation and control. This means they hold more power in the relationship and many times the woman cannot speak openly about the violence because she is scared of what he might do (Rothman et al. 2003). Men might also try to blame women for their violence or try to convince others that they did nothing wrong. It is common for perpetrators to minimise responsibility for their own behaviour. It is important that the woman receives health care from a separate health provider who can listen to her story and is not influenced by the perpetrator (Hegarty et al. 2016). Some women might want their health provider to speak directly with the perpetrator about the abuse. If a woman asks for this, it is better to refer the man to a different health provider or to a specialist service that can help with specific problems such as mental health support, support to stop drinking alcohol or taking drugs, or programs to help men change their behaviour.

"I always ran to my neighbours. When I ran to them, they always helped me to hold him back, because he would have rocks or something sharp to throw at me. Also, sometimes I screamed loudly and my neighbours came quickly to me to hold him back. Sometimes he had a knife and threatened me and provoked to cause a problem…they gave him advice, but he didn't like the advice. When he listened to the advice, then he would just continue with his bad behaviour." Mery, urban area, 24 years old.

Health providers should NEVER ask the perpetrator about the violence that has occurred. They should never try to verify the facts of the woman's story. This point is very important because many people wrongly think that the health provider's role is to verify the victim's story. For example, in one survey that we did with university student nurses and midwives in Dili, 92% of respondents thought that "health providers must verify if the woman's story is correct by asking the perpetrator, the woman's friends or other family members." This is not the health provider's role. Information from the victim is confidential. If someone tells the perpetrator what the victim has said, it is very dangerous for the victim.

Never try to verify a woman's story or ask the perpetrator of violence if it is true. This action violates confidentiality and puts the woman in a very dangerous situation. It is very common for the perpetrator of violence to deny the abuse, attack the victim's credibility or try to say that they themselves are victims in order to avoid taking responsibility for what they did (Harsey & Freyd 2020).

If you provide health care to a patient and you discover he is using violence, continue to provide normal medical care and convey to them that violence and abuse are wrong (adapted from Hegarty et al. 2016).

- Do a health assessment and take their medical history – especially regarding the risk of suicide, drug use, mental health, access to guns and weapons and negative experiences when he was young.
- Convey that violence and abuse are wrong – condemn the person's behaviour, not the person themselves.
- Give priority to women and children's safety – safety of the victims must be the main concern for health providers.
- Encourage the man to change his attitude – help him to take responsibility for his actions, help him to identify strategies to stop violent behaviour and encourage him to accept support from other specialised services.
- Refer him to behaviour change programs – this is the best option if these programs are available. Some programs like this are being developed in Timor-Leste so ask if they are available in your area. If the man has a problem with mental health, drugs or alcohol, check what specialist services are available.
- Tell the police about cases of abuse – domestic violence is a public crime. This means anyone with knowledge about a case of violence can provide that information to the authorities. Health providers have a responsibility to report domestic violence while also giving priority to the safety of women and children.

If the perpetrator does not want to speak about the violence, do not force him. If he is angry, he may not have the motivation to change his behaviour. If people force him to talk about it, this can make it more dangerous for the victim and the health provider (Ganley 1996).

Ways that health providers can talk about violence with perpetrators

The way that a health provider speaks to a perpetrator of violence has an impact on the risk of violence toward a victim in the future. Some ways of speaking about the violence can increase the risk that the perpetrator will get angry at the victim, while other ways can reduce the risk of violence. If you do not say anything, people can think that you agree with or condone the violence. If you are going to speak with a perpetrator about the violence, it is important to always speak with them when they are on their own, separate from the victim, children, friends and family. Health providers should use the following approaches:

1. **View domestic violence as a healthcare issue** – when you speak with a perpetrator of violence, explain that speaking about the violence is important to be able to respond to his health care needs. Communicate to him that the issue of violence creates health problems for people who carry out the violence in addition to the victim and their children.
2. **Explain that discussions like these are a routine part of care** – the health provider's role is to meet the client's health care needs, not to investigate a crime. If health providers take on the role of the police or a judge, some perpetrators will get more angry and may be more violent to the victim or the health provider.
3. **Put the focus on his behaviour** – avoid using general terms such as domestic violence, abuser, perpetrator or 'beating up'. It is better to say the specific acts that he has done. For example, it is better to say, *"When you hit your girlfriend/wife with your fist,"* rather than say *"When you committed domestic violence."*

4. **Focus attention on the perpetrator's behaviour, not the victim's** – when people speak about their use of violence, they often minimise their own actions but tell long stories in order to blame the victim or other people for their problems. If health providers show sympathy to perpetrators of violence, this can reinforce bad behaviour. It is better to focus on the negative consequences of his behaviour, for example, *"Hitting her doesn't resolve the problem"* or *"Violence damages everyone in the family."* Never speak about things the victim has told you, just focus on the perpetrator's own words.
5. **Use a direct and calm approach** – speak about violence in a way that is calm and direct, without emotion. You can express that using violence is wrong and you can speak about the importance of men taking responsibility for their behaviour and making changes. Speak to him without anger, shock or disgust because reactions like these can make perpetrators of violence distrustful or angry and this can be very dangerous for the victim.

Source: adapted from Ganley (1996)

Health providers can reinforce the message that violence is wrong by speaking calmly with men about their behaviour and about the consequences of violence on their family's health. Health providers can also tell the man about services that can help him to change his behaviour. It is best if a health provider who is not involved in the victim's care speaks with the perpetrator. Never speak to the perpetrator and victim together about violence.

Important messages you learned in this Chapter:

- Health providers have an important obligation to help children who experience violence.
- Health providers should communicate in ways that children can understand, involve them in decisions about their care and ensure they receive further help.
- Be aware of the discrimination and increased risk of violence that people with a disability face. Connect them with domestic violence referral services and specialised disability services to ensure they get the care and support they need.
- Health providers can speak to their patients who use violence to explain the negative consequences for a family's health and to tell them about programs that can help men change their behaviour.

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7 CLINICAL CARE FOR SEXUAL VIOLENCE: PREVENTING STIS, HIV AND UNWANTED PREGNANCY

Dr. Kayli Wild[1,2], Luisa Marçal[3] & Dr. Margaret Gibbons[3, 4]

In this Chapter you will learn about these important things:

1. *The pathway to providing good clinical care for people who have experienced sexual violence*
2. *How to assess for injuries and conditions that need urgent medical care*
3. *How to prevent sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), and unwanted pregnancy*
4. *How to support people's mental health and recovery after sexual violence.*

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7.1 PATHWAY TO GOOD CLINICAL CARE FOR PEOPLE WHO HAVE EXPERIENCED SEXUAL VIOLENCE

In this section you will learn about the pathway to providing good care after someone has experienced sexual violence.

Sexual violence is forcing, pressuring or threatening someone to participate in sexual acts when they do not want to. This can include putting something (a body part or object) into a person's body (vagina, anus, mouth). This is commonly known as rape. But the crime of sexual violence also includes many other acts such as taking or showing indecent images (such as photos, videos or pornography), kissing or touching someone, making the person show parts of their body or making them touch the perpetrator's body. In Chapter 1 you learned that sexual violence is very common in Timor-Leste and a lot of the time it is committed by a person the victim knows, most often their husband, father or family member (TAF 2016).

When someone has experienced sexual violence, they need immediate medical care and psychological support. It can be very difficult for victims of sexual violence to talk about the abuse and to seek help because sex is considered a 'taboo' topic and a lot of stigma and victim blaming happens when someone has been sexually assaulted. Health providers therefore need to take special care to look after victims of sexual violence by providing first line support:

TETUM ADAPTED MEMORY AID **Hahú Relasaun** *di'ak*	ENGLISH TRANSLATION
Ha > *Hatene sinál ba violénsia*	**Ha** Know the signs of violence
Hu > *Husu kona-ba problema*	**Hu** Ask about problems
Re > *Reasaun empátiku*	**Re** Respond with empathy
La > *Labele fó sala vítima*	**La** Don't blame the victim
S > *Segredu profisionál*	**S** Professional secrecy
Au > *Aumenta seguru*	**Au** Enhance safety
N > *Nafatin tau matan*	**N** Continue support

In addition to first line support, there are other medical needs that health providers must address if a person has been subject to sexual violence. This is because there is a risk of pregnancy and STIs, including HIV. These things have serious consequences for the victim and can change a person's life forever. But health providers can prevent these serious consequences if they provide good medical treatment.

Health providers have an important role in offering treatment to prevent STIs, including HIV, and unwanted pregnancies because these have serious consequences for women's lives, their mental health and their wellbeing in the future.

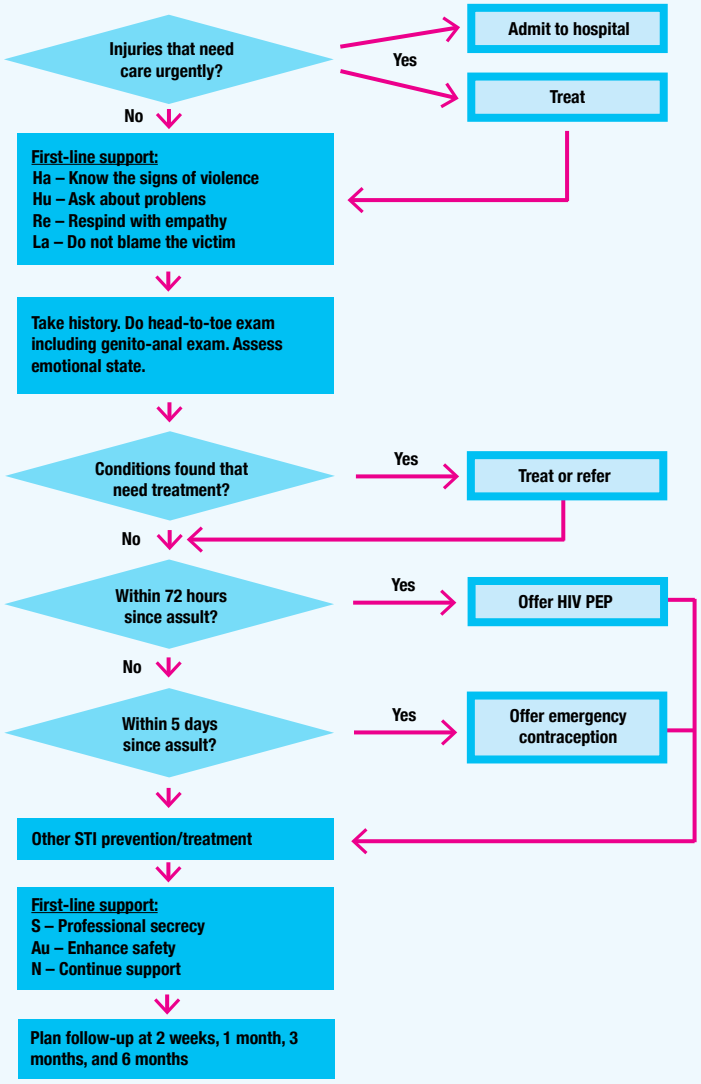
The diagram below shows the pathway to good clinical care for victims of sexual violence (WHO 2014).

- Health providers should first assess whether there are any serious injuries and refer the client to a higher level of care if needed.
- If the victim can be treated at the health centre, provide first line support (Chapter 5), write their medical history, carry out a medical exam and evaluate their emotional state (Chapter 8).
- Offer prevention for HIV and other STIs and provide emergency contraception if she needs it (which is explained more below).
- Increase her social support and safety and provide information about coping strategies and referral services.
- Make a follow-up appointment with her so you can continue to provide health care and support going forward (Chapter 5).

Health providers should keep up to date with current clinical guidelines. You should know what medication is available to prevent STIs (including HIV) and pregnancy at your health centre. If this medication is not available, you should find out where it is available so the victim is able to get this treatment.

Recommended clinical care for victims of sexual violence.

Source: adapted from WHO (2014, pg 65. Copyright 2014)



In addition to first line support, victims of sexual violence need immediate medical care to prevent HIV, STIs and unwanted pregnancy. If health providers follow the pathway to good clinical care, this can help to avoid these serious consequences and improve women's lives.

7.2 ASSESS FOR INJURIES OR CONDITIONS THAT NEED IMMEDIATE MEDICAL CARE

In this section you will learn about the importance of assessing for injuries if a person has experienced sexual violence. You will also learn about serious conditions to look for that need immediate emergency treatment.

Victims of sexual violence need to be immediately assessed for injuries or conditions that are serious and life-threatening. If their condition is serious, you need to refer them to receive emergency treatment. Below is a list of symptoms that you need to look for.

Complications that require a person to go straight to hospital:

- Serious injuries (especially to genitals, head, chest or abdomen)
- Bleeding (internal bleeding or bleeding that does not stop, an object in the wound or if you can see muscle or bone)
- Trouble breathing (short of breath, breathing shallow or fast, wheezing)
- Neurological deficits (difficulty speaking/slurred speech, problems walking, feeling confused)
- Collapsing, loss of consciousness
- Sepsis, severe infection (fast breathing, fast heart, skin rash or sweating, feeling very hot or very cold).

If there are no life-threatening injuries, take her history and provide compassionate care (use the steps of *Hahú Relasaun*). If the victim gives her consent, it is important to offer a comprehensive medical examination because injuries may not always be visible.

Around 30% of women who experience sexual violence are also injured during the assault (GDS et al. 2018) so it is important to provide comprehensive medical care. Sometimes sexual, physical and psychological violence occur but there are no injuries. If someone does not have injuries, violence could still have occurred.

It is best if a medical forensic examiner carries out a head-to-toe physical examination, including the vagina and anus. A medical forensic exam is especially important if the violence has occurred recently. However, a medical forensic examiner might not always be available, so health providers need to have the ability to write a detailed client history and document injuries and other physical and psychological impacts with the victim's consent. In Chapter 8 there are more details about how to document violence in medical records.

In Timor-Leste there are midwives, doctors and nurses who are trained as medical forensic examiners and accredited through the National Institute of Health (INS - Instituto Nacional de Saúde). They can help victims of violence through medical forensic exams, documentation and counselling. Medical forensic examiners work within referral hospitals, in *Fatin Hakmatek* and in some health centres.

Medical forensic examiners work at the following hospitals and in-patient health centres (CSIs - *Centru Saúde Internamentu*):

- Lospalos CSI
- Viqueque CSI
- Ainaro CSI
- Manufahi CSI

Medical forensic examiners work at the following *Fatin Hakmatek*:

- Dili (includes Dili, Liquiçá, Aileu, Manatuto, Ermera)
- Baucau (includes Baucau, Lospalos, Viqueque)
- Suai (includes Ainaro, Manufahi)
- Maliana (includes Bobonaro)
- Oecusse

Victims of sexual violence need to be assessed and referred for serious complications. Medical forensic examiners should carry out the exam and document her history and injuries. If a medical forensic examiner is not available, other health providers who are compassionate and have received training should provide care and documentation.

7.3 HOW TO PREVENT HIV, UNWANTED PREGNANCY AND STIS

In this section you will learn how to:

- **Prevent HIV through giving post-exposure prophylaxis (PEP) medicine within three days of the assault**
- **Prevent unplanned pregnancy through giving emergency contraception within five days of the assault**
- **Prevent or treat common STIs through giving appropriate antibiotics.**

HIV PEP (medicine for people who may have been exposed to HIV)

Anyone who has been subjected to sexual violence could have been infected with HIV. HIV is the virus that causes AIDS, which attacks the body's cells and reduces the body's ability to combat infection. This means that people's bodies become weaker and more vulnerable to infection and other illnesses. The HIV virus can spread to other people if there is contact with infected blood, semen or vaginal fluids. HIV most commonly spreads during unprotected sex (sex without a condom).

People have a higher risk of HIV after sexual violence if:

- There was sex in the anus
- There was vaginal or anal injury
- There was ejaculation inside the body
- There were many perpetrators
- There was male to male sexual violence
- The perpetrator of violence visits sex workers, engages in other forms of transactional sex or uses injecting drugs
- The perpetrator is from a country with high HIV prevalence (for example countries in Africa, Latin America, Caribbean, Cambodia, Thailand, Papua New Guinea, Myanmar, India, Ukraine, Estonia, Latvia).

The body cannot get rid of HIV and there is no medicine to cure HIV. This illness is in someone's body for their whole life. But HIV can be prevented if you give clients medicine called post-exposure prophylaxis (PEP) as soon as possible within three days of the assault. If there is a risk that the victim could get HIV, it is very important to offer them HIV PEP medication.

In Timor-Leste, medicines for HIV PEP should be available at level two health centres, referral hospitals and the national hospital (MoH 2018). If HIV PEP medicine is not available at a health centre, refer the client to an HIV doctor or HIV focal point, which are located at the National Hospital, voluntary counselling and testing clinics in Municipal Hospitals, Bairo Pite clinic, or the HIV clinic at Maloa health centre in Dili.

How to prevent unwanted pregnancy

After a woman has experienced sexual violence, pregnancy can be prevented if you give emergency contraception medicine (in Timor-Leste this medicine is Levonorgestrel 1500mg). This medicine delays ovulation because it delays the egg coming out of the woman's ovaries. If the woman is already pregnant (the embryo is already implanted in the uterus), this medicine does not result in an abortion or stop an existing pregnancy. It also does not cause harm to a developing embryo. A copper intrauterine device (IUD) is also effective, but it must be inserted by a trained provider.

Emergency contraception can be used up to five days after the assault, but it is more effective if it is given straight after the assault. You should offer emergency contraception to a woman if she does not know if she is pregnant or not. When evaluating whether to give emergency contraception, health providers should ask whether the woman is currently using contraception or not, if the person used a condom during the assault and if there was a possibility of ejaculation inside the vagina.

Emergency contraceptives should be available at all health services, including at health posts and community health centres (MoH 2018). If emergency contraception is not available at the health centre, refer her to PRADET's *Fatin Hakmatek* in Dili or the municipalities, the municipal referral hospitals or Marie Stopes.

How to prevent and treat STIs

Common STIs are Chlamydia, Gonorrhea, Syphilis, Trichomoniasis, Genital Herpes, Genital Warts and Hepatitis B. STIs are spread by vaginal, anal or oral sex with an infected person.

Symptoms include feeling pain when urinating, yellow or green discharge, itching, red or sore genitals or unusual smelling discharge. However, many women and men do not have symptoms and may not know they are infected. If these symptoms do occur, they are usually mild and appear one to three weeks after the infection occurs.

You can give antibiotics to prevent and treat STIs that are caused by bacteria (Chlamydia, Gonorrhea, Syphilis). STIs that are caused by a virus (Genital Herpes, Genital Warts, Hepatitis B) cannot be cured by antibiotics, but there are treatments that can help reduce symptoms. Health providers should know up to date clinical information about how to carry out tests and treatment for various STIs. Current guidelines include:

- National Guidelines on the Syndromic Management of STIs in Timor-Leste
- Antibiotic Guidelines – Guido Valadares National Hospital

Medicine to prevent and treat STIs should be available at all health centres and higher-level facilities (MoH 2018). However, if the infection is serious or medicine is not available, health providers need to refer clients to municipal hospitals, Marie Stopes or PRADET's *Fatin Hakmatek*.

7.4 SUPPORT THE VICTIM'S MENTAL HEALTH AND RECOVERY

In this section you will learn about additional mental health support for victims of sexual violence. You will also learn about the importance of providing information, referrals and follow-up care.

After someone has experienced sexual violence, it is very common for them to feel strong emotions such as shame, feeling responsible, anxiety, fear, anger and sadness. They may feel like this for days or months. You should explain to her that feeling like this is very common, tell her that she is not to blame for the assault and the perpetrator of violence committed the crime, not her.

Victims of sexual violence are likely to need additional support for their mental health. Ask her how she is feeling. If she is distressed, do not leave her alone. Contact a mental health nurse at the hospital or counsellors from PRADET. It is also important to ask if she feels safe to return home. If she knows the perpetrator, conduct a danger assessment and safety plan (Chapter 5).

Chapter 5 provides detailed information about how you can increase her social support, evaluate whether she is likely to harm herself, provide information about coping strategies and referral to other services.

Give her information that sexual violence is a crime and you can help report this to the police. There are many other organisations that can help her with her specific needs, so explain these organisations and help her get in contact with them. If she would prefer to contact them herself, you can give her a referral card or tell her about this website[5], which lists the organisations and their contact details.

5 https://hamahon.tl/#/

If it is safe for the woman to return to her home, assist her to increase her social support networks. This means you help her to identify people she trusts, people she feels comfortable to tell her problems to and people who can support her in an emotional way. It is good if you can provide written information about ways of coping if she is anxious or stressed (see Chapter 5). Encourage her to carry out her everyday activities and explain that she is likely to feel better with time. Remember to organise a follow-up appointment and encourage her to come back if she feels like she is not coping.

Care for children who have been subjected to sexual violence

- Care for children and adolescents who have experienced sexual violence is the same as in the steps above, but there are additional considerations when you provide information, treatment and support to minors.
- Children who have been sexually abused have more barriers to knowing where they can get help and more barriers accessing these services. They may be very scared, they may face discrimination and stigma or they might be in danger or further abuse or punishment.
- When helping children, take time to build rapport, ask about things that make them worried and answer all of their questions. Tell them that you are here to help them.
- You should provide information that is appropriate for the child's age. Give this information to the child and also their non-offending caregiver (the person who is looking after them who has not been involved in the abuse). Tell them about what investigations will be done, what treatments will be offered, the process for documenting information and how it can be reported it to the authorities.
- Minimise the need for the child to go to many different health providers to receive care and treatment and ensure that their non-offending caregiver can be with them at all times.
- Health providers have an obligation by law to report sexual abuse of children to the authorities in Timor-Leste. You should explain this carefully to the child and non-offending caregiver and ensure their safety is prioritised.
- There is further information on caring for children who have experienced violence in Chapter 6.

Many people, especially children, need long-term support to assist with their mental health and recovery after experiencing sexual violence. All municipalities have a mental health worker and some health centres have a mental health nurse. You can refer victims to this primary service or refer them directly to counsellors at PRADET.

People who have experienced sexual violence need additional support for their mental health and recovery. Health providers can help to increase the wellbeing of people who have experienced sexual violence by providing compassionate care, first line support and making a follow-up appointment to see her again.

Important messages you learned in this Chapter:

- If someone has experienced sexual violence, they need immediate medical care.
- Health providers need to know how to prevent STIs (including HIV) and unwanted pregnancy after sexual violence because they have very serious implications for women's lives.
- Victims of sexual violence need emotional support now and in the future. Encourage her to build on her strengths and refer her to a local support network.
- Children and their non-offending caregivers need extra help, especially to protect their safety and get continued support for their wellbeing and recovery.

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8 DOCUMENTING DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE

Dr. Kayli Wild[1,2], Dr. Raimundo dos Santos[3], Xylia Ingham[4] & Fátima Isabel da Costa Gusmão[5]

In this Chapter you will learn about these important things:

1. *Why documentation of cases of domestic violence, sexual violence and child abuse are important*
2. *How you can document violence in a client's medical records in a way that is careful and confidential.*

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8.1 WHY IS DOCUMENTATION SO IMPORTANT?

In this section you will learn that it is the responsibility of health providers to document the history and impact of violence in a patient's medical records. You will also learn why documentation of violence is very important for a victim's safety, health and access to justice.

Documentation about the client's history, medical condition and treatment is part of a health provider's role in routine clinical care. When someone has been subjected to violence, health providers have a responsibility to document basic information in a client's medical records. This information includes:

- Medical history
- Health problems and injuries
- Treatment and medication
- Safety assessment
- Referral to other services and plans going forward.

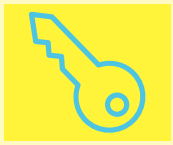
Writing down information about a client's history and carrying out a proper medical examination is the basis of good medical care. This allows health providers to assess a client's injuries and other health problems and provide good treatment. If health providers do not document the violence, or if they break confidentiality, this can have a very negative impact on the victim's safety, health and ability to receive justice.

Health providers should carefully explain to their client why medical examination and documentation are important. Health providers should NEVER force someone to have an examination. People who have experienced violence or trauma need to feel safe so they can start to recover. If you force them, it will make them feel more afraid. Forcing someone to have an examination or treatment or forcing them to speak about abuse when they do not want to can make a victim of abuse feel even more stressed and can cause more harm (Perry & Szalavitz 2017).

Good documentation provides **evidence** about injuries and other health conditions that people can use to **prosecute a crime**. The Law Against Domestic Violence in Timor-Leste says that health services have the responsibility to keep evidence that may be related to a crime and prepare a report that can be given to the police or the public prosecutor (RDTL 2010). Evidence of repeated abuse means that a perpetrator of violence can receive a harsher sentence under the law, so it is important that a client's medical records are complete with information about each occurrence of violence.

If this information is in the client's file, this can **remind health providers to reassess** for domestic violence or sexual violence in the future and **monitor symptoms** or health issues they have. Writing this information in the client's medical records is very important if they see a different health provider each time they come to the health centre.

Good documentation and reporting of **health service statistics** to the municipal health administration can help managers and policy-makers to monitor the quality of programs and **improve service delivery**. These statistics that are reported should not include people's names. Health service statistics about violence should report information such as the number of cases, type of violence, safety planning and referrals made to other services.



Taking a client's history and carrying out a proper medical examination is the foundation for providing good health care. People can use medical records in many different ways: as evidence that a crime has been committed; to help in the treatment of a patient's health issues in the future; and to analyse statistics to improve service quality.

8.2 HOW CAN HEALTH PROVIDERS DOCUMENT CASES OF VIOLENCE IN THE CLIENT'S MEDICAL RECORDS?

In this section you will learn how to take a client's history, how to conduct an examination and how to carry out documentation about the impact of violence in the client's Medical History and Examination Form. You will learn how to ensure privacy and why it is important to let the patient be in control and get their consent at each step of the process.

It is better if recent violence is documented by an accredited medical forensic examiner. PRADET provides training and the National Institute for Health (INS - Instituto Nacional de Saúde) accredits medical forensic examiners in Timor-Leste. Medical forensic examiners are available in nine municipal hospitals in Timor-Leste and in PRADET's *Fatin Hakmatek*.

Even when a client has been referred to a medical forensic examiner, health providers should keep basic documentation in the client's records about the violence, treatment given and if they have referred the client to other services. Sometimes there may be a situation where a victim does not want to be referred to another place, they need immediate medical treatment or it is not safe for them to leave. If this occurs, health providers can undertake detailed documentation as follows.

The Medical Forensic Protocol is documentation that is used by medical forensic examiners. This Protocol is a more detailed version of the Medical History and Examination Form that health centres use. Both of these forms can be used for detailed documentation about violence, results of physical exams, treatment and referral. Both of these forms can be used for all victims - men, women, boys and girls - and a copy of these forms can be given to authorities for reporting.

Before you ask a client about her story or offer to carry out a medical examination, you should ensure that she is **safe** and that you are in a **private place** where you will not be disturbed. Explain that her information will be kept **confidential**, which means that you will not share this information with other people in the community, but **other health providers** will be able to see her medical records. You should also explain that this information can be used to **report the incident to the police** or public prosecutor.

It is best that the examination is carried out by a health provider who is the **same sex as the client**. For example, a female health provider should be available for female victims of violence. This is especially important in cases of sexual violence and when the perpetrator is a man. Ask the client if they want **someone to support them** during the examination. Children should have a non-offending care giver (parent or guardian who was not involved in the abuse) with them, or if that is not possible, another health provider who is kind and supportive.

Health providers need to be very careful **not to re-traumatise** a person during the examination. Tell them **they are in control of the situation**. Tell them they can stop the examination if they do not want to continue, they can decide not to have certain parts of their body examined or they can stop for a while if they want to have a break. Always **respect their wishes**.

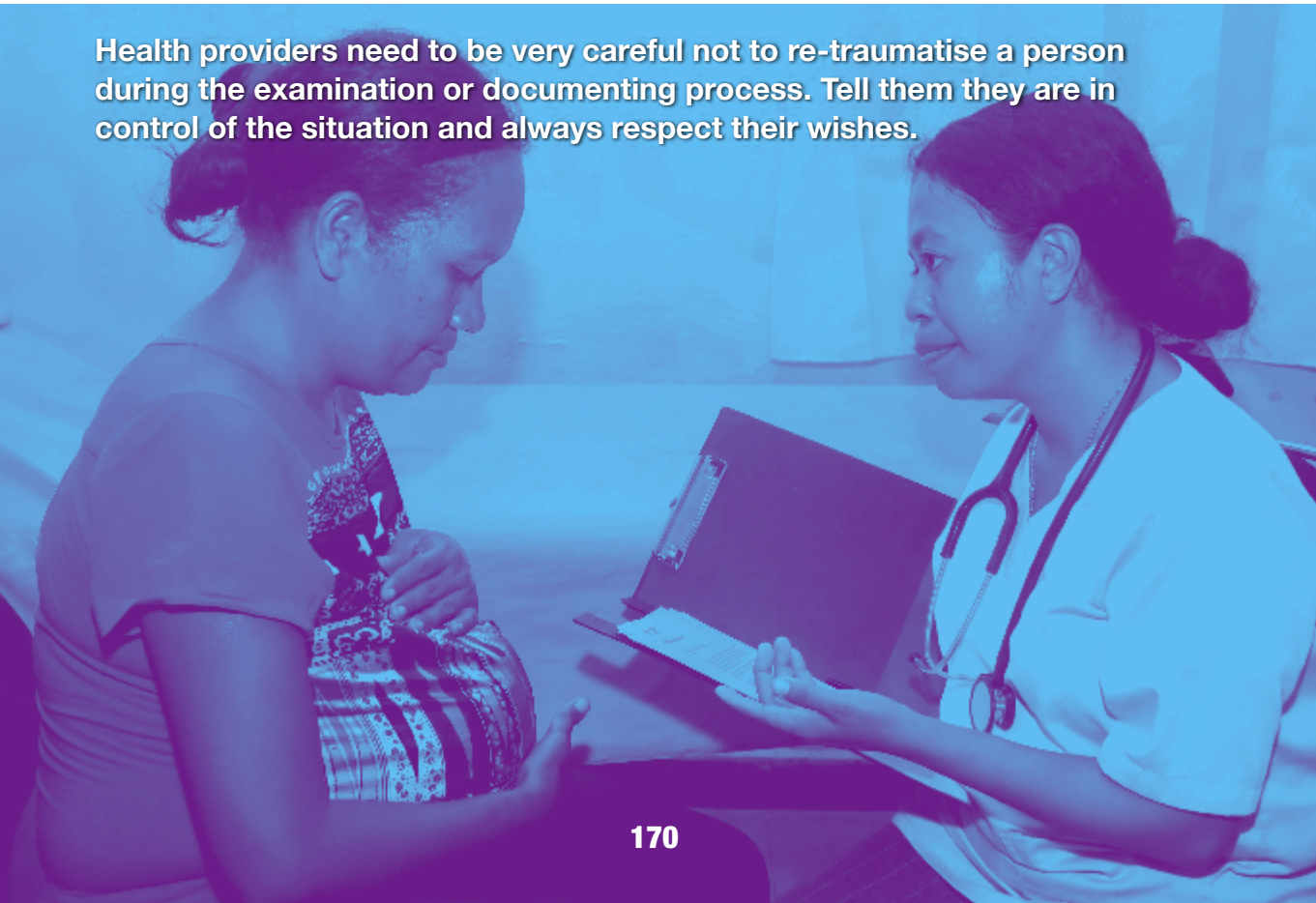
Health providers should get informed consent from the victim for any intervention or treatment that is given and any actions that will be taken. Any intervention to support a victim of domestic violence aged 16 years or more requires their consent. If the victim is 15 or younger, you should get consent from both the child and a non-offending care giver (parent or guardian who was not involved in the abuse) (RDTL 2010, Article 5).

Follow the **Medical History and Examination Form** to write the client's history and carry out a physical examination. You can find an example of this form in the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018) and in training manuals (Wild et al. 2020; HAI 2021; WHO 2014). These forms follow the international standards for documenting violence, so it is useful to check whether your health centre has these forms. Tell the client about the **type of information** you will ask her. Tell her that this form is used to collect

information about her medical history and a description of the incident and that it records any injuries or treatment given, assesses her safety and record any other referral services that she wants to go to.

Always get informed consent from clients to document their history and to carry out a medical exam. This means that you provide information about what will occur, why it is important, you confirm that they understand and you get permission from them to proceed. Ask her if she gives her consent to carry out a physical exam, a pelvic exam and to collect evidence (which is indicated in the tick boxes in the consent form). Read the consent form to her, ask her to tick the boxes that she agrees to and sign at the bottom. If the client agrees but cannot sign the form, write down that she gave her verbal consent but is unable to sign and have a separate person sign as a witness.

Use the form and begin by asking her general information such as her name, address and date of birth. Record the date and time of the examination and who is present at the exam. Ask about existing health problems, vaccinations that she has received and if she has ever had an HIV test.



Health providers need to be very careful not to re-traumatise a person during the examination or documenting process. Tell them they are in control of the situation and always respect their wishes.

Ask her to describe the incident and write down the date and time this occurred, who did it and a detailed description of what happened in a way that uses the victim's own words. This means you write down exactly what she says from her point of view. For example, write 'The client said "my husband hit me with a piece of wood. When I fell, he kicked me many times."' Write down the type of violence the perpetrator used on the victim and the place on the body, for example 'hit on the head', 'strangled on the neck', 'held the victim down so they could not move'. Ask if the man used drugs or drank alcohol when he did it. When she has finished telling the story and you have written it down, ask if something like this happened in the past and write down when these things happened.

Health providers should be very careful when they speak to and carry out an examination on children who have experienced violence. You can find more detailed guidelines on how to provide care for child victims in Chapter 6 of this book and also in the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018). General principles that you need to follow when you are carrying out an interview with children are:

- Approach children in a way that is sensitive and recognises that they are very vulnerable.
- Speak kindly and explain that you are there to help them.
- Ask them who they want in the room to support them.
- Explain to the child about the examination that you will do, show them the equipment and encourage them to ask questions. This helps to reduce their fear and anxiety.
- Use simple words and avoid using words that are difficult or too technical.
- Ask the child if they know why someone has brought them to see the health provider. Tell them that it is okay if they do not know how to answer any questions. Tell them they can correct you if you do not understand and you will not get angry.
- Stop the examination if you see the child is not comfortable or does not want to continue.

Source: (MoH 2018)

Physical exams should be carried out in a systematic way, from head to toe. Use the Medical History and Examination form to write a description of any cuts and bruises and a body diagram to mark the location on the body.

The next part of the documentation is the head-to-toe physical examination if she gives her permission for this. Ensure that she feels comfortable and that she has a sheet to cover the parts of her body that are not being examined. For example, do not ask the client to take all of her clothes off. You can do the top part of the body first and then the lower part and give her a sheet to cover herself. Ensure that you have all of the equipment that you need before you begin. Look at the National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018) to see the list of equipment that you will need.

During the examination, tell her what you are going to do next. Tell her what part of her body you will touch or look at and ask for her permission before you do it. If there is something that she does not want to examine or document, do not do this part and move on to the next section.

Start the physical examination by writing details such as height, weight, stage of puberty, heart rate, respiratory rate and temperature. Then carry out the examination in a systematic way from head to toe to observe and describe her injuries, cuts, bruises and other signs of violence on each part of her body (for example head and face, mouth and nose, eyes and ears, neck, chest, back, stomach, buttocks, arms and hands, and legs and feet). Use the form to write a description of any cuts and bruises and a body diagram to mark the location on the body.

When you describe injuries in the form, also include the type of injury (for example cut, bruise, scratch, break), how many centimetres long the injury is, how deep it is or other information to describe what it looks like. You should also include information about what caused the injury (for example knife, wood, hands), and what part of the body the injury is on. For example, *'The cut is 5cm long, 1cm deep, on the left upper arm, caused by a machete.'*

Example of the front cover of the Medical History and Examination Form.

Source: adapted from WHO (2014, pg 89-99. Copyright 2014).

Medical History and Examination Form for Domestic Violence, Sexual Assault and Child Abuse

Consent form

Read this entire section to the client:

- Recording your history and doing an examination is important to determine what medical care is needed, and can be used when completing any legal documentation
- This form will be kept in a secure place at the health centre. The information is confidential, but it might be shared with other health staff and other services involved in providing your care
- Health professionals have a legal obligation to provide this form to the police, or if requested by the court
- You can be examined and treated only if you want. You can refuse any aspects of the examination
- Please indicate which examinations you consent to and provide your signature (or thumb print) below

I, _____(print name of client) authorise this health facility to perform the following (tick the appropriate boxes):

Conduct a physical examination ☐ Yes ☐ No

Conduct a pelvic examination ☐ Yes ☐ No

Collect evidence ☐ Yes ☐ No

(such as body fluid, clothing, hair, blood sample, photographs)

I understand that can refuse any aspect of the examination that I do not want to undergo.

Signature: _____ Date: _____

Witness: _____Date:_____

Tips for talking with clients

- Ask her if she has any question and answer them fully.
- Show you are listening and that you care: Make eye contact, acknowledge her feelings (for example, you can nod, and you can say "I understand" or "I see how you feel").
- Sit at the same level as the client.
- Respect her dignity. Do not express negative judgements about her or others.
- Be gentle. Encourage her to answer but do not insist.
- Ask one question at a time. Speak simply and clearly. Ask for clarification or detail if needed.
- Give her time to answer and allow silences. Do not rush.
- Let her know she can stop the exam at any time and can refuse any part of the exam.
- At each part of the exam, tell her what you are going to do and ask her permission first.

CONFIDENTIAL CODE:

May I ask you some questions so that we can decide how to help you? I know that some things may be difficult to talk about. Please try to answer. But you do not have to answer if its is too difficult.

1. GENERAL INFORMATION

Family name	Given name	
Address		
Sex	Date of birth _____/_____/_____ DD MM YY	Age
Date and time of examination ____/_____/_____ ___:_____ DD MM YY	In the presence of	

If the victim gives her consent, you can also take photos as evidence of the injuries. First, take a photo of the woman's face, for identification and to show how she looks at that time. Then put a ruler next to the injury (to show how big it is) and take a photo close to the injury. Then take a photo from a bit further away to show where the injury is on the body. Ensure that the camera is well focused when you take a photo and keep this photo in a secure place that cannot be seen by other people.

If the victim has experienced sexual violence, write down her reproductive history, including whether she is using contraception now, her last menstruation, how many times she has been pregnant, other recent sexual intercourse she has consented to, details of the violence, and her actions after the assault (for example, whether she has washed or changed her clothes). Chapter 7 provides more in-depth information about health care after sexual violence, including how to prevent STIs (including HIV) and unwanted pregnancy.

Health providers should NEVER perform a virginity test

Virginity testing, also referred to as a "two-finger" examination, is an inspection of the female genitalia meant to determine whether a woman or girl has had vaginal intercourse. As shown in a systematic review on virginity testing, the examination has no scientific merit or clinical indication – the appearance of a hymen is not a reliable indication of intercourse and there is no known examination that can prove a history of vaginal intercourse. Furthermore, the practice is a violation of the victim's human rights and is associated with both immediate and long-term consequences that are detrimental to her physical, psychological and social well-being. The harmful practice of virginity testing is a social, cultural and political issue and its elimination will require a comprehensive societal response supported by the public health community and health professionals.

Source: WHO 2018

A pelvic examination (examination of the vagina and anus) should be done by a medical examiner as quickly as possible after the assault, but these cannot be done if the woman does not give her consent. This examination is very sensitive for women and health providers need to help them feel as comfortable as possible. Help the woman to lie down comfortably facing upwards, with her legs bent and her knees apart (MoH 2018). Always cover her body with a cloth and tell her when and where you are going to touch her body. Use a good light to see everything clearly and work in a systematic way to document any injuries or cuts on the vulva/scrotum, anus, vagina/penis and cervix. Record all of your observations clearly in the medical record form. National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018) provide more detailed guidelines for examination after sexual violence.

Observe and record the victim's mental state, including her appearance. Write down whether she is sad, angry or something else, how she is speaking and what she has been thinking recently. Include any physical impacts of the violence (for example, difficulty walking, seeing, lifting things) and psychological impacts of violence (for example, difficulty sleeping, always afraid, not eating). Ask her about the immediate and long-term impacts on her health. When sexual violence or physical violence occur there may not be any visible injuries. **If there are no injuries, health providers still have an important role in documenting details of the assault, her emotional state and the impact on her mental health.**

On the Medical History and Examination Form, write all the things you have observed, the evidence you have taken (for example clothing, blood sample, urine sample) and the treatment that you gave. If she lives together with the perpetrator or close to the perpetrator, it may not be safe for her to return home. Do a danger assessment and develop a safety plan together with her (see Chapter 5).

Offer information about all services that are available to support her. Help her to identify her needs and contact those services together (see Chapter 5). Write down any referrals that you make, whether the client has a safe place to go, if there is anyone to accompany her, if you gave her counselling and any plans that you have to see her again. At the end of the form, sign your name as the person who carried out the interview and examination and write the name of the health centre and the date.

All of the woman's documents need to be kept in a locked filing cabinet or on a computer with a password at the health centre. You need to make a copy of the documentation if you are reporting to the authorities. Do not write about violence in the client's other documentation that other people can see. For example, do not write it on her antenatal record that she is taking home, on her bed chart or on her paper slip to get x-rays or other tests. In order to protect her confidentiality and privacy, be careful about the things you write and be careful about where you keep the records.

These steps involved in documenting violence are all written in the Medical History and Examination Form. To document abuse, look at the form in a systematic way, ensure you explain everything that is happening and that the client is comfortable at all times.

Important messages you learned in this Chapter:

- Treatment and support will depend on the history that the victim tells you. Hence, taking a history from the victim is very important.
- You need to get informed consent before you take a client's history or carry out an exam. You need to tell the client about limits to confidentiality in the consent process.
- Explain all parts of the examination and documentation. Ensure this occurs in a private place and make time to properly answer all of her questions.
- Properly documenting a victim's history, treatment and referral is very important because some victims may want to use the medical documentation as evidence in their legal case.
- You can ask health managers, medical forensic examiners or *Fatin Hakmatek* if you want to know more about the best ways of carrying out medical record documentation within health services.

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9 HOW TO LOOK AFTER YOURSELF AND CREATE A STRONG HEALTH SYSTEM THAT CAN RESPOND TO GENDER-BASED VIOLENCE

Dr. Kayli Wild[1,2], & Dirce Maria Soares Araújo[3]

In this Chapter you will learn about these important things:

1. *How you can look after your emotional and physical health and how you and your colleagues can stay safe*
2. *What is needed for a strong health system to respond to gender-based violence.*

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9.1 HOW CAN HEALTH PROVIDERS LOOK AFTER THEMSELVES AND THEIR COLLEAGUES?

In this section you will learn about some of the negative things you could experience when helping people who have been subjected to violence. You will learn how to look after your own health and wellbeing so that you are more able to help other people.

In Chapter 5 you learned how to provide first line support for people who have experienced violence. Helping people who have been subjected to violence can be very hard work. Health providers need to receive support when they carry out this work. When health providers know about the signs of violence and ask their clients about it, it is likely that more people will disclose the violence they have experienced. When health providers hear about violence or help other people who have experienced violence, it can cause them to feel similar stressful emotions as the person who has been through the trauma. Experiencing these negative emotions is called vicarious trauma (or secondary trauma). If a health provider has experienced violence in their own life, helping someone else can cause them to remember their own experience of trauma. In one study with midwives about helping people who have experienced domestic violence in Timor-Leste, they said it was very difficult and stressful in cases of violence against children (Wild et al. 2016).

Vicarious trauma can have a negative impact on a health provider's safety, health and wellbeing. It can also have a negative impact on other people who help the victim. Vicarious trauma can make people feel vulnerable or think everything is bad. It can make them feel like they are not able to help someone or that they have no control over the situation. These negative feelings are more likely to occur if people do not get good support from others when they are doing this work.

Health providers need to have good physical and emotional health to be able to help other people. Looking after yourself is very important for your wellbeing. You can support your physical, emotional and mental health if you exercise regularly, get enough sleep, eat healthy food, spend time with friends, do not work too much and speak with colleagues or managers you trust. It can also be helpful to have a hobby you enjoy, do things to relax and pray or meditate.

It is important that health providers care for themselves so they are able to help other people. Taking care of yourself provides a good example to your colleagues and clients and this can encourage them to look after themselves as well.

You can use this slow breathing technique whenever you feel stressed. When you know how to do this, try to do it with your eyes closed. This technique can help you feel calm and relaxed. You can do this whenever you feel stressed, anxious or cannot sleep.

1. Sit and put your hands on your legs.
2. First, make your body relaxed. Shake your arms and legs back and forth and then let them relax. Roll your shoulders backwards and move your head to the right and to the left.
3. Put your hands on your stomach. Think about your breathing.
4. Slowly breathe out of your mouth and feel your belly go in.
5. Then breathe in slowly and deeply through your nose and feel your belly get big like a balloon.
6. Breathe slowly and deeply. You can count 1-2-3 every time you breathe in, and 1-2-3 every time you breathe out.
7. Breathe deeply in and out like this for about two minutes. Each time you breathe out, feel the stress leaving your body.

Source: adapted from WHO (2014)

Health providers and other staff all have the right to be safe in the workplace. Many agencies have the responsibility to ensure health providers stay safe. These agencies include the Ministry of Health, Municipal health administrators, hospital directors or health centre managers, the police and other authorities in each municipality, including village chiefs and religious organisations.

"Midwives don't work alone, because when we work alone we cannot move forward. Sometimes the victim's family threatens us, sometimes they are angry with us. But as a midwife, when we see these problems we cannot be quiet, we have to help them."

Midwife, Dili

Activity – If you worked in a health post in a rural area or if you were working alone, what could you do to increase your safety?

- Know the community police
- Think about who has power in that community and who you can ask for help
- Always have a phone that is charged and has credit
- Save important numbers in the phone so you can call them quickly if you need to
- Speak to your colleagues and neighbours about an emergency signal that you can use if you need their help
- Do not work in a place if you do not feel safe
- Health staff should not live alone
- Ensure that your door has a lock
- Know how you can escape from a room (know the doors or windows that you can use to escape)
- Get a dog.

Health providers have an important role in supporting their colleagues who are helping other people, or if their colleagues are experiencing violence. The steps from *Hahú Relasaun* can be used as first line support to help anyone, including family, friends and people you know, as well as your clients.

The following story is about a nurse, Domingas, who thinks that her colleague is being beaten by her husband. Read the story and think about how Domingas can help her colleague, Dr. Ana.

Domingas is a nurse. She works at a hospital. She has become concerned about one of her colleagues, Dr. Ana, and thinks Dr. Ana is being beaten by her husband. The reason she thinks this is that Dr. Ana is often away from work because she is 'sick', but without any explanation about what the illness is. Domingas has also seen that Dr. Ana has bruises on her upper arms and that she is in pain when she sits down.

What should Domingas do?

Some ideas are:

- Invite Dr. Ana to sit and drink tea or go for a walk together
- Tell Dr. Ana that she is concerned about her
- Ask her when other people are not around
- Use the steps in *Hahú Relasaun* for colleagues in the same way as clients
- Respond with empathy, do not blame her
- Ensure her of confidentiality, that you will not tell other people about things she does not want you to
- Ask if she feels safe at home and help her make a safety plan
- Tell her about services and support that she can get.

Helping women and children who have experienced violence is very challenging work. Looking after yourself and supporting your colleagues is very important to improve safety for all of you and to prevent you from feeling 'burnt out' (exhausted from too much stress).

9.2 WHAT IS NEEDED FOR A STRONG HEALTH SYSTEM TO RESPOND TO GENDER-BASED VIOLENCE?

In this section you will learn about the role of staff, managers and leadership teams in ensuring that health providers are safe. You will also learn how to create a work environment that is supportive in order to be able to resolve challenges when they arise and improve the overall health system response to gender-based violence.

The Ministry of Health and UNFPA have developed National Guidelines on the Health Sector Response to Gender-Based Violence (MoH 2018). These National Guidelines are based on international standards from the World Health Organisation, as is the training curriculum and this book. The National Guidelines should be kept at hand in every health service as a reference to help guide good practice in the health service. For example, all health providers should be able to provide first line support (*Hahú Relasaun*) and this is part of routine care. There is also a checklist that details the essential supplies that should be available at different levels of health services in Timor-Leste (MoH 2018).

Health managers can follow the National Guidelines and they can also look at the World Health Organisation's Health Manager's Handbook (WHO 2017). Every health service should have a management plan for addressing violence against women and children in the clinic and to know what referral networks are available in the area. The management plan should also include details about how to protect staff in the workplace, how to report problems and who has the responsibility of ensuring that this process moves forward.

The World Health Organisation has developed documents and checklists to help evaluate how prepared a health service is to respond to gender-based violence (see Health service readiness assessment, WHO 2017). This has been adapted for Timor-Leste (HAI 2021). You can use this checklist to think about which areas the health service is already doing well in and which areas need improvement. There is also a document for making an action plan, which can help a group to decide what action to take, when, what resources are needed and who is responsible for implementing the actions (HAI 2021).

Managers should be aware that helping victims of violence can cause stress for their staff and colleagues. Because of this, managers should ensure that mechanisms and resources to support staff are available. Some ways they can do this is to have a discussion about cases with their staff fortnightly or monthly and plan how to overcome challenges together. They can also implement a leadership group who can facilitate this discussion and can promote safety and support for all staff. This group can review health centre records and discuss how to improve the quality of the services provided in order to be able to respond better in the future.

A leadership team is a group of people who are committed to support a health service to respond well to victims of violence.

A leadership team's role is to:

- Help when staff give assistance to people who have experienced violence (provide information, ensure people are safe, make links with other services that can help them)
- Hold regular discussions with staff regarding cases of violence (including looking after physical, mental and emotional wellbeing of staff)
- Help review the cases regularly to see if cases can be handled better
- Regularly attend referral network meetings to sit together with all of the service providers working to address gender-based violence in the municipality.
- Identify if there are any shortcomings in access or care for people who are very vulnerable
- Assist with advocacy, obtaining resources and improving services.

People who form a leadership team should:

- Know about laws, referral systems and how to respond well to victims of violence (they should have already received training)
- Believe that gender equality is important and that violence against women and children is never okay
- At least one person in the leadership team should be in a senior position or senior management role.

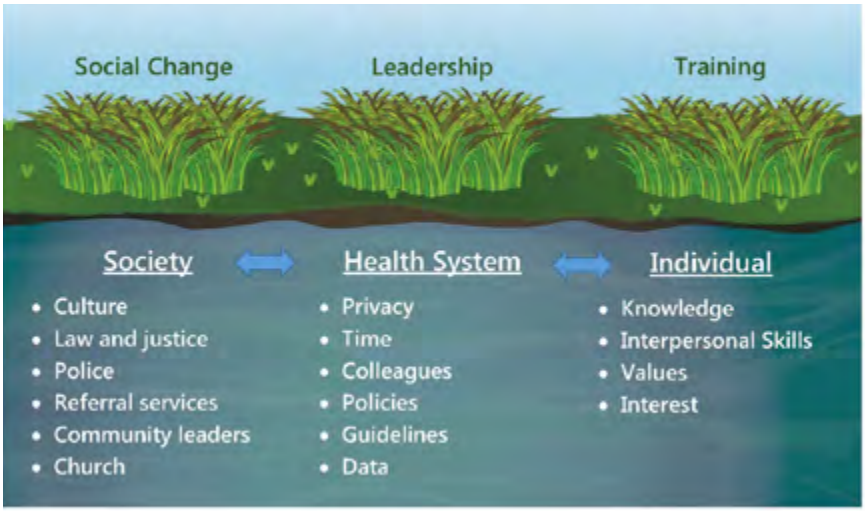
Remember, EVERYBODY has a responsibility to help victims of violence. The role of the leadership team is to support staff to do this work well.

A leadership group can help to support staff as they implement a strong health system response to gender-based violence and improve the quality of services for victims in the future.

The diagram below shows each part of the overall system that needs to be in place in order to support a good health system response to gender-based violence. This shows that health providers are not alone in doing this work. It shows that with good training, support from the health system and change that is occurring in our society, we can work together to stop violence against women and children in our community.

Working together to stop violence against women and children.

Source: (Wild et al. 2016)



"Recently what has been happening in the clinic is that I am doing volunteer work. I bring in other services and talk about responding to violence. They see that other people are doing a good thing, and this has changed the social environment in the clinic." Social worker Dili

What can health providers do to support a better response to violence in health services and communities?

There are training packages and other resources available to help the health system address gender-based violence in Timor-Leste. You can see these training manuals, videos, reports and posters at this website.[4]

Among these resources you will find two posters that can be put up in health centres:

Poster to put in the waiting area to show how health providers can assist people experiencing violence.

Poster designed by Rici Alexander, used with permission.

4 https://www.latrobe.edu.au/jlc/research/reducing-violence/timor-leste

The poster above[5] is for people who might be experiencing violence. This poster shows how health providers can help. It can be put up in the women's toilet or in a client waiting area.

The poster below[6] shows the steps in a good response for people experiencing violence (*Hahú Relasaun*). This poster can be put up in the consultation room to help health providers remember how to respond well.

Poster to put in the consultation room to remind health providers about the steps in a good response for victims of violence.

Poster designed by Rici Alexander, used with permission.

5 https://www.latrobe.edu.au/jlc/research/reducing-violence/timor-leste
6 https://doi.org/10.26181/19246101.v2

You can watch and share the video from the World Health Organisation about the role of health providers and how to help strengthen the health system response to violence against women, at this link.[7]

Source: screenshot from video 'Strengthening the health system response to violence against women' (WHO)

Health managers, people who make policies and leadership teams have an important role in ensuring that all staff receive training about how to respond to women and children experiencing violence. But training on its own is not enough. To support a strong and functioning health system that is able to reduce violence we need:

- Compassionate health providers who can give care from their heart
- Health facilities that have basic equipment and medicine, good record-keeping and safe archives, and managers who give their full attention and support
- A health system that is connected to a strong referral network.

Importantly we need to create these conditions within the health system. These conditions can ensure that people who experience violence feel safe to access health services and all health providers are able to give care and treatment to reduce harm and improve wellbeing and recovery for victims of violence.

7 https://www.youtube.com/watch?v=Qc_GHITvTmI

Important messages you learned in this Chapter:

- Helping victims of violence is difficult work so you should take time to look after yourself
- You, your colleagues, your manager and the whole community have a responsibility to support each other so that you and your clients remain safe.
- Together we can create a strong health system and prevent violence in our community.

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