



Understanding Violence against Women and Children in Timor-Leste: Findings from the *Nabilan* Baseline Study

Summary Report



The Asia Foundation

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Australian Embassy
Timor-Leste

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Summary Report

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FOREWORD

The Asia Foundation is pleased to publish this report, *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study*. This research contributes ground-breaking knowledge on violence against women in Timor-Leste, and directly addresses the gap in reliable, representative quantitative data on women's experiences and men's perpetration of violence.

The significant work that national civil society organizations, key government stakeholders, academics, international non-governmental organizations and United Nations agencies have conducted in Timor-Leste illustrates that women in this country routinely suffer multiple dimensions of violence.

The *Nabilan* Health and Life Experiences Baseline Study adds new insights into this issue and into the immense implications of violence on women's health and wellbeing, as well as that of their children, their families and their communities. This research also reveals, for the first time, information on men's use of violence against women – information which is crucial for programs working with men and boys to prevent violence. In addition, through an analysis of statistically significant risk and protective factors for violence against women, the Study provides tangible and evidence-based recommendations for the approaches that will be most effective in preventing violence against women in Timor-Leste. One such risk factor that must urgently be addressed, for example, is child abuse – the rates of which, as this research shows, are extremely high.

While the rates of violence in this study are considerably higher than the *2009–2010 Demographic Health Survey*, this should not be interpreted as indicative of a major rise in the rates for Timor-Leste, rather that the rates are actually higher than previous estimates. The Study findings unequivocally illustrate that violence against women is a critical development issue for Timor-Leste. Without breaking the cycle of violence, which includes the normalization of physical, sexual and intellectual abuse of women, Timor-Leste will not be able to advance as a modern, liberal, thriving democracy with a healthy population. Through its struggles for independence and journey to nationhood, Timor-Leste has shown itself to be a nation of great resolve and strategic thinking. This matter of violence against women and children must be seen in the same light, and it will have far reaching implications not just for women and children, but for the nation as a whole, both domestically and internationally.

This study augments a growing body of the Foundation's other existing research in the field of security and justice, including our Law & Justice surveys more broadly, as well as on perceptions on policing specifically. The Foundation has a long-standing practice of using research to ground the organization's own programming and has actively supported evidence-based policy-making and programming by other organizations and institutions. In line with this approach, we are already using the findings from the *Nabilan* Study to inform our own approaches toward reducing the prevalence of violence against women and to guide the work of our local partners. The utility of the *Nabilan* Study findings, however, go far beyond the Foundation's work: this research has the potential to contribute greatly to the work of policy makers and service providers, in both non-government and government bodies. It is my sincere hope that the Government of Timor-Leste, civil society actors, and international agencies will find these findings useful in their own planning and programming toward eliminating violence against women and children in Timor-Leste.

Susan Marx
Country Representative
The Asia Foundation, Timor-Leste

BACKGROUND

Violence against women, in its many forms and manifestations, and across all settings, is a violation of human rights and fundamental freedoms. Violence against women impacts women across the world, regardless of age, class, race, and ethnicity. According to recent global estimates, 30 percent of women aged 15 years or older have experienced physical and/or sexual intimate partner violence during their lifetimes (Devries, et al., 2013). It is the leading global cause of homicide death in women (Stockl, et al., 2013) and has many other major health consequences (WHO, 2014). The economic and social costs associated with violence against women are significant, and global evidence shows that violence consistently undermines development efforts at various levels, driving the depreciation of physical, human, and social capital (Garcia-Moreno, et al., 2005).

Violence against women stems from gender inequality and discrimination. It is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men, and to the prevention of the full advancement of women. Violence is also used to maintain women's subordinate position compared with men (UNGA, 1993).

In Timor-Leste, recent research shows that violence against women is widespread across the country (NSD, 2010; Taft and Watson, 2013; The Asia Foundation, 2012, 2015). Women are subjected to many forms of physical, psychological, sexual, and economic violence or financial control, cutting across all divisions of income, culture, and class. While the literature indicates that domestic violence is the most common form of violence against women, Timorese women also endure non-partner rape and sexual assault, sexual harassment, and trafficking (UNFPA, 2005; Hynes, Ward, Robertson and Crouse, 2004; NSD, 2010).

However, to date there has been no dedicated research at a national level to ascertain the prevalence of violence against women, the health consequences of violence, or the factors that increase or decrease the risk of violence. Quality data on the prevalence, patterns, and consequences of different forms of violence against women at the national and sub-national level serves as an important tool in guiding evidence-based preventative programming and policy-making.

In response to this evidence gap, and in order to inform programming, The Asia Foundation (the Foundation) undertook the *Nabilan* Health and Life Experiences Study (the Study) from July to September 2015. The purpose of the Study was to generate rigorous, reliable data from women and men in Timor-Leste on the prevalence and perpetration of different forms of violence against women. The findings of the Study form the baseline data for the Foundation's *Nabilan* Program, and will further inform programming and advocacy on responses to and prevention of violence against women and children in Timor-Leste.

The *Nabilan* Program is an innovative eight-year initiative targeting violence against women in Timor-Leste. The Program, which has been generously funded by the Australian Government, operates through three core pillars: Prevention, Services and Support, and Access to Justice, with a Research, Monitoring and Evaluation component running across all of the pillars. The overall goal of the Program is to reduce the proportion of women who experience violence, and to better meet the needs of women and children affected by violence. Building on global best practice, the *Nabilan* Program works with local government and non-government partners to help them develop the skills needed to effectively end violence against women and children in Timor-Leste, and to build ownership of this important work.

STUDY OBJECTIVES

In order to implement a holistic approach both to prevent and respond to violence against women, it is necessary to understand women's experiences of violence, as well as men's perpetration and experiences of violence. For this reason, the *Nabilan* Study adopted an innovative, combined methodology to conduct research with both women and men. The study adapted the World Health Organization's (WHO) Multi-country Study on Women's Health and Domestic Violence against Women to conduct a women's prevalence survey, and used the United Nations' (UN) Multi-country Study on Men and Violence as the basis for a men's perpetration survey. These international best-practice methodologies were used because of the high level of data reliability they produce, the ability to make cross-country comparisons, and their internationally recognized ethical and safety standards.

Box 1 shows the objectives for the women's and men's surveys. The findings from the Study will be used to inform programming and advocacy on responses to and prevention of violence against women and children in Timor-Leste.

Box 1: Objectives of The *Nabilan* Health and Life Experiences Study

Women's survey objectives:

- Estimate the prevalence and frequency of different forms of violence experienced by women: physical, sexual, emotional, and economic violence against women by male intimate partners, as well as sexual violence by non-partners;
- Determine the association of intimate partner violence with a range of health and other outcomes;
- Identify the risk and protective factors that may be associated with either increasing or reducing, respectively, women's probability of experiencing intimate partner violence; and
- Document the strategies and services that women use to cope with partner and non-partner violence.

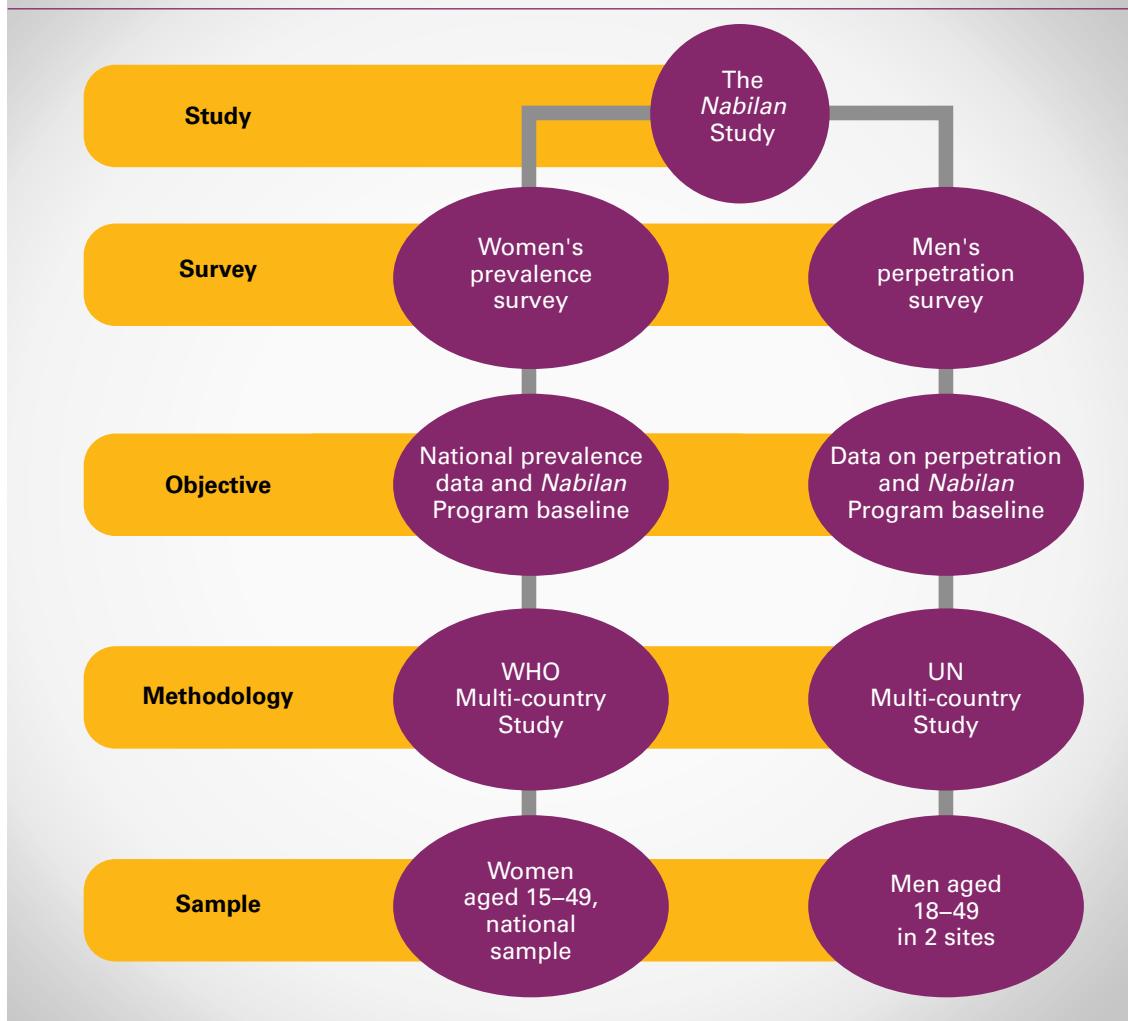
Men's survey objectives:

- Better understand the prevalence and frequency of men's use of different forms of violence against women: physical, emotional, and economic intimate partner violence and, specifically, partner and non-partner rape;
- Assess men's own experiences of violence, as well as their perpetration of violence against other men; and
- Identify the factors associated with men's perpetration of different forms of violence against women.

METHODS & SAMPLE

The *Nabilan* Study was implemented through two population-based cross-sectional household surveys, adapting the WHO Multi-country Study and the UN Multi-country Study methodologies to the Timorese context. The nationally-representative women’s survey was conducted with 1,426 randomly selected women aged between 15 and 49 years. The men’s perpetration survey was carried out with a total of 839 randomly selected men aged between 18 and 49 in two district-representative samples in Dili and Manufahi. Fieldwork was conducted from August to September 2015. Figure 1 gives an overview of the methodology and survey design for the Study.

Figure 1: Overview of the methodology and survey design for the *Nabilan* Health and Life Experiences Study



Trained interviewers implemented the questionnaires using tablet computers to address ethical issues and to maximize disclosure of violence. Both questionnaires contained self-administered questions for particularly sensitive information, that is, the tablets were handed to the respondents to answer those questions themselves. For the women's questionnaire, the self-administered section included a question on childhood sexual assault, and for the men's questionnaire, this included a number of questions on men's perpetration and experiences of violence. The Study followed the WHO ethical and safety guidelines for research on violence against women, which emphasizes the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data (Garcia-Moreno, et al., 2005).

Women's experiences and men's perpetration of violence against women were measured by asking a series of behavior-specific questions related to each type of violence. The Study focused primarily on violence by an intimate partner because this has been shown to be the most globally pervasive form of violence against women. Included in this were acts of physical, sexual, emotional, and economic violence by or against a current or former intimate partner, whether married or not. In addition, the Study also examined controlling behaviors, including acts to constrain a woman's mobility or her access to friends and relatives, and extreme jealousy. The Study also looked at sexual violence against women and men by perpetrators other than an intimate partner, and at women's and men's experiences of physical, sexual, and emotional childhood abuse. Box 2 presents the key terminology used in this Study and report. The acts used to define each type of violence measured are summarized in Box 3, while the acts used to define forms of childhood abuse are defined in Box 4.

Box 2: Key terminology used in the *Nabilan* Health and Life Experiences Study

Ever-partnered women

The definition of ‘ever-partnered women’ is central to the Study because it defines the population that could potentially be at risk of intimate partner violence and hence, becomes the denominator for intimate partner violence prevalence figures. For the purposes of this Study, a broad definition of partnership was used, as any woman who had ever been in a relationship with a male intimate partner, whether or not they had been married, could have been exposed to the risk of violence. Women were considered to be ‘ever-partnered’ if they reported having ever been married to a man, having ever lived with a man, or having ever been in a dating relationship with a man, even if they were no longer together with this man at the time of the Study. In general, the definition of ‘ever-partnered women’ includes women who were, or had ever been, married or in a common-law relationship. It also covers dating relationships.

Prevalence

The prevalence of violence against women refers to the proportion of ‘at risk’ women in a population who have experienced violence. For some kinds of violence, such as sexual violence, all women may be considered ‘at risk’. For others, such as intimate partner violence, only women who have or have had an intimate partner could be considered at risk.

Lifetime

The prevalence rate shows us the proportion of women in the current population who have ever experienced one or more acts of violence at any time in their lives (and thus, by definition, they include women who are also measured in 12 month prevalence). This prevalence rate does not tell us how long the violence lasted, or how frequently it occurred; it just tells us if violence ever happened, even if it was only once.

Previous 12 months (prior to interview)/Current

The 12 month prevalence rate shows the proportion of women who experienced one or more acts of violence in the 12 months prior to the interview and thus, close to the time of measurement. It includes violence that had just started, as well as violence that may have started prior to the 12 month period. It could have stopped within the previous 12 months or still be continuing at the time of measurement, as long as it took place within the 12 months. As with lifetime prevalence, it does not tell us how long the violence lasted or how frequently it occurred. This prevalence rate is also labelled as ‘current prevalence’ in the charts and tables in this report.

Intimate partner violence

This is behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors, including financial control. The definition covers violence by both current and former spouses and partners. This Study measured physical, sexual, emotional, and economic intimate partner violence. Prevalence and perpetration rates for intimate partner violence are calculated among the sample population of ever-partnered women or men.

Physical and/or sexual intimate partner violence

While the Study measured physical, sexual, emotional, and economic violence, the data presented on the consequences and the risk and protective factors focuses on women's experiences of physical and/or sexual intimate partner violence, which refers to women who have experienced at least one act of physical or sexual violence (or both) by a male intimate partner.

Non-partner sexual violence

A key objective of the Study was to gather information on the prevalence of women's experiences of sexual violence by a man who was not their intimate partner and of men's perpetration of sexual violence against both women and men who were not their intimate partner. For the purposes of this Study, sexual violence included acts of non-partner rape and gang rape. Women were also asked about the identity of the perpetrator, where known. Prevalence and perpetration rates for non-partner rape are calculated among the sample population for all women and men.

Child sexual abuse

The Study explored the extent to which respondents had been sexually abused before the age of 18. As early sexual abuse is a highly sensitive issue that is particularly difficult to explore in survey situations, two methods were used to enhance disclosure of different forms of abuse. First, respondents were asked questions on unwanted sexual contact and forced sex before age 18 as part of the childhood trauma scale. Second, respondents completed a self-administered question on unwanted sexual contact or forced sex before age 18. The results of these two approaches are discussed below. Respondents were also asked how old they were at the time of their first sexual experience, and whether it had been something they wanted to happen, something they had not wanted but that happened anyway (coerced), or something that they had been forced into. Other forms of childhood abuse are defined in Box 4. Prevalence rates for childhood abuse are calculated among the sample population for all women and men.

Box 3: Operational definitions of violence against women used in the Nabilan Health and Life Experiences Study

<i>Women's Survey</i>	<i>Men's Survey</i>
<i>Intimate partner violence</i>	
The list below refers to either acts that a woman had had done to her by a male intimate partner (husband/boyfriend), or that a man had perpetrated against a female intimate partner (wife/girlfriend).	
<i>Physical partner violence</i>	
You were ever:	You have ever:
<ul style="list-style-type: none"> a) Slapped or had something thrown at you that could hurt you b) Pushed or shoved, or had your hair pulled c) Hit with his fist or something else that could hurt you d) Kicked, dragged or beaten up e) Choked or burnt on purpose f) Threatened with or actually had a gun, knife or other weapon used against you 	<ul style="list-style-type: none"> a) Slapped a partner or thrown something at her that could hurt her b) Pushed or shoved a partner c) Hit a partner with your fist or with something else that could hurt her d) Kicked, dragged, beaten, choked or burned a partner e) Threatened to use or actually used a gun, knife or other weapon against a partner
<i>Sexual partner violence</i>	
You ever:	You have ever:
<ul style="list-style-type: none"> a) Were forced to have sexual intercourse when you did not want to; for example, you were threatened or held down (raped) b) Had sexual intercourse when you did not want to because you were afraid of what your husband/partner might do if you refused (coerced) c) Were forced to do anything else sexual that you did not want or that you found degrading or humiliating 	<ul style="list-style-type: none"> a) Forced a partner to have sexual intercourse when she did not want to (raped) b) Had sexual intercourse with a partner when she did not want to but believed she should agree because she was your wife/partner c) Forced a partner to watch pornography when she did not want to d) Forced a partner to do something else sexual when she did not want to
<i>Emotional partner violence</i>	
You ever:	You have ever:
<ul style="list-style-type: none"> a) Were insulted or made to feel bad about yourself b) Were belittled or humiliated in front of other people c) Had things done to scare or intimidate you on purpose; for example, by the way he looked at you or by yelling and smashing things d) Were verbally threatened by your intimate partner that he would hurt you or someone you cared about 	<ul style="list-style-type: none"> a) Insulted a partner or deliberately made her feel bad about herself b) Belittled or humiliated a partner in front of other people c) Done things to scare or intimidate a partner on purpose; for example, by the way you looked at her or by yelling and smashing things d) Threatened to hurt a partner e) Hurt people your partner cared about as a way of hurting her, or damaged things of importance to her

Economic partner violence or financial control

You ever:

- a) Were prohibited from getting a job, going to work, trading, earning money or participating in income-generation projects
- b) Had your earnings taken from you against your will
- c) Had your intimate partner refuse to give you money you needed for household expenses even when he had money for other things, such as alcohol and cigarettes

You have ever:

- a) Prohibited a partner from getting a job, going to work, trading or earning money
- b) Taken a partner's earnings against her will
- c) Thrown a partner out of the house
- d) Kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford household expenses

Women's Survey

Men's Survey

Non-partner sexual violence

The list below refers to either acts that a woman had had done to her by a male non-partner (man who was not her husband/boyfriend), or that a man had perpetrated against a non-partner woman, girl, man or boy.

Non-partner rape

You were ever:

- a) Forced to have sex with someone other than a husband/partner when you did not want to; for example, by threatening you, holding you down, or putting you in a situation where you could not say no
- b) Forced to have sex with someone other than a husband/partner when you were too drunk or drugged to refuse

You have ever:

- a) Forced a woman who was not your wife/girlfriend at the time to have sex with you
- b) Had sex with a woman or girl who was not your wife/girlfriend at the time when she was too drunk or drugged to say whether she wanted to or not
- c) Done anything sexual with a man or boy when he did not consent or was forced
- d) Done anything sexual with a man or boy when you put your penis in his mouth or anus when he did not consent or was forced

You were ever:

- e) Forced or persuaded to have sex or do something sexual with a man when you did not want to

Non-partner gang rape

You were ever:

- a) Forced to have sex against your will with more than one man at the same time

You and other men have ever:

- a) Had sex with a woman or girl at the same time when she did not consent to sex or you forced her
- b) Had sex with a woman or girl at the same time when she was too drunk or drugged to stop you
- c) Had sex with a man or boy when he did not want to

In the female survey, for each act of physical, sexual, emotional, or economic violence that the respondent reported as having happened to her, or having been perpetrated by her intimate partner, the respondent was asked whether this had happened in the past 12 months, and with what frequency. For the analysis of women’s experiences of physical intimate partner violence, the questions on physical violence were divided into those related to ‘moderate’ violence and those considered ‘severe’ violence. The distinction between moderate and severe violence is based on the likelihood of physical injury, with acts of ‘severe’ violence more likely to result in physical injuries including, but not limited to, cuts and bruises, internal injuries, broken bones, and fractures. For each form of intimate partner violence (physical, sexual, emotional, and economic), male respondents were then asked whether they had perpetrated it within the past 12 months.

Box 4: Operational definitions of childhood abuse used in the Nabilan Health and Life Experiences Study

Childhood abuse

The list below refers to acts that both women and men had done to them before age 18.

Childhood physical abuse¹

Before you reached 18 you:

- a) Were beaten at home with a belt or stick or whip or something else which was hard
- b) Were beaten so hard at home that it left a mark or bruise

Childhood sexual abuse

Before you reached 18:

- a) Someone touched your buttocks or genitals or you were made to touch them when you did not want to
- b) You had sex with someone because you were threatened or frightened or forced
- c) You were touched sexually, or made to do something sexual that you did not want to (self-administered question)

Childhood emotional abuse or neglect

Before you reached 18:

- a) You spent time away from home when no adults knew where you were
- b) You were told you were lazy or stupid or weak by someone in your family
- c) You were insulted or humiliated by someone in your family in front of other people
- d) One or both of your parents were too drunk or drugged to take care of you

Hardship

Before you were 18 you did not have enough food to eat

¹ These were the specific questions asked in the survey with regards to physical child abuse. However, we recognize that physical child abuse includes more than just beating; for example, kicking, pushing, strangulation, burning, and other acts that also cause harm.

SATISFACTION WITH INTERVIEW

Overall, most women and men reported that they found participating in the Study to be a positive experience and expressed sincere gratitude that they were able to share their experiences with someone else, with the confidence that whatever they said would be confidential. On many occasions, the interviewer was the only person with whom they had ever shared this information.

When asked if they felt better, no different, or worse at the end of the interview, 93 percent of women and between 90 percent and 92 percent of men said that they felt better. Women and men also provided comments upon completing the interview. These comments give an insight into how the respondents felt, and that this was often the first time they had talked about their experiences.

This confirms that, although intimate partner violence may be considered by some to be a private family matter, women want to share (and benefit from sharing) their experiences when asked in a confidential space and in a respectful and kind manner. Similarly, men are willing to discuss their experiences of violence when they are comfortable with the setting and when the most sensitive questions are self-administered. This is consistent with what the WHO and UN studies have found in most other countries.

OVERVIEW OF STUDY FINDINGS

The main findings of the *Nabilan* Health and Life Experiences Baseline Study are grouped into the following sub-headings:

- Prevalence and patterns of different types of intimate partner violence
- Prevalence and patterns of non-partner sexual violence (rape)
- Prevalence and patterns of childhood abuse
- Attitudes toward gender relations and violence against women

“I feel happy to have said out loud what I feel.”

~ female respondent

“Thank you for this study, because I can share very sad things which until now, I had saved in my heart.”

~ female respondent

“I feel very proud of this interview because this is a motivation for me so that I can change myself and avoid violence and crime and these problems.”

~ male respondent

“I was very happy when you came to interview me because I can express my feelings and I have the opportunity to remember my past.”

~ male respondent

- Impact of physical and/or sexual intimate partner violence on women's physical and mental health
- Impact of physical and/or sexual intimate partner violence on women's reproductive health and their children's wellbeing
- Women's coping strategies and responses to violence
- Men's sexual health practices, mental health, and experiences of adversity
- Factors associated with women's experiences and men's perpetration of physical and/or sexual intimate partner violence

OVERVIEW OF STUDY RECOMMENDATIONS

- **Recommendation 1:** Challenge social norms related to the acceptability of violence against women and the subordination of women in intimate relationships and the family/household. Strengthen society-level commitments to promote gender equality and women's empowerment.
- **Recommendation 2:** Promote healthy and consensual sexual relationships, and address male sexual entitlement
- **Recommendation 3:** Address anti-social behaviors that link male culture to violence, and promote healthy masculinities
- **Recommendation 4:** Address child abuse and promote nurturing, violence-free family and school environments
- **Recommendation 5:** Strengthen the role of the health sector in preventing and responding to violence against women
- **Recommendation 6:** Strengthen the judicial sector's capacity to enforce existing violence against women legislation and respond to reported incidents of violence
- **Recommendation 7:** Promote and coordinate holistic violence prevention and response models
- **Recommendation 8:** Conduct further qualitative and quantitative research, and monitoring and evaluation of existing violence against women interventions

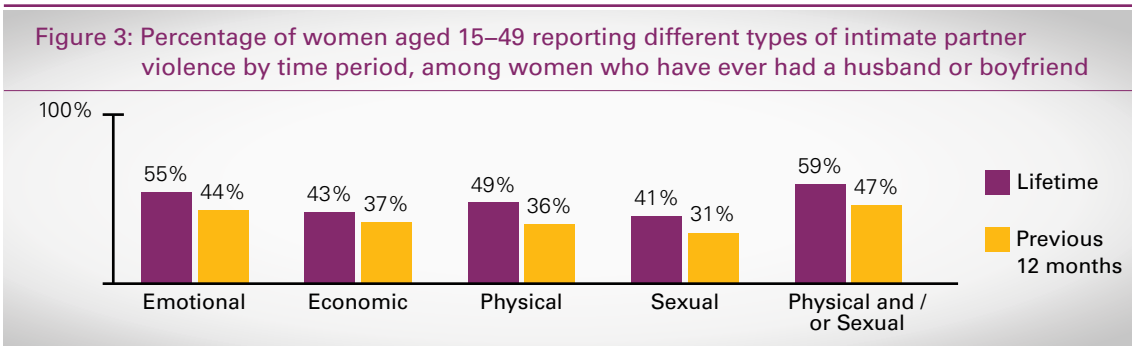
FINDINGS OF THE *NABILAN* HEALTH AND LIFE EXPERIENCES BASELINE STUDY

PREVALENCE AND PATTERNS OF INTIMATE PARTNER VIOLENCE

***FINDING:** In their lifetimes, most women experience some form of physical, sexual, emotional, or economic violence by a husband or boyfriend.*

Overall, three in five (59 percent) ever-partnered² women aged between 15 and 49 years had experienced physical and/or sexual intimate partner violence in their lifetimes, and almost one in two (47 percent) had experienced at least one of these forms of violence by a husband or boyfriend in the previous 12 months. One in two (49 percent) women said that a husband or boyfriend had been physically violent toward them in their lifetimes, and one in three (36 percent) said this had happened in the previous 12 months. Two in five (41 percent) women had experienced sexual violence by a husband or boyfriend in their lifetimes, and one in three (31 percent) said that this had happened in the previous 12 months.

The Study also measured emotional and economic forms of intimate partner violence. More than one in two (55 percent) women had experienced some form of emotional violence by a husband or boyfriend in their lifetimes, and more than two in five (43 percent) women had experienced some form of economic violence in their lifetimes. Figure 3 shows the lifetime and current prevalence of different forms of intimate partner violence as experienced by women in Timor-Leste.



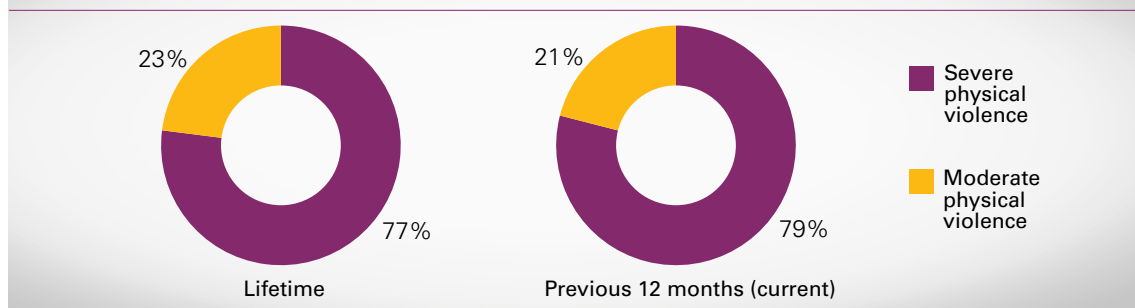
² All prevalence rates for intimate partner violence presented in this section are calculated among the sample population of ever-partnered women, that is, women who have ever had a husband or boyfriend. For the purposes of brevity, this label has not been included at every mention.

FINDING: Women’s experiences of intimate partner violence are frequent and severe.

Among women who had experienced physical and/or sexual violence by a husband or boyfriend, four in five (81 percent) women said that this violence had happened many times. Only 5 percent of women had experienced physical or sexual violence by a husband or boyfriend on only one occasion.

Among women who had experienced physical intimate partner violence in their lifetimes, more than three-quarters (77 percent) had experienced severe acts of violence, rather than only moderate acts. In the previous 12 months, four in five (79 percent) women had experienced severe acts of physical violence. Figure 4 shows the severity of physical violence experienced by women in their lifetimes, and in the previous 12 months.

Figure 4: Percentage of ever-partnered women who had experienced physical intimate partner violence reporting moderate versus severe acts



FINDING: There is overlap between different forms of intimate partner violence experienced by women.

The Study found that husbands or boyfriends who were violent often used multiple types of violence against their wives or girlfriends. This shows that violent events do not occur in isolation but are commonly part of a pattern of violence within an abusive relationship. Among women who had experienced physical, sexual, and/or emotional intimate partner violence, most women experienced a combination of these different forms of violence. A much smaller proportion of women had experienced only physical, only sexual, or only emotional violence.

FINDING: Younger women are at greater risk of experiencing current intimate partner violence.

When looking at intimate partner violence between different age groups of women, the Study found that current violence (in the previous 12 months) was highest among younger women. Thus intimate partner violence starts early in relationships. Women aged between 15 and 19 years were at the highest risk of intimate partner violence, with more than one in two (51 percent) women within that age group reporting violence by a husband or boyfriend in the previous 12 months. Women aged between 20 and 29 years were also at higher risk of current violence, and this risk decreased with age.

Generally, we would expect lifetime prevalence to increase as a woman's age increases because she is exposed to risk for a longer period of time. Overall, this pattern holds in Timor-Leste. Older age groups of women experienced higher rates of intimate partner violence over their lifetimes.

FINDING: In their lifetime, many men use physical, sexual, emotional, and economic forms of violence against their wives or girlfriends.

Overall, between 36 percent and 42 percent of ever-partnered³ men across the two study sites had used physical and/or sexual intimate partner violence against a wife or girlfriend in their lifetimes. Between 26 percent and 28 percent of men in the study sites aged from 18 to 49 years who have ever had a wife or girlfriend said they had used physical violence against a wife or girlfriend in their lifetimes. Sexual violence against a wife or girlfriend was perpetrated by between 18 percent and 27 percent of men in the two sites.

Men also reported having perpetrated emotional and economic forms of intimate partner violence. Between 41 percent and 45 percent of men in the study sites said that they had used emotional violence against a wife or girlfriend in their lifetimes. Economic violence was perpetrated by 26 percent to 29 percent of men in the Study.

PREVALENCE AND PATTERNS OF NON-PARTNER SEXUAL VIOLENCE (RAPE)

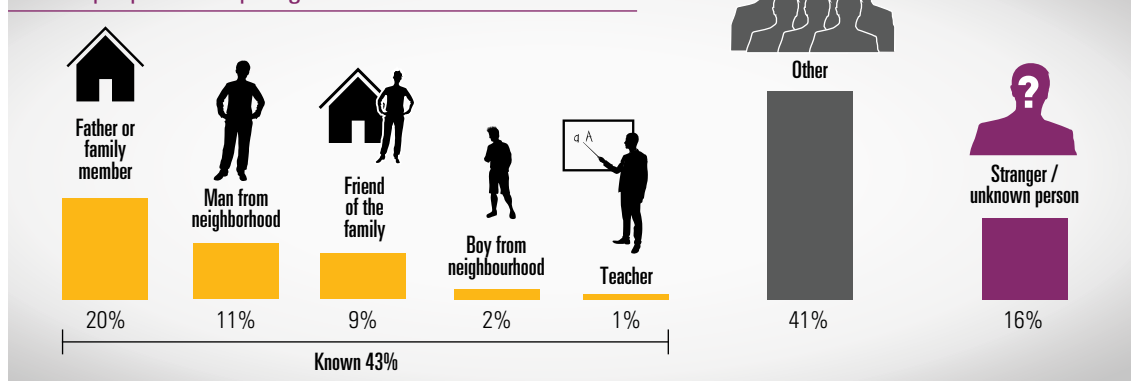
FINDING: Many women experience sexual violence by non-partner men.

Although most rape occurs within intimate partnerships, the Study found that 14 percent of all women aged between 15 and 49 years had been raped by someone other than a husband or boyfriend (non-partner rape) in their lifetimes, and 10 percent said this had happened in the previous 12 months. Further, 3 percent of women had ever been raped by more than one man at the same time (gang rape).



3 All perpetration rates for intimate partner violence presented in this section are calculated among the sample population of ever-partnered men, that is, men who have ever had a wife or girlfriend. For the purposes of brevity, this label has not been included at every mention.

Figure 6: Percentage of women who know the men who perpetrate rape against them*



*Among women who had experienced non-partner rape

FINDING: Women who experience non-partner rape often know the perpetrator.

The perpetrators of non-partner rape were usually known by the women. Fathers and family members, friends, and men from the neighborhood were identified as the most common known perpetrators of non-partner rape, as well as strangers.

FINDING: Men’s rape of women is pervasive across the two study sites.

Overall, between one in five and one in three (22–33 percent) men aged from 18 to 49 years in the study sites said they had perpetrated partner and/or non-partner rape at least once in their lifetimes. Intimate partner rape was reported by 13 percent to 20 percent of men who had ever had a wife or girlfriend. Lifetime perpetration of any non-partner rape was reported by 15 percent to 22 percent of men in the two sites, and 10 percent to 17 percent of men said that they had perpetrated non-partner rape in the previous 12 months. Between 6 percent and 12 percent of men in the Study said that they had raped a woman or girl with more than one man at the same time (gang rape).

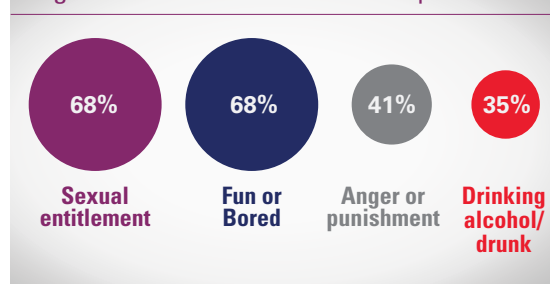
FINDING: Men’s perpetration of rape starts early in life.

Three in five (65–66 percent) men in both study sites who had raped a woman or girl (partner or non-partner) did so for the first time when they were teenagers (before age 20). Between 13 percent and 22 percent of men across the two sites perpetrated rape for the first time before they were 15 years old.

FINDING: Men’s perpetration of rape is motivated by a sense of sexual entitlement, for fun or out of boredom.

Men who had raped a woman or girl most commonly said that their motivations were sexual entitlement,⁴ for fun, entertainment, or out of boredom (see Figure 7). Men in

Figure 7: Men’s motivations for rape



⁴ Sexual entitlement is understood as men’s belief that they have the right to sex, regardless of consent (Fulu, et al., 2013).

both sites were less likely to say that anger, punishment, or alcohol were motivations for perpetrating rape.

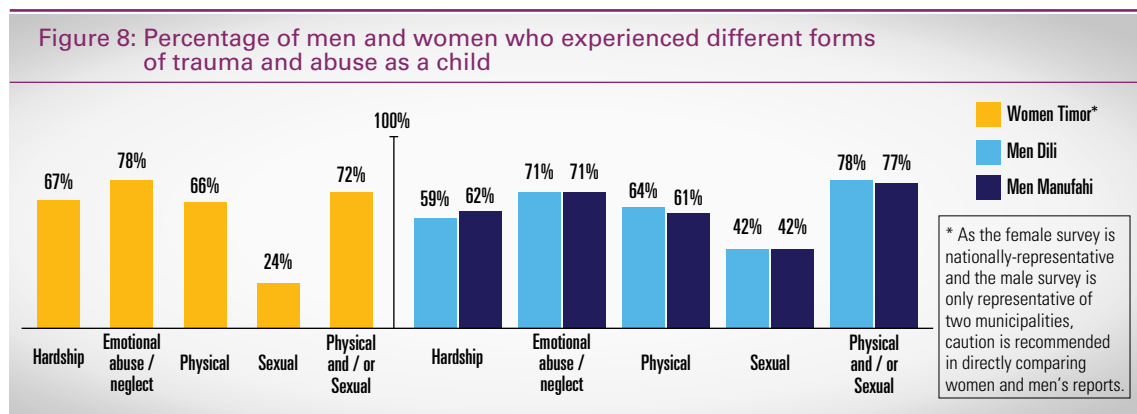
FINDING: Most men who perpetrate rape do not experience any legal consequences.

Among men who had perpetrated partner and/or non-partner rape of a woman or girl, between 22 percent and 38 percent said that they were worried and between 54 percent and 61 percent said that they felt guilty after their most recent perpetration of rape. However, between 57 percent and 70 percent did not experience any formal legal consequences following their actions. In fact, only 5 percent to 18 percent of men who had ever perpetrated rape were jailed after the incident. Men more commonly reported experiencing customary consequences within their community, including paying compensation to the woman’s family, and sitting with community elders to talk about what he had done.

PREVALENCE AND PATTERNS OF CHILDHOOD ABUSE

FINDING: Many girls and boys experience physical and/or sexual abuse during childhood.

With the exception of sexual abuse, more than half of women and men in both sites reported having experienced some form of hardship, neglect, or physical abuse before age 18 (see Figure 8).⁵ Emotional abuse and neglect were the most common forms of child abuse experienced by women (78 percent). One in four (24 percent) women and two in five (42 percent) men in both study sites had been sexually abused before age 18. Overall, three-quarters of women (72 percent) and men in both sites (77–78 percent) experienced at least one form of physical and/or sexual abuse before age 18. Nearly half of all women (49 percent) and over one-third of men in both sites (36 percent) had witnessed their mother experience physical violence from her male intimate partner.



5 Note that these findings are from the information gathered from women aged 15–49 years and men aged 18–49 years. As discussed in the methodology section, respondents were asked about experiences that they may have had during childhood or before they reached age 18. No children were interviewed as part of the Study.

FINDING: Some women’s first sexual experiences are forced or coerced.

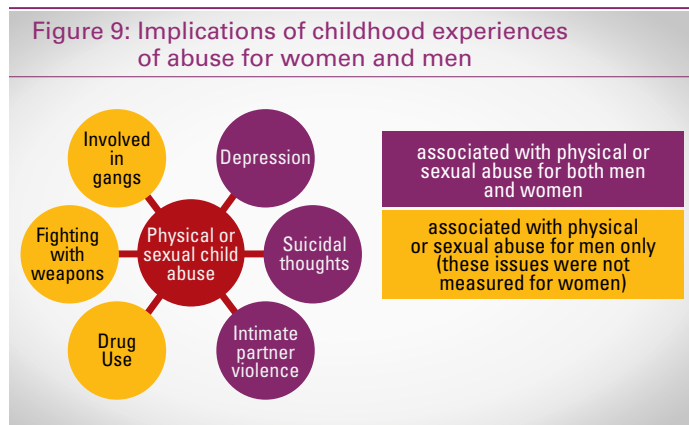
The majority of women who had ever had sex said that they had wanted their first sexual experience (86 percent), while 5 percent said that their first experience was coerced and 9 percent said that it was forced (this is classified as rape). This means that for one in seven (14 percent) women who had ever had sex, their first sexual experience was forced or coerced.

FINDING: Women who first had sex as a teenager or younger are more likely to have had forced or coerced first sexual experiences.

The younger the women were at the time they first had sex, the more likely that their first sexual experience was forced or coerced. For example, 37 percent of women who had had sex for the first time before age 15 reported that it had been forced or coerced, compared with only 8 percent of women whose first sex was between the ages of 20 and 24.

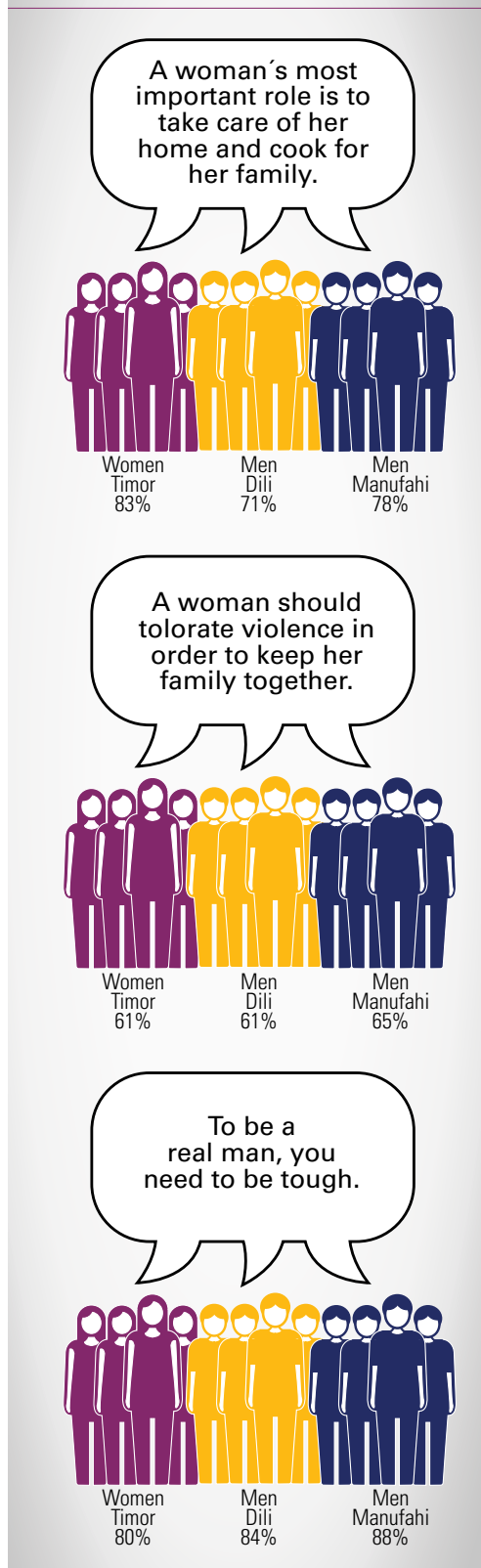
FINDING: Women’s and men’s experiences of childhood abuse have serious consequences.

Women who had experienced physical and/or sexual child abuse were nearly twice as likely to show symptoms of depression in the previous week, and nearly five times more likely to have thought about committing suicide, compared with women who had not experienced such child abuse.



Men who had experienced physical and/or sexual child abuse were more than twice as likely to show symptoms of depression in the previous week, and more than three times as likely to have thought about committing suicide. Men who had experienced this child abuse were also nearly three times more likely to have used drugs in the previous 12 months, and were more likely to have been involved in violence outside the home, including fights with weapons and involvement in gangs. Figure 9 shows the consequences of child abuse for women and men during adulthood.

Figure 10: Percentage of women and men agreeing with gender inequitable statements



ATTITUDES TOWARDS GENDER RELATIONS AND VIOLENCE AGAINST WOMEN

FINDING: Women and men in Timor-Leste agree with inequitable and harmful beliefs about gender relations and violence against women.

The Study findings on gender attitudes show a pattern of agreement with inequitable gender norms. For example, most women (83 percent) and men (71 percent in Dili and 78 percent in Manufahi) agreed that a woman's most important role is to keep the home in order. Nearly two-thirds of women (61 percent) and men (61 percent in Dili and 65 percent in Manufahi) said that a woman should tolerate violence to keep her family together. Almost all women and men agreed with expectations of ways of being a man predicated on dominant male power. The majority of women (80 percent) and men in both sites (84 percent in Dili and 88 percent in Manufahi) agreed that 'to be a man, you need to be tough'.

FINDING: Women and men show a high degree of tolerance and acceptance towards the use of violence against women in relationships.

Most women (81 percent) and men (79 percent in Dili and 70 percent in Manufahi) believed that a husband was justified in hitting his wife under certain circumstances, such as when she disobeys him or when she does not satisfactorily complete household work.

Women who had experienced intimate partner violence, and men who had perpetrated violence, were also more likely to agree with these justifications for violence against women.

FINDING: Women and men also hold inequitable views on sex and sexual violence.

One in four (24 percent) women believed that a

wife could not refuse sex with her husband in any of the given circumstances, including if she is sick, if she does not want to, or if he is drunk.

More than four in five men (80 percent in Dili and 85 percent in Manufahi) agreed with at least one of the statements that are usually classified as myths about rape; for example, that a sex worker cannot claim she was raped because that is part of her job, that a woman cannot refuse to have sex with her husband, or that it is not rape if a woman does not physically fight back. Men who had raped a woman or girl were generally more likely to agree with the rape myth statements compared with men who had never perpetrated rape.

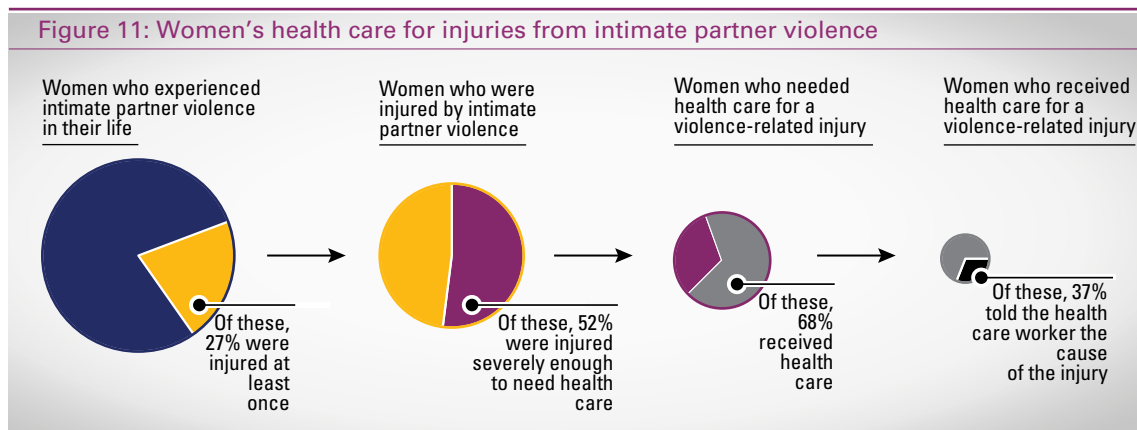
FINDING: Men know about laws on violence against women, but most feel that these laws are too harsh.

The majority of men in both sites (87 percent in Dili and 75 percent in Manufahi) were aware of national laws on violence against women. Fewer men (76 percent in Dili and 70 percent in Manufahi) believed that it is illegal for a husband to force his wife to have sex. However, most men in both sites also felt that existing laws on violence against women are too harsh and make it too easy for a woman to bring a violence charge against a man. This is particularly concerning given the low jailing rate reported by men who had perpetrated rape.

IMPACT OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE ON WOMEN’S PHYSICAL AND MENTAL HEALTH

FINDING: Women who experience intimate partner violence by a husband or boyfriend often sustain physical injuries; however, they rarely seek medical attention.

The Study findings show that intimate partner violence has serious consequences for women’s physical health and wellbeing. More than one-quarter (27 percent) of women who had experienced physical and/or sexual violence said that they were physically injured on at least one occasion. Of those women who said that they had been injured, half (52 percent) were



Box 5: Assessing risk of disability using the Washington Group Short Set of Questions on Disability

The Washington Group Short Set of Questions on Disability (WGSS) is a set of six questions developed for use in national censuses and other surveys to identify people at risk of disability. Disability is described here as the interaction between a person's impairment and barriers to participation. The WGSS only considers one aspect of disability (difficulty functioning) which is why the questions are described as identifying those 'at risk of' disability rather than those 'living with' disability.

In the *Nabilan* Study, respondents were asked a number of questions, taken from the WGSS, about whether they had any difficulty seeing, hearing, walking, remembering or concentrating, or communicating with their usual or customary language, due to a health problem. Response options were 'no difficulty', 'some difficulty', 'a lot of difficulty', or 'cannot do at all'. People who reported 'a lot of difficulty' or 'cannot do at all' to at least one of the questions on functioning were categorized as being 'at risk of disability'. This does not mean that these people have a disability; rather, that their impaired functioning puts them at risk of having a disability.

injured severely enough to need medical attention. However, one-third of those women (32 percent) did not receive the care they needed. Only one in three (37 percent) women who received health care for a violence-related injury told the health care worker the real cause of their injury (see Figure 11).

FINDING: Intimate partner violence is associated with women being at risk of disability.

The questionnaires included questions relating to women's ability to complete everyday tasks, such as seeing, hearing, and walking, to identify whether these problems are associated with experiences of violence. Overall, 11 percent of women were classified as being at risk of disability using the WGSS questions (see Box 5).

Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems, the findings give an indication of the associations between intimate partner violence and health problems. Women who had experienced physical and/or sexual intimate partner violence in their lifetimes were more than twice as likely to be at risk of disability compared with women who had never experienced such violence.

FINDING: Intimate partner violence is associated with women experiencing poor mental health.

The questionnaire included questions on how women had felt in the week before the interview, in order to identify symptoms of depression or of problems coping with everyday life. Overall, more than half (53 percent) of all women showed symptoms of depression in the previous week.

The Study findings show that intimate partner violence is significantly associated with women's experiences of poor mental health. Women who had experienced physical and/or sexual intimate partner violence in their lifetimes were nearly twice as likely to have experienced symptoms of depression in the previous week, were more than five times as likely to have thought about committing suicide, and eight times more likely to have attempted suicide, compared to women who had never experienced intimate partner violence. These findings highlight the very serious health consequences of violence, as well as the need for more comprehensive mental health services in Timor-Leste.

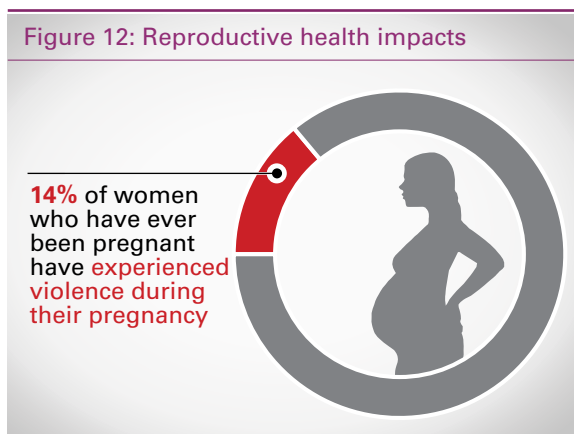
IMPACT OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE ON WOMEN'S REPRODUCTIVE HEALTH AND THEIR CHILDREN'S WELLBEING

FINDING: *Women also experience violence during pregnancy as part of patterns of violence within abusive relationships.*

Physical violence during pregnancy was reported by 14 percent of ever-partnered women who had ever been pregnant. Of those women, one-third (34 percent) said that their partner had punched or kicked them in the abdomen. Two-thirds (65 percent) had been beaten by the same person before pregnancy, and more than half (56 percent) had been beaten during more than one pregnancy. Therefore, violence during pregnancy reflects ongoing patterns of violence and control within abusive relationships.

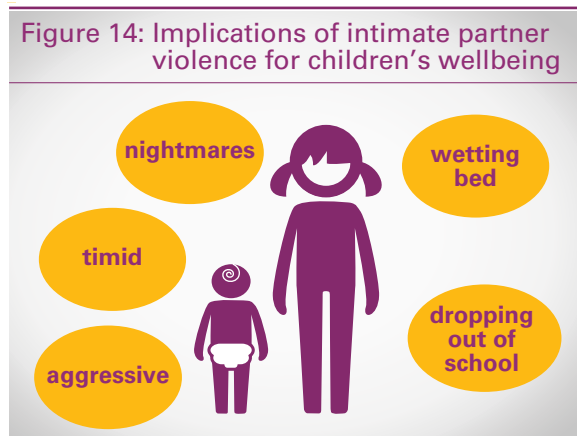
FINDING: *Women who experience intimate partner violence are more likely to have an unintended pregnancy.*

The Study found that women who had experienced physical and/or sexual intimate partner violence were nearly twice as likely to report that their last pregnancy was unintended, compared with women who had never experienced violence. Women who had experienced intimate partner violence in their lifetime were significantly more likely to have ever had a partner stop them from using contraception and significantly less likely to share decision-making about birth-spacing with their partner. These findings show women who experience intimate partner violence have limited control over their bodies and their reproductive health decisions.



FINDING: Children’s exposure to intimate partner violence has negative consequences for their wellbeing and development.

More than half (55 percent) of women who had experienced physical violence by a husband or partner said that their children were present on at least one occasion of violence. Children of women who had experienced intimate partner violence were nearly twice as likely to have emotional and behavioral problems, such as nightmares, wetting the bed, being timid, or being aggressive. Women who experienced violence were also more likely to report that their children had dropped out of school.

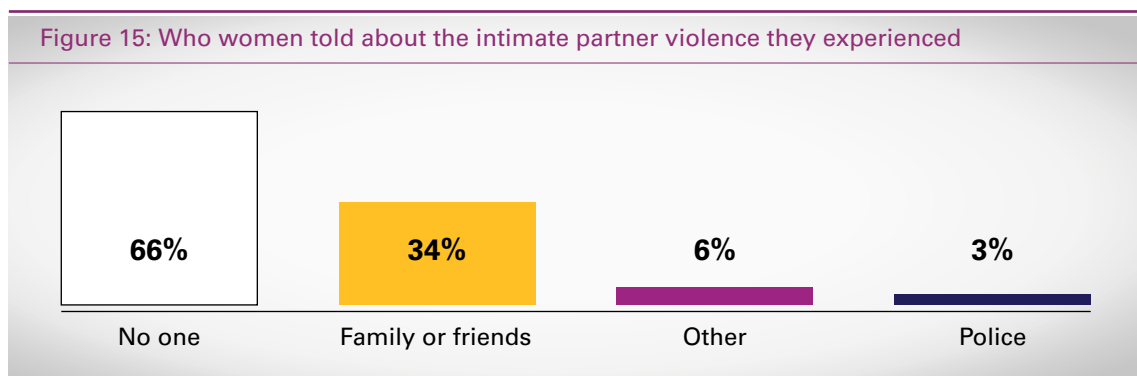


WOMEN’S COPING STRATEGIES AND RESPONSES TO VIOLENCE

FINDING: Most women do not tell anyone about their husbands’ or boyfriends’ violent behavior.

Two in three (66 percent) women who had experienced physical and/or sexual intimate partner violence had never told anyone about the violence. This means that, for many women, their interviewer was the first person they had told. Of those women who had told someone about the violence, most told family members, friends, or neighbors. Very few women had told formal agencies, such as the police (PNTL), health care workers, or community leaders.

Figure 15: Who women told about the intimate partner violence they experienced



FINDING: Very few women seek help from formal services as a first response to incidents of violence by a husband or boyfriend.

For the vast majority (86 percent) of women who had experienced physical and/or sexual intimate partner violence, their first reaction was not to seek assistance from any formal agencies, services, or other authorities. In fact, only 3 percent of women sought assistance from

the police, 2 percent of women approached a customary leader or other community members, and very few women reported approaching a hospital/health center, legal aid organization or other NGO, or an elected community leader (*xefe suku/xefe aldeia*).

These findings may suggest that support, health, and legal services need to be made more accessible to women, and it may also reflect that women are not comfortable disclosing their experiences to formal services and organizations. This is a common pattern globally but clearly shows that services need to be made more women-centered and that, because few women seek formal support, interventions that target the wider population are also necessary to sensitize service providers to the needs of women experiencing violence.

FINDING: Women do not seek help because of shame and the normalization of violence.

Most women who had not sought help said that they were worried about the stigma or shame they would feel from their family and community. Women also said that they believed the violence was normal or not serious. These findings are supported by the comments from women at the end of the interview.

“I am very happy [participating in this Study] because I never speak about things which happen to me because I am afraid of my husband. When I talk about leaving him or us separating, I feel ashamed for my family and I am also ashamed for my husband’s family.”
~ female respondent

FINDING: Women who seek help do so because they are encouraged by family and friends, or because the violence reaches a breaking point.

Women who had sought help following violence by their husbands or boyfriends most commonly did so because they had been encouraged by family and friends. Women also sought help because the violence had reached a point where they could not endure more, or because she was badly injured or afraid her partner might kill her. Figure 16 shows the reasons women sought or did not seek help, in order of the most common responses.

Figure 16: Women’s reasons for seeking help and for not seeking help after experiencing intimate partner violence

Reasons for seeking help	Reasons for not seeking help
<ul style="list-style-type: none"> • Encouraged by friends/family • Could not endure more • Badly injured • Afraid he would kill her • Saw that her children were suffering • Thrown out of the home • He threatened or tried to kill her • Afraid she would kill him • He threatened or hit her children 	<ul style="list-style-type: none"> • Would bring a bad name to the family • Violence was normal/not serious • Embarrassed/ashamed/afraid she would not be believed or she would be blamed • Afraid she would lose her children • Fear of threats/consequences/more violence • Afraid he would end the relationship • Did not know her options • Believed it would not help/knew other women who had not been helped

FINDING: The majority of women in abusive relationships do not leave.

Among women who had experienced physical and/or sexual intimate partner violence, four in five (79 percent) had never left home because of the violence. Of those women who had left at least once, three in four (74 percent) had left once or twice, 15 percent had left three to four times, and 11 percent had left five or more times.

FINDING: Most women who experience non-partner rape do not seek formal assistance.

Among women who had experienced non-partner rape, only 5 percent had reported the incident to the police, while only 7 percent had reported the incident to a health worker, despite concerns over unwanted pregnancies and sexually transmitted infections (STIs). Furthermore, almost three in four (71 percent) women had not told anyone in their family about the incident. Of the small proportion of women who had told family, most had only told a female member of their own family (birth family). These results present a similar pattern to women's experiences of intimate partner violence, with very low rates of reporting to agencies and people in positions of authority. One in five (19 percent) women also reported that they were worried someone would find out about the rape, highlighting that women are scared to tell people about their experiences due to the associated stigma.

MEN'S SEXUAL HEALTH PRACTICES, MENTAL HEALTH, AND EXPERIENCES OF ADVERSITY

FINDING: Men's sexual health and practices show a pattern of masculinity associated with sexual entitlement over women.

More than half of men⁶ in the two sites (54–67 percent) had engaged in transactional and/or commercial sex.⁷ One-quarter of men in both sites (25–28 percent) had more than four lifetime sexual partners. In terms of men's sexual health, only one in ten men in both sites (11–13 percent) said that they had mostly or always used condoms in the previous 12 months. Similarly low rates were reported for HIV screening in the previous 12 months (10–12 percent). These findings are important, particularly considering men's reported engagement in transactional and commercial sex. This indicates a greater need for education and service provision for sexual health, in particular to contribute to the prevention of HIV/AIDS in Timor-Leste.

6 The percentages for men's sexual health and practices are calculated among the sample population of men who have had sex.

7 Transactional sex is when a man has sex with someone because he has provided them with goods, such as food or clothes, accommodation or transportation, items for their children or family, or given them cash to pay for bills or other fees. Commercial sex is sex with a female, male, or transgender sex worker.

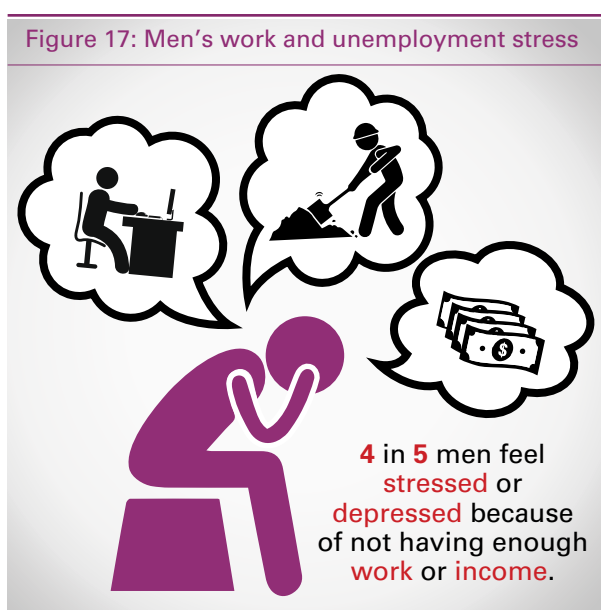
A number of these practices are also associated with men's perpetration of intimate partner violence, which is discussed below. This is likely because as other literature demonstrates these practices may reflect men's preoccupation with demonstrating heterosexual performance and a desire for emotionally detached sex (Knight and Sims-Knight, 2003; Dunkle, et al., 2007; Decker, et al., 2010). This is also linked to notions of male sexual entitlement over women, particularly within marriage, which is supported by the findings on men's motivations for rape, and the findings on men's belief in myths about sexual violence.

FINDING: Men's engagement in violence outside the home perpetuates the normalization of violence.

The Study found that some men in the study sites had also been engaged in other forms of violent and anti-social behavior. One-quarter of men in both sites (24 percent) had been arrested. One in five men in Dili had been in a fight with a weapon (20 percent), or said they had been involved in a gang⁸ (19 percent), while both of these acts were reported by 14 percent of men in Manufahi. One in ten men (10–12 percent) had been involved in these forms of violence in the previous 12 months. These findings mean that violence against women in Timor-Leste takes place within a context where other forms of violence are also common, thus perpetuating the normalization of violence in women's and men's daily lives.

FINDING: Many men experience poor mental health, including symptoms associated with depression and trauma, and suicidal tendencies.

Overall, around one in three men showed symptoms of depression or of difficulty coping with everyday life in the week before the interview. Between 4 percent and 5 percent of men had thought about suicide, while 1 percent of men in both sites had attempted suicide. More than four in five men in both sites (80–87 percent) said that they frequently felt stressed or depressed because of not having enough work or income. See Figure 17.



More than half of men in both sites (58–69 percent) had experienced some form of violence during one of the conflict periods (1975–1999 and/or 2006–2008) in Timor-Leste. When broken down into the specific conflict periods, more men in Dili reported having experienced at least one form of violence or trauma during the 2006–2008 conflict (42 percent), while in Manufahi more men reported experiencing violence during the 1975–1999 conflict (38 percent).

8 In the interviews in Tetun, only the word 'gang' was used. This data, therefore, does not specifically or necessarily refer to martial arts groups but, rather, to the respondents' own interpretations of the word 'gang.'

Among men who had experienced violence during one or both of the conflict periods, many men reported experiencing ongoing consequences from their experiences, including difficulty having a good relationship with a woman, difficulty controlling aggression, and difficulty trusting other people. Further, 14 percent to 18 percent of men showed symptoms of trauma in the week before the interview, including recurrent nightmares or difficulty sleeping, feeling detached or unable to feel emotions, or having less interest in daily activities. These findings show that mental health is a serious concern for many men in Dili and in Manufahi, and indicate a need for strengthening mental health services to respond to the needs of women and men experiencing trauma.

FACTORS ASSOCIATED WITH WOMEN'S EXPERIENCES AND MEN'S PERPETRATION OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE

Overall, women's experiences and men's perpetration of intimate partner violence was associated with a complex interplay of factors that work in various ways to increase or reduce the likelihood of violence. The factors that were found to be significantly associated with women's experiences and men's perpetration of intimate partner violence are outlined in Box 6. Findings on the factors associated with intimate partner violence in this section refer to physical and/or sexual intimate partner violence.

Box 6: Summary of main findings on risk and protective factors for women's experiences and men's perpetration of intimate partner violence

Women's factors: The following factors were found to increase the likelihood that a woman had experienced intimate partner violence in Timor-Leste:

- witnessing the physical abuse of her mother during childhood;
- experiencing physical, sexual, or emotional abuse during childhood;
- agreeing with at least one justification for a husband to hit his wife;
- polygamy;
- her partner having physical fights with other men;
- her partner's suspected infidelity; and
- her partner exhibiting controlling behaviors.

Food insecurity was found to have the inverse relationship, that is, women whose households experienced food insecurity at least once a month were less likely to have experienced intimate partner violence.

Men's factors: The following factors were found to increase the likelihood that a man had perpetrated intimate partner violence in one of the study sites:

- having engaged in transactional and/or commercial sex;
- having had four or more lifetime sexual partners;
- having experienced physical or sexual abuse during childhood;
- agreeing with at least one justification for a husband to hit his wife;
- having been in a fight with a weapon; and
- showing symptoms of trauma in the week before the interview.

Multi-variate logistic regression was conducted to understand better the factors that either increase or reduce a woman's risk of experiencing intimate partner violence, and those that increase the risk of a man's perpetration of intimate partner violence (see Box 7). The analysis for this study focuses on factors at the individual level. However, individual factors do not necessarily cause violence and do not function in isolation. Within a broad social context, these individual factors reproduce and reflect social norms, structures, and values related to gender and power, which remain the underlying, foundational drivers of violence against women.

The Study findings support existing theories on how violence against women is driven by gender inequality and the power imbalance between women and men. These factors cannot be understood in isolation and should be understood as existing within a broader environment of pervasive gender inequality present across the individual, community, institutional, and societal levels. Consequently, simply stopping one factor—such as men's engagement in transactional and commercial sex—will not, on its own, end violence against women. Approaches to ending violence against women, therefore, need to be coordinated across multiple sectors.

FINDING: Intimate partner violence in Timor-Leste is driven by gender inequality and the normalization of violence.

The underlying constructs of gender inequality and violence-condoning norms are related to the experience and perpetration of intimate partner violence. Individual attitudes and practices are often shaped by prescribed gender narratives within a given context of what it means to be a woman or a man, or, femininities and masculinities. The patterns of behavior associated with the models of femininity and masculinity reflected in the Study findings reinforce gender inequalities and facilitate violence against women. For example, women and men who believed

Box 7: Multi-variate logistic regression

Multi-variate logistic regression is a statistical technique used for this analysis to determine which factors (characteristics or experiences of the women and men interviewed) are associated with women's experiences and men's perpetration of physical and/or sexual intimate partner violence. A multi-variate model takes into account all the factors at the same time and accounts for correlations between the different factors. Thus, it gives a better picture of the complex nature of violence against women than individual factors considered separately.

This type of data analysis provides a 'snapshot' of a situation at a given time and does not provide information on the temporal nature of these factors or 'what happens when.' This means it is not possible to say that a factor 'causes' violence because, technically, it is not known if that characteristic or experience occurred before or after a violent event. The findings suggest, however, that if the multiple associated factors are addressed, it is likely that a decrease in the rates of experiences of violence may result. Thus, this model is extremely useful to inform violence-prevention initiatives.

that under some circumstances a husband is justified in hitting his wife are significantly (2.6 times) more likely to have experienced or perpetrated intimate partner violence, compared with women or men who do not share that belief. This highlights the importance of challenging the normalization of violence against women and in everyday life. This finding is discussed further below.

FINDING: Intimate partner violence in Timor-Leste reflects a model of masculinity that promotes male dominance and sexual entitlement over women.

This Study found that factors related to unequal gender norms, relationships, and sexual practices are very important in accounting for intimate partner violence in Timor-Leste. Firstly, the Study found a strong association between the inequitable gender attitudes of individuals and intimate partner violence, as discussed above. Secondly, based on women's reports, women were nearly twice as likely to experience violence if their partners displayed controlling behaviors toward them. Controlling behavior is conceptually closely related to emotional violence; however, it does not always exist alongside physical or sexual violence. Thirdly, women with partners who they suspected had been unfaithful were nearly three times more likely to have experienced violence, and women whose husband was married to another woman while being married to her (polygamy) were twice as likely to have experienced violence. These findings reflect a gender norm related to men's dominance and control over women, particularly within the family hierarchy of the household.

This is directly supported by the risk factors for men's perpetration as identified by the Study. Men who had engaged in transactional and/or commercial sex were twice as likely to have perpetrated intimate partner violence. Men with four or more lifetime sexual partners were also more likely to have perpetrated violence. These factors are both manifestations of a dominant form of masculinity that promotes heterosexual men's sexual entitlement and performance.

Men who reported having been involved in fights with weapons were four times more likely to have perpetrated intimate partner violence, compared to men who had never been in a fight with a weapon. Further, based on women's reports, women were more likely to have experienced intimate partner violence if their partners had been involved in fights with other men. These patterns of behavior reflect a model of masculinity that emphasizes strength, toughness, and dominance over other men, a model that also implicitly condones violence in general. This also illustrates how different types of violence are interconnected in Timor-Leste.

FINDING: Exposure to violence and abuse during childhood is a risk factor for women's experiences and men's perpetration of intimate partner violence, suggesting that violence is in part socially learnt and normalized.

Women's and men's experiences of child abuse were associated with intimate partner violence experiences and perpetration. For women, physical, sexual, and emotional abuse as children were all risk factors for intimate partner violence experiences, as was having witnessed their mothers being physically beaten. Women who had been sexually abused during childhood were almost three and a half times more likely to experience intimate partner violence in adulthood. Women who had experienced physical violence as children were nearly two and a half times more likely to have been abused by a husband or boyfriend, compared to women

who had not experienced such abuse as children. The Study found that men who had been physically beaten as children were more than twice as likely to perpetrate intimate partner violence during adulthood compared to those who had not experienced such abuse. Men who had experienced childhood sexual abuse were nearly twice as likely to perpetrate intimate partner violence, than men who had not experienced such abuse as children.

The pathways from child abuse to experiences and perpetration of violence during adulthood are complex and multi-faceted. The association between physical punishment in childhood and adult experiences and perpetration of violence implies that the beating of children normalizes violence as a form of conflict resolution and punishment. Children in violent homes are thus more likely to learn to use violence instead of more constructive and peaceful methods to resolve conflict, and they are more likely to be victimized. Children witnessing violence are also more likely to experience a range of other behavioral and emotional problems later in life. This emphasizes the need for greater prevention of child abuse, and the promotion of positive and non-violent family and school environments.

FINDING: Men who show symptoms of trauma are more likely to perpetrate violence against intimate partners.

Men who showed symptoms of trauma in the week before the interview were more than twice as likely to have perpetrated intimate partner violence, compared with men who did not show such symptoms. This is an important finding and points to the need to improve mental health services for men as part of violence prevention programs and policies (Knerr, Gardner and Cluver, 2013). This is particularly pertinent given the post-conflict setting of Timor-Leste, and the continued prevalence of violence and unrest outside the home, including men's participation in gangs and in fights with weapons.

Importantly, men's alcohol abuse was not found to be significantly associated with intimate partner violence experiences or perpetration. While it is often assumed that alcohol is a key driver of violence, in the regional UN Multi-country Study and the WHO Multi-country Study it has been found to be a site-specific factor and was not associated with violence in a number of settings (Fulu, et al., 2013; Abramsky, et al., 2011; Bott, Guedes, Goodwin and Mendoza, 2012).

Figure 18: Factors associated with women's experiences of intimate partner violence



* All associations are statistically significant and listed in order of strength of association with women's experiences of intimate partner violence.

Figure 19: Factors associated with men's use of violence against an intimate partner



*All associations are statistically significant and listed in order of strength of association with men's use of violence against an intimate partner.

CONCLUSIONS

The *Nabilan* Health and Life Experiences Study is the first population-level survey that measures the prevalence of violence against women and its associated health consequences for women in Timor-Leste. The Study is also the first quantitative survey on men's perpetration of violence against women in the country, providing invaluable insight into the drivers and reinforcing factors of violence. Previous studies have indicated the widespread nature of violence against women in Timor-Leste, and this Study confirms and expands upon that earlier research (e.g. NSD, 2010; Taft and Watson, 2013; The Asia Foundation 2012 and 2015; Khan and Hyati, 2012; Alves, et al., 2009; CAVR, 2013). The results of this Study will provide an important evidence base from which the Government of Timor-Leste, local non-governmental organizations, and other agencies working on violence against women in the country will be able to develop and implement more appropriate and effective policies and programs to prevent violence.

The findings of this comprehensive study show that women in Timor-Leste are at the greatest risk of violence from male intimate partners, and that this violence is often frequent and severe. Intimate partner violence includes physical, sexual, emotional, and economic violence. Women also experience violence by non-partners, although it is often still by people known to them. Men's use of violence against female intimate partners and their perpetration of non-partner rape are serious issues in Timor-Leste. Men must be held accountable by their communities, by organizations, and by legal services in a way that also challenges the condoning of violence as a 'normal' response to household and community tensions.

The Study conclusively shows that violence against women in Timor-Leste is a major public health issue with long-term consequences for women's physical, mental, and reproductive health. Further, women's experiences of intimate partner violence have serious negative impacts on their children's wellbeing, as well as on their own productivity, income earning, and ability to participate fully in society. However, women are currently failing to receive necessary medical attention following violent incidents, and are discouraged from reporting violence to the police by prevailing gender norms that serve to shame women and normalize violence.

The analysis of factors related to women's experiences and men's perpetration of intimate partner violence shows that ending violence against women in Timor-Leste requires changing behaviors, beliefs, and structures that reinforce gender inequalities. The Study findings show that such behaviors and beliefs operate within relationships to place women at greater risk of violence. Further, the findings highlight a pattern of victim blaming for women who have experienced violence, and of condoning men's abusive behavior. Social factors such as these, therefore, interact in discriminatory and harmful ways to contribute to the perpetuation of gender inequality and of violence against women in Timor-Leste.

The following recommendations provide suggested programs and approaches – which are just some of the many possible interventions required – and should not be considered an exhaustive or exclusive list of approaches to ending violence against women in Timor-Leste. Effective approaches to ending violence against women must address both individual factors and the broader social context and environments that serve to facilitate violence, and that discourage women from seeking help and support.

It is recognized that programming in Timor-Leste is already starting to work toward many of these recommendations. The *Nabilan* Program is one such initiative working to address the key drivers of violence against women through its three core pillars of Prevention, Services, and Access to Justice. It is hoped that the data provided through the *Nabilan* Study will provide vital information to this program and others working on this issue to enable all to be more effective, to ensure that there is real change in the lives of women, men and children, to increase the wellbeing of people affected by violence and, ultimately, to end violence against women in Timor-Leste.

Effective prevention and responses to violence against women and children in Timor-Leste require inclusive strategies, long-term commitment, and multi-sectoral coordination among key stakeholders. The Government of Timor-Leste has already made important strides in addressing violence against women, such as by establishing the Law against Domestic Violence (Government of Timor-Leste, 2010) and the National Action Plan on Gender-Based Violence (2012–2014; 2015–2020 in development; SEM 2012). Local civil society organizations have been primary forces in the development of services and programming to assist people who experience violence. Resourcing from international donors has been essential to the establishment and continuation of these services. It is important that the Government of Timor-Leste increasingly funds key supports and services.

RECOMMENDATIONS

Recommendation 1

Challenge social norms related to the acceptability of violence against women and the subordination of women in intimate relationships and the family/ household. Strengthen society-level commitments to promote gender equality and women's empowerment.

Examples of programs and approaches:

- Programs with both men and women, focused on individual-level and couple/family-level behavior change, that aim to build the knowledge and skills for respectful, non-violent relationships. These programs should promote skills in non-violent methods of conflict resolution, anger management, communication, joint decision-making, and sharing housework and childcare.
- Working with people from a young age is important. Building skills, rather than just sharing knowledge, has been shown to be the most effective. It is important that these are not one-off activities, but involve regular follow-up with participants to encourage sustainable, long-term change.

Recommendation 2

Promote healthy and consensual sexual relationships, and address male sexual entitlement.

Examples of programs and approaches:

- Address male sexual entitlement through comprehensive sexual education, including specifically working with young boys, to address the early age of perpetration of sexual violence. These sexual education initiatives should focus on respectful sexual relationships, grounded in consent.
- In order to address gang rape, work needs to be done with male peer groups on ways of being – and supporting others to be – a man without using violence or domination over others. This could involve facilitated discussions among male peers and/or promotion of positive role models for men.
- Participatory, community-driven projects that engage multiple stakeholders and support a process of critical thinking about violence and models of masculinity and its consequences.
- All of the above initiatives need to be conducted in conjunction with strengthening the judicial sector's response to sexual violence.

Recommendation 3

Address anti-social behaviors that link male culture to violence, and promote healthy masculinities.

Examples of programs and approaches:

- Programs that include support for men's mental health, including skills building for non-violent conflict resolution.
- Facilitated discussions among male peers about how to enact non-violent masculinities, and promoting positive male role models.

Recommendation 4

Address child abuse and promote nurturing, violence-free family and school environments.

Examples of programs and approaches:

- Positive parenting programs including home visitation and outreach by community health workers.
- Whole-of-school approaches on non-violent discipline, including components working with teachers, parents, school administrators and students.
- Support psycho-social services for children who experience or witness violence.

Recommendation 5

Strengthen the role of the health sector in preventing and responding to violence against women.

Examples of programs and approaches:

- Expand and strengthen effective, women-centered health services, including increased awareness among health care providers, policy makers, and the public about the health burden of violence against women. This should include integrating training on violence against women into health curricula to challenge stigmatizing attitudes and ensure health providers know when and how to ask about violence and respond effectively. Note that universal screening is not recommended.
- Ensure that violence against women is addressed throughout multiple relevant health initiatives – that is sexual and reproductive health, adolescent health, maternal health, child health, mental health, HIV/AIDS prevention, and programs for preventing substance abuse.
- Support the development of mental health services for men and women, combined with communication campaigns to encourage people, particularly men, to access these services.
- Establish mechanisms to promote coordination, collaboration and referrals between services. Particular care should be given to ensure services are inclusive and accessible for groups experiencing multiple forms of vulnerability and discrimination, including women and children living with disabilities.

Recommendation 6

Strengthen the judicial sector's capacity to enforce existing violence against women legislation and respond to reported incidents of violence.

Examples of programs and approaches:

- Police and law enforcement training programs to strengthen their understanding of the issues.
- Strengthen the judicial sector's response to men's street violence.
- Ensure the government implements mandatory continuing legal education for judges, prosecutors, public defenders and private lawyers on correct application of the law, gender-sensitivity, domestic violence, child abuse, and battered woman syndrome.
- Ensure that the police service implements at least annual training programs for the police on correct application of the law, gender-sensitivity, domestic violence and child abuse.

Recommendation 7

Promote and coordinate holistic violence prevention and response models.

Examples of programs and approaches:

- Multi-sectoral discussions on prevention and responses to violence against women and children.
- Strengthen coordination between prevention stakeholders.
- Prevention approaches that work across the ecological model, and work with all of community.

Recommendation 8

Conduct further qualitative and quantitative research, and monitoring and evaluation of existing violence against women interventions.

Examples of programs and approaches:

- Adoption of the *Nabilan* Health and Life Experiences Study findings and data by universities and other researchers, including the design of further research to build on the evidence established by the *Nabilan* Study.
- Conduct qualitative research in areas that need to be better understood.
- Documentation and sharing of lessons learned from existing programs to prevent and respond to violence against women and children in Timor-Leste.

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