Levels of intimate partner violence were investigated for two periods: the year before the crisis and the 12 months prior to administering the interview. 46.8% of all women in relationships reported some form of intimidation and control, verbal abuse, physical assault or sexual coercion by their partner in the year before the crisis and 43.2% in the past year. Among women in relationships, 23.8% reported physical assault in the year before the crisis and 24.8% in the past year. Of the women who had ever experienced domestic violence, 41.5% sustained physical injuries but only a third of those women sought medical treatment for their injuries.

Findings on help-seeking behaviour suggest that East Timorese women most often seek assistance from family members. For crisis and post-crisis outsider violence respectively, 6.9% and 13.3% of women who experienced violence reported it to the authorities. Of those who did not tell anyone about their experience, 38.7% (during crisis) and 50% (post-crisis) did not tell because they believed nothing could be done. Domestic violence survivors were even less likely to seek assistance than survivors of violence perpetrated by someone outside the family.

In East Timor the research methodology has informed ongoing national GBV research and pilot test findings have fed into parliamentary discussions on how to address GBV. It is hoped that similar positive outcomes will follow from the release of the data in Kosovo, Rwanda and Colombia.

The way forward

This multi-agency, innovatory and global collaboration has demonstrated that:

- With sufficient planning, training of researchers and time for rigorous pre-testing it is feasible to carry out GBV prevalence research in conflict-affected settings.
- It is possible to design a survey questionnaire and conduct population-based research using methodologies meeting international standards for reliable data collection while supporting local partnerships and ensuring local ownership of knowledge generated.
- Local researchers lose their initial hesitation about asking prying questions in settings where GBV is perceived as a private issue: post-research debriefings were universally positive, with many researchers feeling that the intervention provided an unprecedented opportunity for participating GBV victims to receive validation and support.
- Effective risk reduction strategies can be developed in collaboration with local partners — in none of the countries did researchers face any security incidents.

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This article is an abridgement of a longer paper, providing greater detail of the methodologies employed by the project, available online at: [www.fmreview.org/pdf/Ward.pdf](http://www.fmreview.org/pdf/Ward.pdf).

The photos accompanying this article are in no way intended to imply that these people are actual victims of GBV.

1. Available online at [www.rhrc.org/resources/gbv](http://www.rhrc.org/resources/gbv).

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Supporting displaced communities to address gender-based violence

by Beth Vann, Meriwether Beatty and Lisa Ehrlich

**Gender-based violence remains one of the most challenging issues in refugee/IDP settings.**

When displaced women are abused it is usually women themselves who are the first to organise help. But because women’s groups are usually among the least empowered in their community, they need support and assistance from humanitarian aid organisations. However, NGO managers and staff often lack understanding, knowledge and expertise to develop accessible, effective and compassionate programmes to address gender-based violence (GBV).

**GBV Global Technical Support Project**

Responding to requests from the field for assistance to address violence against women and children, JSI Research and Training Institute (JSI) initiated the GBV Global Technical Support Project on behalf of the RHRC Consortium in 2001. In close collaboration with UNHCR, UNICEF and others, the project provides a range of technical assistance to refugee/IDP communities, UN agencies, international and national NGOs and host governments working with populations affected by armed conflict. Technical assistance includes on- and off-site training, consulting, advising, workshops, seminars, information dissemination and resource material distribution and training. On-site assistance incorporates both pre-planning and post-visit follow-up to ensure maximum involvement, commitment and follow-through by the key stakeholders and actors.

Prevention of and response to GBV in many of the sites involved with the
GBV Global Technical Support Project have improved. Interagency referral and coordination mechanisms have been streamlined and there is an increased number of staff on the ground who are knowledgeable about gender issues, GBV, assisting survivors and developing prevention strategies.

Addressing GBV in Thai refugee camps

In January 2002, the Global GBV Technical Advisor visited Thailand in response to a request for assistance from the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT). During visits to five refugee camps and five towns, the Global GBV Technical Advisor met representatives of UNHCR, NGOs and Burmese women’s organisations. The Advisor provided training, recommendations and written resource materials to promote increased leadership and action in prevention of and response to GBV.

The training and technical assistance focused on building capacity among the interagency team (including refugees) to establish a coordinated system for assisting survivors and for developing an action plan to prevent GBV in the long term. This interagency prevention and response action required four efforts: 1) integrating issues of gender, including GBV prevention and response into the activities of all organisations working with refugees; 2) fostering an understanding that addressing GBV is part of the humanitarian responsibility of all staff concerned with health, psychosocial well-being, security and legal justice; 3) training and supervising staff and 4) formalising and increasing support to refugee women’s organisations to build their capacity to take the lead in GBV interventions.

Following this initial visit, refugee women’s groups in Thailand developed a GBV response protocol called the Automatic Response Mechanism (ARM). ARM is a step-by-step guide for assisting survivors which sets out required actions – including emotional support, health care, counselling, advocacy and case management – from first report through conclusion of legal proceedings if the survivor chooses the legal route. Each step in the ARM protocol describes appropriate standards of care and includes a list of possible actions to consider if those standards are not met or if services are not locally available. This framework emphasises interagency involvement and cooperation, raising awareness both in specific sectors and the community at large and the need to refer to existing laws and guidelines. Refugee women’s groups in Thailand are currently working with UNHCR and NGOs to actively engage them in ARM implementation.

Pool of resource persons

GBV prevention and response may be moving forward in Thailand but elsewhere humanitarian staff lack access to GBV training programmes. For many, GBV remains an unknown, intimidating subject. The GBV Global Technical Support Project now has an added focus: to build a larger pool of knowledgeable humanitarian aid staff who can serve as local resource persons for their peers and colleagues. The number of intermediate and advanced training workshops is to be increased.

In keeping with the philosophy that refugee communities themselves should be the leaders in prevention of and response to GBV, the project will continue to assist and support displaced women to take the lead in addressing this terrible problem.

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See also: ‘Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations’ at www.ehr.org/pdf/GBV_Vann.pdf