

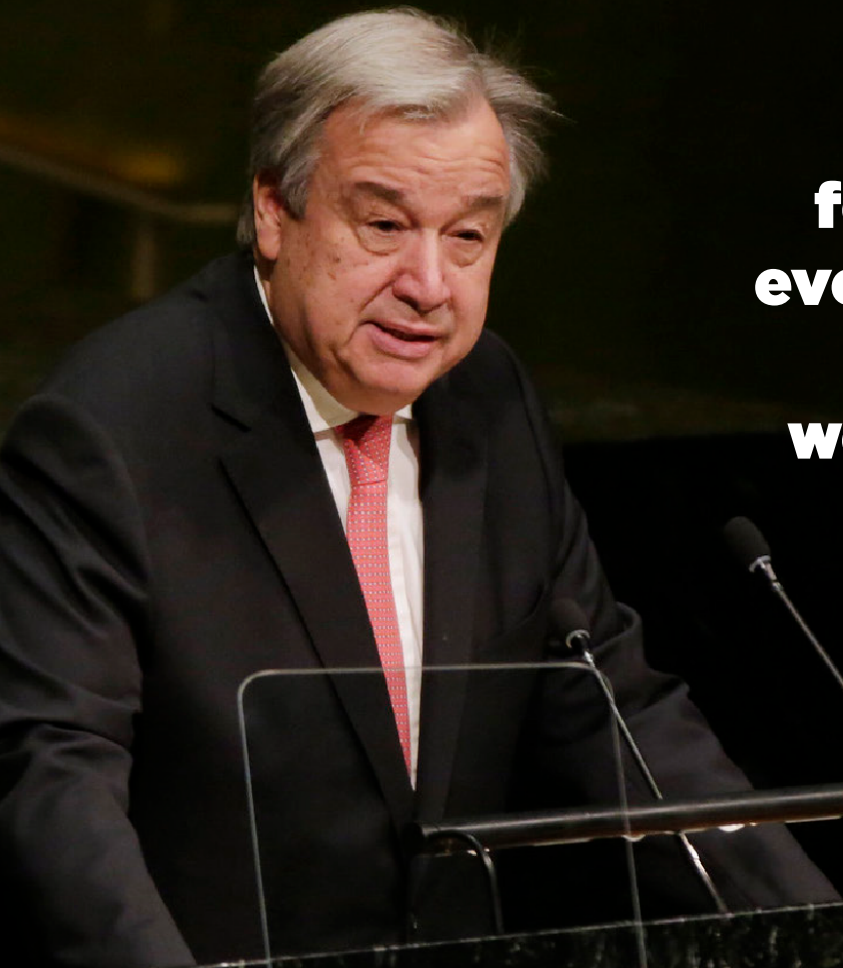


A RESOURCE BOOK ON
INTIMATE PARTNER VIOLENCE
FOR UNITED NATIONS STAFF
IN MYANMAR

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This publication, a Resource Book on Intimate Partner Violence for UN Staff in Myanmar, is based on a Resource Book on Intimate Partner Violence for United Nations Staff in Asia (UNiTE Working Group 2019). Most of the data focuses on violence against women perpetrated by male intimate partners. It is adapted to the context of Myanmar and provides resources and information targeted to UN staff in Myanmar. Sources of these data are existing compilations such as the World Health Organization multi-country study on Women's Health and Domestic Violence against Women (2005), the World Health Organization (WHO) Global and Regional Estimates of Violence against Women (2013), the kNOwVAWdata/UNFPA Asia and the Pacific Regional Snapshot (2019), Myanmar Demographic and Health Survey 2015-2016, national research and surveys related to violence against women (VAW) conducted by several women's organizations and their networks like Gender Equality Network and Women's Organizations Network Myanmar.

**“Not until the half
of our population
represented by
women and girls
can live free of
fear, violence and
everyday insecurity,
can we truly say
we live in a fair and
equal world.”**



United Nations Secretary-General António Guterres, 19
November 2018

“Violence against Women is one of the most widespread human rights violation and one that the United Nations staff and personnel and their families are not immune to.

Together with the Myanmar UN Country team, I am committed to ensure that we do all that is possible to prevent and respond to Intimate Partner Violence in our work and our daily lives and to support survivors.”

United Nations Myanmar Resident Coordinator Ola Almgren, 09 September 2020



FOREWORD

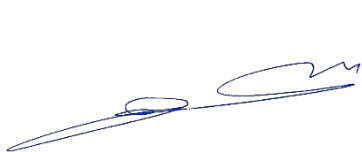
In Myanmar, as in other parts of the world, women are most vulnerable to violence behind the closed doors of their own homes. Pandemics like COVID-19 can exacerbate different forms of violence, including within our homes. Lockdown restrictions and working from home arrangements put women, girls, and vulnerable groups at heightened risks of domestic and intimate partner violence. The risk is further amplified on account of the restricted access to survivor services, resulting from COVID-19 prevention and control measures.

In this critical time, the United Nations Country Team in Myanmar as a part of COVID-19 preparedness and response efforts, adapted the resources guide for the UN personnel and their family members to better understand domestic and intimate partner violence and how we as individuals can support ourselves, our families or our colleagues to address the issue. It provides a broad range of information and resources for those seeking assistance or wanting to learn more about intimate partner violence, including options for how to respond. It constitutes an important addition to UN agencies' induction packages for new personnel and it complements existing resources available on the topic for UN personnel in Myanmar.

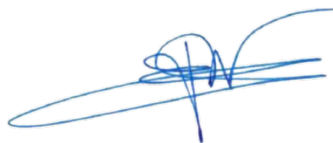
It is our collective responsibility to ensure that the UN staff in Myanmar is equipped with the essential knowledge on how to recognize intimate partner violence and where to seek help and support for themselves or those affected by violence. This resource book is one step towards making our homes, workplaces and communities into safer places where violence is not acceptable. Violence against women is one of the most serious, life threatening and widespread violations of human rights.

Intimate partner violence can be very hard to detect and even harder to deal with, providing seemingly impossible choices for women trying to navigate unequal power relations and avoid further abuse. Violence committed by an intimate partner – whether a current or former spouse, boyfriend, girlfriend or dating partner – has devastating physical, emotional, financial, and social effects on women, children, families, and communities that we cannot afford to ignore. Besides physical harm, the unaddressed mental health issues can result in depression, or in worst cases, lead to self-harm and suicide. Women often face increased threats of violence to themselves, their children, and other family members when they are planning to leave, after they have left violent relationships, or if they alert others to their situation. In the worst cases, it can culminate in femicide, or the targeted gender-related murder of women.

Myanmar is one of the few countries in the Asia-Pacific region for which there is no specific national prevalence data on violence against women and girls. According to Myanmar's Demographic and Health Survey (DHS) 2015-2016, 21 per cent of ever-married women have experienced intimate partner violence with the most common type is physical violence (15 per cent), followed by emotional violence (14 per cent). Methodologically, DHS data under-reports on domestic violence, on account of privacy limitations leading to respondent reluctance and thus only provides a small part of the story.



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ACKNOWLEDGEMENTS

This resource book was produced as part of the of the United Nations Country Team in Myanmar COVID-19 preparedness and response efforts, recognizing that with the shift to telecommuting from home and COVID-19 related social isolation, women, girls and vulnerable groups are increasingly exposed to risks of domestic and intimate partner violence (IPV). Prior to the contextualizing of the current resource book to Myanmar context, the short and practical guidance brief was developed explaining how to recognize intimate partner violence and where to seek help. The guidance brief is available in both English and Myanmar languages.

We acknowledge and thank Jan Ola Albert Almgren, the United Nations Resident Coordinator for his leadership and commitment towards making homes and workplaces safer homes for all UN Staff in Myanmar. The co-chairs of the UN Gender Theme Group, Nicolas Burniat of UN Women and Ramanathan Balakrishnan of UNFPA for initiating this process and their valuable insights, support, and comments during the production of this document. Julia Boyko of UN Women, Hien Phan and Eri Taniguchi of UNFPA for leading and coordinating the production of this resource book and their technical and editorial inputs; their significant contributions to localize this resource book with technical inputs and editing. We thank Lesly Lotha of UN Women for designing and editing this resource book.

We give special thanks to the members of the UNiTE Asia-Pacific Working Group who drafted the original version of this resource book. It has been adapted to several country contexts in the Asia-Pacific region.

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INTRODUCTION

PART ONE provides an overview of intimate partner violence and the regional situation.

Most victims of IPV are women and most perpetrators are men; however, IPV can also be committed against men and across all types of intimate partner relationships. The levels of support available vary in different countries and gaps exist, notably in shelter services. This resource book is a resource for staff, consultants, interns, and others working closely with the UN system.

As a United Nations staff member, you are encouraged to become informed about the topic of intimate partner violence and, when appropriate, to assist others within your family and in the community and workplace. If you are experiencing violence, please remember this:

ALL FORMS OF VIOLENCE
ARE UNACCEPTABLE.
YOU ARE NOT ALONE.
IT IS NOT YOUR FAULT.
HELP IS AVAILABLE.

Someone you work with or members of local partner organizations or communities could be affected. They may disclose that they are, or have been, a survivor of violence. A person who discloses violence needs to feel believed and supported with compassion. Reassure them that their feelings are valid and that it is not their fault; do not be judgmental. Also, not everyone will be able to share their experience of violence openly, but someone may seek your help via hints, signs or side comments that imply they are experiencing intimate partner violence.

PART TWO offers practical guidance and information on where to get help in Myanmar.

As a UN staff member, you can identify services available in the country or countries where you are working, so that you may provide timely and accurate information. For example, have at hand:

- local hotline number, if available
- contact details for government agencies and offices that can offer immediate protective services to survivors
- contact details for non-governmental organizations (NGOs) that offer services such as one-stop centres, counselling, medical, paralegal or shelter services.

If you are an offender (perpetrator of violence), this resource book will make clear that you need to seek help to address the problem, and that your actions are unacceptable. Perpetrating IPV goes against everything that UN agencies stand for, as laid out in the Code of Conduct for all UN staff. In Myanmar, the Penal Code contains provisions for crimes against women including rape, abuse, and seduction of and sex with under-age women. However, marital rape is not a crime in Myanmar. This illustrates how legal system is not yet set up to fully protect women against violence. There is no impunity for UN staff, who may be prosecuted in their home country as well as in their duty station.

If you are a manager or are involved with staff welfare issues, this resource book will provide supplementary information that can help you assist individuals in need. This resource book does not replace existing UN guidelines for staff welfare policies and procedures but aims to complement them as a practical resource.

CHAPTER 1: WHAT IS INTIMATE PARTNER VIOLENCE?

DEFINITIONS

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.¹ Violence against women (VAW) is defined by the United Nations (A/RES/48/104) as **any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.**²

It encompasses, but is not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women and girls, non-spousal violence and violence related to exploitation.
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Domestic violence refers to abusive behaviour (physical, sexual, emotional violence and neglect) that occurs within the private, domestic sphere, generally between individuals who are related through blood or intimacy. In most contexts, "intimate partner violence" (IPV) is the most common type of domestic violence, but

in some societies, violence by in-laws is also common.³ It may affect domestic workers, children and the elderly, members of the extended family, and those living under a family's care regardless of their relationship, such as persons with disabilities.

Intimate partner violence usually consists of a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, by a current or former intimate partner. It can occur within heterosexual or same-sex relationships and does not require sexual relations. Garcia-Moreno et al (2005) define IPV as **behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.**

An intimate partner is a person with whom you have a close personal relationship with, including current or former:

- spouses (married, common-law, civil union or domestic partners)
- boyfriends/girlfriends (non-married)
- dating partners
- ongoing sexual partner

¹ Inter-Agency Standing Committee (2015) Guidelines for Gender-based Violence Interventions in Humanitarian Action

² https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.21_declaration%20elimination%20vaw.pdf

³ Definitions for domestic violence and IPV are from kNowVAWdata (2016). UNFPA Asia and the Pacific Regional Office. <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/kNowVAWdata%20Key%20Terminology.pdf>

POWER AND CONTROL

The common thread in intimate partner violence is that one person is exerting power and control over another. This control can take many forms. While exerting power over the survivor, the abuser uses the bonds of closeness and intimacy built over time within that relationship. Bonds of intimacy can be bonds of love and friendship. Any information the abuser knows about the survivor can be used to control and violate the survivor.

The Power and Control Wheel developed by the Domestic Abuse Interventions Program (DAIP), or the Duluth Model, is used to educate and inform.⁴ Language in the Wheel and in this resource book often identifies men as the abusers, though neutral terms are also used. Most survivors of IPV are women and most perpetrators are men; however, IPV can also be committed against men and across all types of intimate partner relationships.



Figure 1:
The Power and Control Wheel

Abuse can be infrequent or escalate at particular times or increase over time. Patterns of abuse will vary. Patterns may be related to substance abuse or alcohol intoxication, which are considered aggravating factors and not the root cause of violence. The root cause is the inequality and power imbalance in intimate partner relationships. This will be discussed further in the next chapter. What is also known is that abuse normally escalates, and the situation becomes more dangerous for the victim/survivor, including (and often especially) once they attempt to leave a violent relationship.

⁴ This version of the Power and Control Wheel is adapted from the *Domestic Abuse Intervention Project in Duluth, Minnesota, and futures without violence* www.futureswithoutviolence.org. For more information see the report *Can Work Be Safe When Home Isn't?*

Anyone can be a survivor of violence because abuse:

- Happens everywhere – in large cities or rural communities, and in all countries, cultures and societies
- Happens anytime – at the start of a relationship or later on (even after)
- Happens across all social classes and income groups
- Happens regardless of education levels, social status, mental or physical ability or disability
- Happens across all age groups, from the very young to the elderly
- Happens across all ethnic, religious, racial or cultural backgrounds

Studies on violence against women indicate that women experiencing violence from intimate partners are more at risk to other types of violence, less likely to speak out against sexual violence, less likely to receive support from their networks and more likely to be at a higher risk for health issues such as trauma and depression.⁵ Intimate partner violence reduces a woman's ability to control her life and her health, including her ability to raise concerns or make decisions about negotiating condom use, discussing family planning or raising concerns around sexual and reproductive health, as well as discussing fidelity.

TYPES OF INTIMATE PARTNER VIOLENCE

A great deal of variation occurs in IPV from country to country, and from setting to setting within the same country, e.g., urban versus rural. Many abusers perpetrate more than one type of violence, and the distinctions between them can become quite blurred, as they are often inflicted in combination. Physical violence refers to the intentional use of physical force with the potential for causing death, injury or harm.⁶

Physical violence is often the most visible type of abuse. It is characterized by the infliction of injury or injuries. Sometimes referred to as battering, physical assaults often start out small – maybe a small shove during an argument, or forcefully grabbing a wrist. Over time, however, physical abuse usually becomes more severe, more frequent and, in some cases, can result in death.

Actions may include:

- Slapped someone, or thrown something at someone that could hurt someone
- Pushed or shoved someone
- Hit someone with a fist or something else that could hurt
- Kicked, dragged or beaten someone up
- Choked or burned someone on purpose
- Threatened someone with, or actually used a gun, knife or other weapon against someone

Sexual violence refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the survivor, in any setting, including at home and at work. Rape is the term that is commonly used for the first type of sexual violence noted above (forced/coerced

intercourse). Rape can be defined as non-consensual sexual penetration, however slight, of any part of the body of the victim with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body.⁷

Sexual violence may include:

- Being physically forced to have sexual intercourse against someone's will
- Having sexual intercourse because someone is afraid of what their partner might do
- Being forced to do something sexual someone finds degrading or humiliating

Physical and sexual violence are the main types of intimate partner abuse and are often included in international VAW research and national health surveys. Other types of IPV include emotional, psychological and financial abuse.

⁵ UN Women (2016)

⁶ UNFPA /kNOwVAWdata (2016)

⁷ UNFPA /kNOwVAWdata (2016)

Emotional or psychological violence refers to any act or omission that damages the self-esteem, identity or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour and the destruction of possessions.⁸

Emotional abuse serves to degrade and undermine an individual's sense of self-worth and self-esteem while rejecting their opinions and needs. It is designed to further control them by instilling fear and ensuring compliance.

Emotional abuse may include:

- Constant and/or extreme criticism
- Humiliation in private and/or public
- Manipulation with lies and contradictions, promoting extreme jealousy as proof of love
- Using religious beliefs as a pressure tactic to continue abuse
- Isolating the survivor from family members, friends, or regular activities (prevented from seeing or talking to others, not allowed to go out)
- Denying the abuse ever happened, shifting responsibility for abuse, or using the statement "It's your fault"
- Controlling behaviour – forcing someone to ask permission to undertake normal activities
- Restrictions on use of communication devices, example: mobiles.
- Forcing the partner to share chat messages/ chat history/ call history
- Stalking – including harassing phone calls to place of employment, following someone at work or when meeting friends, colleagues, or family

Economic violence includes denying access to and control over basic resources (UN General Assembly, 2006). It causes, or attempts to cause, an individual to become financially dependent on another person by obstructing their access to or control over resources and/or independent economic activity. It includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic

needs, and controlling access to health care or employment.⁹

Economic violence may include:

- Preventing access to money
- Stopping someone from getting or keeping a job
- Making major financial decisions without consultation
- Controlling all access to money earned, while leaving the survivor to pay all household bills
- Undermining a partner's attempts to improve education, training or employment
- Withholding food, clothes, medications and health care or shelter

Cyber violence and online harassment against women and girls occur on a variety of platforms:

- social media
- web content and discussion sites
- search engines
- messaging services
- blogs
- dating websites and apps
- comment sections of media and newspapers
- online forums
- chat rooms of online video games, etc.

Research shows that women and girls are specifically targeted by cyber violence and that age and gender are significant factors in the experience of cyber violence. Young women are particularly under threat of sexual harassment and stalking, including from intimate partners.

Cyberbullying and similar forms of online harassment have become more common for domestic abuse cases. More abusers are using anonymous postings to harass partners who might otherwise be protected by restraining orders.

Research into cyber abuse in the context of domestic violence is scarce, but a few studies done to date suggest that abusive partners are using these technologies in disturbing ways, including online harassment with threats of physical or sexual violence and the use of cyber monitoring to track a partner's movements and activities. Abusive partners can also take advantage of the anonymous nature of the Internet to humiliate or harass partners.

⁸ UNFPA /kNOwVAWdata (2016)

⁹ UNFPA /kNOwVAWdata (2016)

FACTS ABOUT INTIMATE PARTNER VIOLENCE

Most survivors of IPV are women and most perpetrators are men; however, IPV can also be committed against men and across all types of intimate partner relationships.

- 1 in 3 women and girls worldwide experience physical or sexual violence in their lifetime, most frequently by an intimate partner. Most of this violence is IPV.¹⁰
- 1 in 3 women and girls intentionally killed worldwide, or 82 every day, are killed by someone whom they would normally trust and expect to care for them.¹¹

While there are a few data on the prevalence of violence against individuals based on their sexual orientation, in the United States, bisexual women experienced significantly higher lifetime prevalence of IPV (61.1%) when compared to lesbian (43.8%) and heterosexual women (35%).¹²

In some regions, women and girls who have suffered IPV are 1.5 times more likely to acquire HIV than women who have not suffered such violence.¹³

LEGAL RESPONSES

Laws against IPV are important to protect women and are important signs of commitment to achieve the Sustainable Development Goal target of ending all forms of violence and harmful practices against women and girls by 2030. Globally, more than 1 billion women lack legal protection against sexual violence by an intimate partner or family member and close to 1.4 billion lack legal protection against domestic economic violence, with little progress over time in both cases (World Bank, 2018).

While legal response to the gender-based violence in Myanmar is improving, social and gender norms, as well as cultural beliefs tend to impact women's ability to talk about abuse and their ability to leave relationships. Widespread beliefs of women's inferiority to men tend to affect women's ability to deal with abuse in a practical and active way. Norms around female sexual purity and virginity have great impact on women's lack of sexual and reproductive health and rights knowledge, which impact their ability to negotiate consensual sex within their marriages.¹⁵

KEY FINDINGS FOR MYANMAR¹⁴

- 21 per cent of ever-married women have experienced intimate partner violence with the most common type of IPV is physical violence (15 per cent), followed by emotional violence (14 per cent).
- 37 per cent of ever-married women who have experienced spousal violence report suffering physical injuries, including 7 per cent who have had serious injuries such as deep wounds, broken bones, and broken teeth.
- Only 22 per cent of women who have experienced physical or sexual violence committed by anyone have sought help to stop the violence, and 37 per cent have never told anyone about the violence.

NOTE:

Myanmar is one of the few countries in the Asia-Pacific region for which there is no national prevalence data on violence against women. Some figures are available from the Demographic and Health Survey 2015-2016, however only tell a very small part of the story.

UNFPA is supporting the Government of Myanmar, through the Department of Social Welfare (DSW) in the Ministry of Social Welfare, Relief and Rehabilitation, and the Central Statistical Organization (CSO), to conduct a national survey on women's life experiences in Myanmar in 2020.

¹⁰ www.un.org/en/events/endviolenceday/

¹¹ UNODC (2018)

¹² UNODC (2019)

¹³ National Center for Injury Prevention and Control (2010)

¹⁴ Myanmar Demographic and Health Survey 2015-2016

¹⁵ Gender Equality Network (2015), briefing paper: [Behind the silence: Violence against women and their resilience in Myanmar](#)

LAWS AND POLICIES IN MYANMAR

Myanmar is party to several international treaties that require the prohibition of violence against women. It ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 22 July 1997. In October 2012, Asian leaders signed a Declaration on the Elimination of Violence against Women in the ASEAN (Association of Southeast Asian Nations) region to strengthen regional action to combat and end this human rights violation.¹⁶

In Myanmar, the Penal Code contains provisions for crimes against women including rape, abuse, and seduction of and sex with under-age women. Article 375 of the Myanmar Penal Code prohibits rape and Article 376 allows the courts to sentence convicted rapists to life in prison. However, marital rape is not recognized as a crime.

In order to create a conducive environment for the legal protection of women and girls, the Prevention of Violence Against Women (PoVAW) law has been drafted and submitted to the Parliament for approval. This bill, when enacted as law, will guarantee women's and girls' comprehensive protection against all forms of violence, including economic, emotional, domestic, and sexual violence. However, it is important to note that the PoVAW bill has been in circulation for more than 5 years now, indicating differing opinions among the lawmakers on Prevention of VAW.

Over the past years, the Government of Myanmar has proactively tried to address the issue of gender-based violence with multiple approaches and at different

levels starting from policy and law changes, awareness raising to legal service providers, police force and rights holders (e.g. women and girls and their communities) as well as establishing and providing service centres to survivors of violence. One of the four national level technical working groups formed for the National Strategic Plan for the Advancement of Women (2013-2022) (NSPAW) implementation focuses on VAW.

To respond to the high prevalence of gender based violence in Myanmar, the Department of Social Welfare has been developed Case Management Standard Operating Procedures (SOPs) in collaboration with UNFPA and UNICEF to establish coherent procedures to manage all cases under the national case management systems.

Moreover, the framework for the Economic and Social Reforms and the Comprehensive National Development Plan (2011-2030) addresses the issue of VAW and human trafficking under "Youth and Gender" (which is under the Social, Environmental and Cultural Dimensions of Development section). To address this issue, the Government of Myanmar has already started to establish some mechanisms, including active VAW Technical Working Group, that can address and respond to GBV. In addition, CSOs, INGOs and UN agencies had been actively working to address the issues through awareness campaigns, capacity building, and providing direct service provisions to survivors such as social services, legal services and shelters.¹⁷

¹⁶ [Declaration on the Elimination of Violence Against Women in the ASEAN Region](#)

¹⁷ *National Review on the Implementation of the Beijing Declaration and Platform for Action (1995) and the Outcomes of the Twenty-Third Special Session of the General Assembly (2000)*

CHAPTER 2: CAUSES AND DRIVING FACTORS OF INTIMATE PARTNER VIOLENCE

INEQUALITY

The root cause of violence against women and girls is unequal power relationship between men and women. Violence against women and girls is justified by societal norms that perpetuate male power and control and the subordination of women and girls. It is inextricably linked to gender-based inequalities. The primary factor leading to IPV is gender discrimination, which results in inequality between men and women. Inequality fuels both a sense of entitlement for men as “head of the household” as well as the need that an abuser has to exert power and control – with women often the targets of this need. Children and other groups are also targeted within homes and communities, including disabled persons, domestic workers, and members of the lesbian, gay, bisexual and transgender (LGBT) communities. Violence becomes a way to exert power and entitlement as well as to manipulate and control another person, extract privileges, mask insecurity and dominate decision-making within the family. In some countries, men “discipline women for behaviour they do not approve of”.

Around the world, women’s subordinate position within the home is deeply entrenched in aspects of traditional, legal, religious and social structures. Women and men may be taught that violence is an inevitable part of a relationship, or in some way sanctioned by cultural norms; there may be an emphasis on a women’s obligation to “submit to her husband”. A woman who complains about abuse may face being blamed for “causing” the

problem or be pressured into returning to a dangerous situation for fear of shaming her family.

Intimate partner violence is nourished by culturally entrenched gender values and flourishes in an environment of secrecy, where there may be strong taboos about discussing a “family affair” or “private matter” with outsiders. Unconsciously or consciously, a woman may feel that she deserves to be mistreated for reasons such as refusing to have sex with her partner or burning dinner.

In Myanmar, as many other countries in the region, IPV is normalized. It is usually believed that “it is ok for a husband to beat his wife” “It is ok for a perpetrator to marry a woman he just raped to save her face”. It is also believed that passivity is a characteristic of femininity, while control, dominance and aggressiveness is considered as masculinity. Therefore, men’s control over women’s bodies and sexuality is viewed as both natural and normal. Both women and men perpetuate these seemingly straightforward yet unequal gender relations and women, in particular, cannot really question them.

In addition to the above-mentioned root causes of violence against women and girls, there are also contributing factors which could increase and exacerbate the risks of violence; those include conflict, displacement, consumption of alcohol and substances, poverty, unemployment, illiteracy, etc. It is important to address both root causes and contributing factors to prevent and mitigate GBV risks.

SOCIO-ECOLOGICAL FRAMEWORK

A “socio-ecological framework” can be used to understand how personal, relational, situational and sociocultural factors interact to produce violent behaviour.



INDIVIDUAL

- The fact that one has a sense of entitlement or privilege or power over the other
- Learned behaviour – witnessing intimate partner violence and/or being abused as a child
- The above factors can be exacerbated by drug or alcohol abuse
- Educational level or employment status



RELATIONSHIP

- Poor communication skills – no learned negotiation skills
- Male control of wealth and decision-making in the family
- Influence of the extended family
- Economic problem
- Entitlement leading to multiple affairs/extramarital affairs
- Differences in education, age and contribution to the household



SOCIETY

- Norms granting male control over female behaviour and decisions
- A culture of “top down” hierarchical decision-making in family, community, church and state
- Acceptance of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honour or aggression
- Rigid gender roles
- Legal context, lack of implementation of laws, impunity

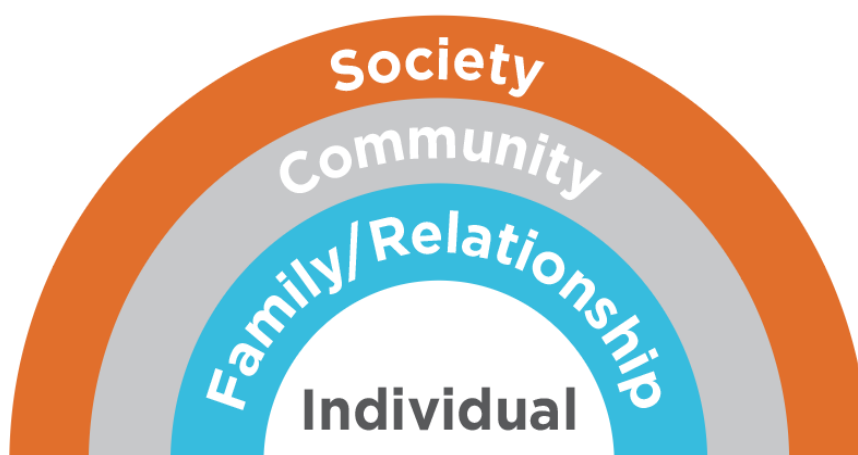


Figure 2: The individual at the centre of the socio-ecological framework

“WHY DOES SHE STAY?”

Most people ask, “Why does she stay?” They may not realize that the question places the blame on the woman experiencing violence and abuse. A better question is:

“Why does the abuser choose to abuse?”

The reality is that the majority of abused women (or abused partners in same-sex relationships) make heroic efforts to leave, but many are unsuccessful because they face one or more major obstacles:

Fear: The number one reason for not leaving is fear. A woman may have been told over and over again that if she leaves the relationship, terrible things will happen to her or to her children. The abuser may have threatened to take the children away if the partner attempts to leave. The abuser may have convinced the woman that no matter where she goes, he will find her and never leave her alone. He may threaten her children, other family members, her possessions and/or her livelihood.

Gender roles: Women are often taught to be passive and dependent on men. With this socialization, women are taught to bear responsibility for their relationship, knowing they will be blamed by their family, or society in general if the relationship fails or if they decide to leave. Women are often socialized to “respect and obey” their husbands/partners, and failure to do so is viewed as a failure to be a “good” woman. Women may even think that this is “normal” behaviour for a man.

Religious and cultural values and beliefs: These may reinforce the commitment to marriage despite any pain and suffering. Interpretations of some faiths hold that bonds of marriage cannot or should not be broken and that the husband is the head of the family, and it is a wife’s duty to submit to his wishes and to keep harmony in the family. This rationale can be so powerful that a woman will refuse to leave an abusive relationship.

Concept of ‘Family Honour’: In many south Asian/ east Asian countries, a woman walking out of her marriage is seen as a blight on the ‘honour’ of the family in which she was born. This and the perceived consequences (‘honour killings’ are a reality in many countries), also serve as barriers to women seeking to step out of an abusive relationship/ context.

Lack of economic independence: Some women in abusive relationships have been prohibited to work or earn their own living. This dependence on the husband for livelihoods and fear for the welfare of one’s children as well as the responsibility of raising children alone can force women to endure abusive relationships.

Lack of a support system: A major component of abuse can be isolation, even in extended family households. The woman may have no support system because the abuser has undermined her family ties and friendships, leaving her psychologically and financially dependent on him. Poor economic conditions and long distances between the woman and friends/family can lead to isolation.

Lack of resources: A woman may not have the financial resources to leave or the means of obtaining money, shelter, transportation and/or a livelihood, especially if she needs to relocate to get away from her abuser. She may even lack information about where to go for help.

Feelings of guilt: The woman may believe that her partner is “sick” and/or “needs her help”. The abuser may fuel this idea, making her believe that he needs her if he is to become better again. The idea of leaving can produce feelings of guilt. She may also blame herself.

Promises of reform: Often the abuser promises that the abuse will never happen again; the woman wants to believe that this is true.

Responses from family members, friends and

colleagues: The woman may not be believed or taken seriously. She may also be blamed or judged as a bad wife, partner or mother – or told that she should just put up with the abuse.

Lack of a sense of self-worth: Women who are abused may have been told by their husband/partner or family members repeatedly that they are worthless without him. This can also lead a woman to believe that she is lucky to have her husband despite the abuse, and that she is never going to be loved by anyone else.

The most dangerous time for a woman who experiences violence and abuse is when she leaves her abusive partner.

75 per cent of domestic violence related homicides occur upon separation and there is a 75 per cent increase of violence upon separation for at least two years.¹⁸

Love for partners: Many people enter a relationship for love. That emotion does not simply disappear when faced with difficulties. After violence has occurred, the abuser will often apologize. Because her self-esteem is so low following the incident, a woman may perceive the apologies and promises of reform as the end of the abuse.

In Myanmar, there is a proverb that says:

*if you beat your wife until her bones
are broken,
she will love you more*

*ah yoe kway aung yite mha,
ah thae sway aung chit*

This proverb is the example of a high level of social acceptance of violence against women and perpetrates unsafe conditions which put women and girls at risk of abuse.

¹⁸ The Center for Relationship Abuse Awareness

WHY DOES HE ABUSE?

The psychological roots of violence in an individual can be very complex. The most common element is the abuser's need for power and control over someone else, and many will continue to repeat patterns of abuse in their present or future relationships. It may also have an element of learned behaviour from the family or cultural context.

Someone in an abusive relationship may have a strong desire to understand why they are being abused or how their partner or husband could do this and spend many hours trying to figure it out. This can be difficult to do in the context of the relationship itself and perhaps even be self-defeating.

Some common excuses for abusive men include:

- It is his right as the head of the household.
- It is his way of showing how much he loves her.
- He has to discipline her.
- His previous partner hurt him.
- He abuses those he loves the most.
- He holds in his feelings too much.
- He is mentally ill.
- He has an aggressive personality.
- He is afraid of intimacy and abandonment.
- He has low self-esteem.
- His boss mistreats him.
- He has poor communication skills.
- He grew up with abuse in his family.
- He feels victimized.

**NONE OF THESE
REASONS JUSTIFY
HURTING ANOTHER
PERSON.**

**THERE IS NO
JUSTIFICATION FOR
VIOLENCE, AND
THESE ARE NOT VALID
REASONS TO
PERPETUATE
INTIMATE PARTNER
VIOLENCE.**

*If you are experiencing
violence, the first thing
you must do is protect
yourself (and not blame
Yourself)*

CHAPTER 3: THE IMPACT OF INTIMATE PARTNER VIOLENCE

IMMEDIATE AND LONG-TERM IMPACT

Violence against women, including IPV, is a grave violation of human rights. Its impact can be both immediate and long term, and includes physical, sexual and psychological consequences for women, including death.

It negatively affects women's sense of self-worth, their general well-being and overall quality of life. Intimate partner violence affects every member of a family; the impacts can be serious and long-lasting. The fallout from abuse also ripples out to harm society at large.

Worldwide, women whose father beat their mother are significantly more likely to report partner violence than other women.¹⁹ Similarly, multi-country studies from low and middle-income countries have found that men abused or neglected as children were significantly more likely than other men to report perpetrating physical or sexual violence against women.²⁰ Studies in the region suggest that a man's past experience is a stronger factor in predicting violence than a woman's past experience.²¹

ON SURVIVORS

The experience of IPV varies by individual, but the impact commonly includes one or more of the following:

- Physical injuries, including disability
- Isolation
- Chronic depression and other mental health concerns
- Low self-esteem
- Health problems, including sexually transmitted infections and HIV
- Unwanted pregnancy
- Sleep disorders
- Sexual dysfunction
- Suicide attempts
- Chronic fear and uncertainty
- Poor work performance
- An inability to adequately respond to the needs of others including children
- Death

All these effects can build on each other, spinning a web that may make a woman feel like she is trapped in her situation. If steps are not taken to stop the abuse, however, IPV often becomes more violent and frequent. In too many cases, this leads to serious injury or death.

¹⁹ Abramsky, et al. (2011)

²⁰ Fulu, Jewkes, Roselli, & Garcia-Moreno (2013)

²¹ Example: <https://asiapacific.unfpa.org/en/publications/report-situation-analysis-population-and-development-reproductive-health-and-gender?page=134%2C0%2C1>

ON CHILDREN

Violence scars children for life. Children who have experienced violence during their childhood are more likely to be either perpetrators and/or targets of violence as adults (UNICEF, 2016). Within families, abusers who target other adults are often violent towards children as well. Even if the abuse is not targeted at children, studies have shown that children witnessing violence also suffer from the effects of the abuse. As targets, children may suffer a range of abuse:

- **Physical abuse:** beating a child with a belt, shoe, hose pipe, broom or other object; hitting; kicking; shaking
- **Sexual abuse:** fondling, touching or kissing a child's genitals; oral sex; forced intercourse
- **Emotional/psychological abuse:** threatening, intimidating, criticizing, humiliating and frightening a child
- **Physical neglect:** inadequate provision of food, housing or clothing; lack of supervision; denial or delay of medical care; inadequate hygiene
- **Emotional/psychological neglect:** refusal or failure to provide psychological care; lack of any emotional support and love

Even when children are not the direct targets of abuse, witnessing intimate partner violence can cause them grave harm. Children who hear or see the abuse of a parent by another parent or partner may:

- Develop social, cognitive, emotional, psychological, physical and/or behavioural

problems that affect their development and can continue into adulthood

- Grow up believing violence is a normal part of family life
- Be more likely to be abusive as adults if they are male, and more passive and withdrawn if they are female, increasing the risk that they too will enter an abusive relationship
- Live in daily fear of what to expect at home, and can be filled with confusion, chaos, anger and tension that can lead to lifelong fear and an inability to trust others
- Be isolated by an abusive parent who shuts off the family from outside help or support
- Feel responsible for the abuse and powerless to stop it
- As they develop, children will be more likely to use violence, commit crimes and be abusers of alcohol and drugs

IN MYANMAR, among women age 15-49

who had experienced physical violence since age 15, more than half (55 per cent) reported their current husband and 19 per cent reported a former husband as the perpetrator.

substantially lower among females between the ages 15-19 compared to adult females. Only 8% in the age group 15-19 have ever sought help to stop the violence, as compared with 22-29% in other age groups.

Most national studies using the questionnaire from the World Health Organization multi-country study find evidence that living in a household with IPV affected children's well-being and when exposed to intimate partner violence, they were more likely to experience nightmares and show certain behaviours, such as extreme aggressiveness or timidity.

DURING PREGNANCY

A recent survey on domestic violence in nine developing countries around the world found that women being abused are more likely to have unwanted pregnancies and to suffer miscarriages, stillbirths, and premature deliveries. In many cases, abuse increases during pregnancy. Their children are more likely to die before age five compared with children from women who have not experienced such abuse.

In Myanmar, 3.4 per cent of women aged 15-49 who have ever been pregnant experienced physical violence from anyone during pregnancy. However, this percentage varies according to the locations, age group and educational background. For example, women with no education are six times as likely to have experienced violence during pregnancy as women with more than a secondary education. 5.1 per cent of women aged 20-24 who have ever been pregnant experienced physical violence during pregnancy, which is the highest among different age groups. The same percentage for women aged 15-49 is as high as 7.9 per cent in Rakhine and 5.9 per cent in Kachin. The likelihood of experiencing physical violence increases with the number of living children. 28% per cent of women with more than five children have experienced physical violence since age 15, as compared with 11 per cent of women who have no living children.²²

ON WORKPLACES

Intimate partner violence can have significant costs for workplaces, including absenteeism, high staff turnover and reduced productivity. These data underline that IPV generates significant costs to employers due to lost productivity, absence from work and employee turnover. This highlights that while employers must address IPV from an ethical and human rights-based perspective, there will also be economic benefits from investing in responsive and preventative measures.

ON SOCIETY

The high prevalence of IPV drains national expenditures on physical and mental health care, courts and police and cuts into educational achievement and productivity. Economic costing exercises vary, but generally measure costs to: the justice system, health care system, social services, care and counselling, shelter support, individual women's costs of health care, shelter and legal fees, loss of income for the individual/family and nation through decreased productivity, trauma and suffering and the consequent decrease in revenue to the State and potential future, "second generation" costs on children and human capital. Accurate cost calculations are not possible since most incidences of violence continue to go unreported. In addition, it is extremely difficult to assess the cost of the impacts of violence on women in the long term as well as their children, noting the evidence that intimate partner violence witnessed as a child is repeated in adulthood.

Numerous studies have been undertaken globally that examine the cost of violence to individuals, families and nations' economies. These studies cannot be directly compared as many of them have used different methodologies.

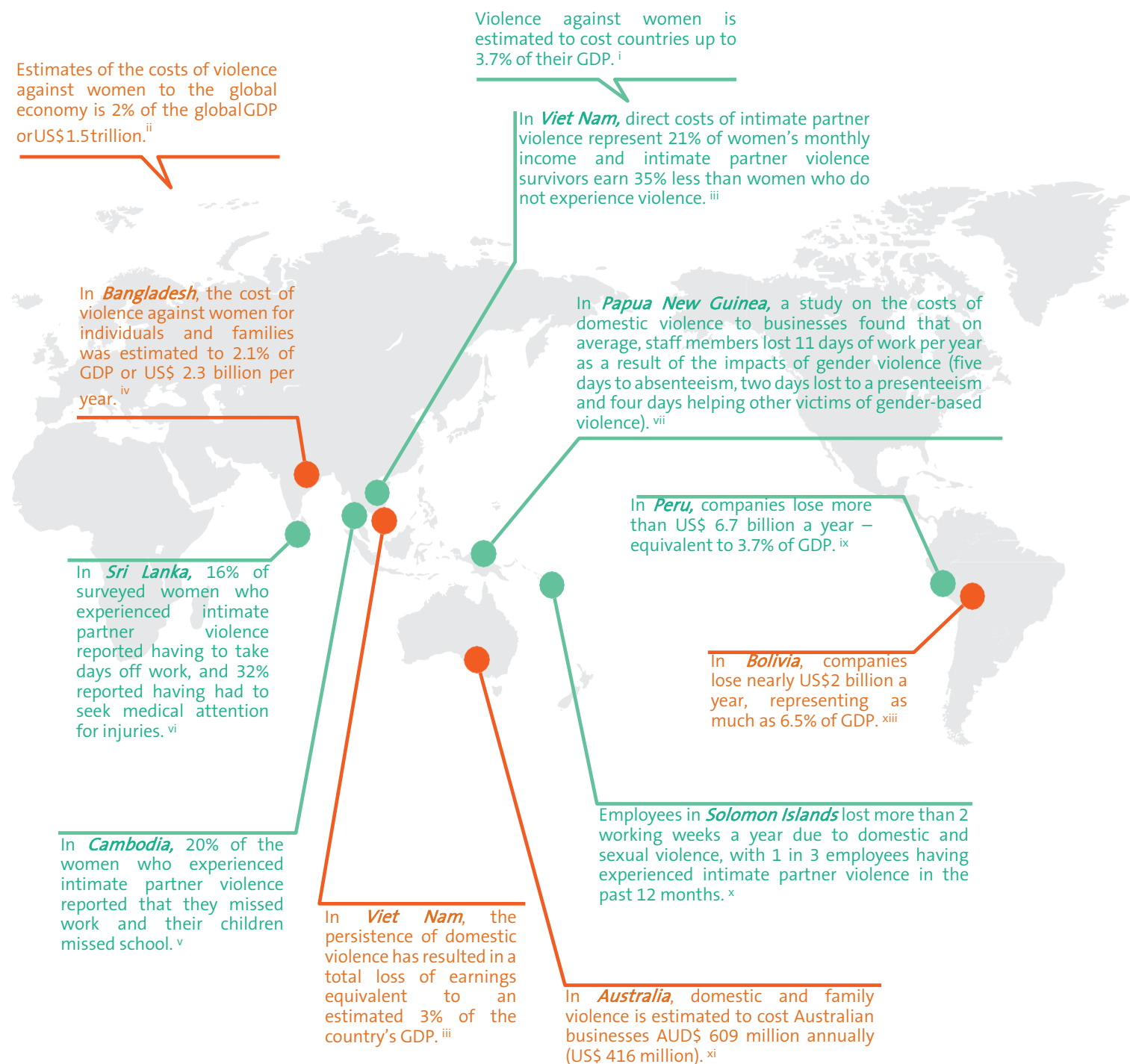
Selected samples of the studies are listed in Figure 3



In Asia, several countries such as Bangladesh, Cambodia, India, Indonesia, Lao People's Democratic Republic, Myanmar, Timor-Leste and Viet Nam have either started to estimate costs for providing essential VAW services or conduct studies, to develop a costing framework for measuring the economic impact of domestic violence.

²² Myanmar Demographic and Health Survey 2015-2016

FIGURE 3: STUDIES ON THE COST OF INTIMATE PARTNER VIOLENCE*



*This map is adapted from [Ending Violence is Our Business: Workplace Responses to Intimate Partner Violence in Asia and the Pacific](#), published by UN Women Regional Office for Asia and the Pacific in 2019.

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CHAPTER 4: INTIMATE PARTNER VIOLENCE AND GENDER-BASED VIOLENCE DURING COVID-19

There is increasing evidence from the countries most affected by COVID-19 that GBV, especially IPV, is increasing in both prevalence and intensity. Extended quarantines, curfews, and other movement restriction measures, combined with fear, tension and stress related to COVID-19, have led to increased reports of GBV. At the same time, the very services GBV survivors require are reduced as resources are diverted to respond to the overall health crisis and service providers are also restricted from providing usual services due to control measures. Globally, it is estimated that there would be an additional 15 million cases of intimate partner violence in 2020 for an average lockdown duration of 3 months.

For example, in France, reports of domestic violence have increased by 30% since the lockdown on 17 March 2020. In Argentina, emergency calls for domestic violence cases have increased by 25% since the lockdown on 20 March 2020. In Cyprus and Singapore, helplines have registered an increase in calls of 30% and 33% respectively. Increased cases of domestic violence and demand for emergency shelter have also been reported in countries, including Canada, Germany, Spain, UK, and US.

In Myanmar, no nationwide data on the trend of GBV during COVID-19 outbreak is available. However, informal information from GBV partners indicates that the calls to GBV hotlines have doubled between March and April 2020. At the same time, some GBV service providers face declined reporting of GBV incidents since they cannot organize group activities and community outreach which usually serve as an entry point to GBV services.

FOLLOWINGS ARE THE IDENTIFIED PATHWAYS OF RISK OF GBV/IPV DURING COVID-19:

- Family members spend more time in close contact with additional stress
- Women may have less contact with supportive family members and friends
- Perpetrators may use restrictions due to COVID-19 to exercise power and control
- Potential economic or job losses. Women may be at greater risk for economic abuse with more scarce economic resources.
- Services, such as hotlines, crisis centers, shelters, legal aid, and protection services, may be scaled down.
- Family separation as a result of isolation or quarantine of parents may expose children to abuse and exploitation
- Parents may resort to early marriages as negative coping mechanism.

PART TWO: PRACTICAL GUIDANCE

CHAPTER 5: START WITH RECOGNIZING THE SIGNS OF ABUSE

This section provides guidance to you, as a UN staff member. What can you do if IPV affects you or someone you know through work? Start with recognizing the signs of abuse.

THE CYCLE OF VIOLENCE

If you are in an abusive relationship, or you suspect that someone you know is in one, you may recognize the following pattern.

The cycle of violence can happen hundreds of times in an abusive relationship. The total cycle can take anywhere from a few hours to a year or more to complete. Typically, each time the abuse occurs, it worsens, and the cycle shortens. Breaking the pattern alone and without help is difficult. An individual in this situation may need outside support from professionals working with survivors of violence.

It can help to start defining what forms of behaviour are acceptable, even if it is not possible to convey these limits to the violent partner, who may or may not respect them. Regardless, this exercise will help to clarify rights and expectations, and build the determination to say “no” to additional harm. In the end, leaving the abusive relationship, temporarily or permanently, may be the only way to stop the cycle.

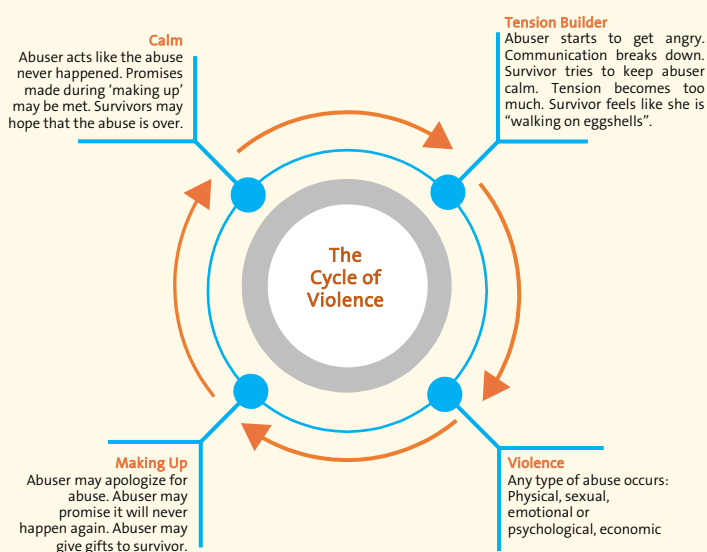
IDENTIFY WHAT IS HAPPENING

The first step towards ending a violent relationship is to identify what is happening. This may seem logical, but it can feel overwhelmingly difficult. A survivor of IPV may have terrifying experiences. Confused thoughts and feelings may be brought on by fear and uncertainty.

Abusive relationships generally do not happen overnight. They can build gradually over time, drawing on one person’s need for control and the slow breakdown of another person’s sense of self. Recognizing the early signs of IPV is not always easy. These may involve hard-to-define forms of emotional or psychological abuse, such as the occasional use of a demeaning nickname.

But this kind of behaviour reflects certain feelings or attitudes. Unchecked, it may eventually escalate into more severe emotional, psychological, or physical violence. Even if you know that something is very wrong, you may be unable to acknowledge it. You may deny, minimize, or find reasons to explain the situation, all of which are common psychological defences. Unfortunately, the abuser is probably skilled at using these same techniques to convince you that what you are going through is not abnormal or wrong.

The cycle of violence



ARE YOU OR SOMEONE YOU KNOW BEING ABUSED? THESE QUESTIONS MAY HELP YOU DECIDE.

DOES YOUR PARTNER...

- ☐ Call you names, yell, put you down or constantly criticize or undermine you and your abilities as a wife, partner, mother, professional or person in general?
- ☐ Behave in an overprotective way or become extremely jealous?
- ☐ Accuse you of having an affair for no reason?
- ☐ Always insist he is right, even when he is clearly wrong?
- ☐ Blame you for his own violent behaviour, saying that your behaviour or attitudes cause him to be violent?
- ☐ Make you feel like you are walking on “eggshells” so as not to make him angry?
- ☐ Externalize the causes of his behaviour by blaming his violence on stress, alcohol or a “bad day”?
- ☐ Threaten to commit suicide, especially as a way of keeping you from leaving?
- ☐ Threaten to hurt you, your children, family members or friends?
- ☐ Make it difficult for you to see family or friends, or “badmouth” your family or friends?
- ☐ Prevent you from going where you want to, when you want to, and with whomever you want to? Or insist on following you or coming with you?
- ☐ Humiliate or embarrass you in front of other people?
- ☐ Destroy personal property or throw things around?
- ☐ Control all of the finances, force you to account for what you spend, or take your money?
- ☐ Prevent you from getting or keeping a job?
- ☐ Use intimidation or manipulation to control you and your children?
- ☐ Threaten to expose any personal aspect of your life – such as sexuality, your HIV or other health/personal status?
- ☐ Prevent you from taking medications or getting medical care?
- ☐ Deny you access to food, drink, or sleep?
- ☐ Hit, punch, slap, kick, shove, choke, or bite – or physically harm you intentionally in any way?
- ☐ Force you to engage in sexual acts or have unprotected sex against your will?

These are some of the common tactics used by abusers to control their partners but are certainly not the only ones. If you answered *yes* to any or a combination of these questions, you may be experiencing intimate partner violence.

CHAPTER 6: GETTING HELP IN MYANMAR

MORE THAN ONE WAY TO GET HELP

If you or someone you know experiences intimate partner violence or any other kind of gender-based violence, there is more than one way to get help. Appropriate options vary considerably across countries and cultures as well as each situation/condition.

Health, police, legal and social services are available in many parts of Asia, and special VAW services exist in most countries. However, such services do not necessarily exist in every district, town, and community. Not all health service providers are trained or experienced in addressing the needs of VAW survivors. Women's organizations, including NGOs, are often much more experienced in working with women and supporting survivors of violence. They have built up extensive support systems over years.

REMEMBER

You are not alone,
it is not your fault,
and help is available.

You can get the support you need.
Find available resources
such as shelters, hospitals,
counselling services,
legal advisors and NGOs
near you.

For those who are based in Myanmar,
the list of services is available in
Chapter 8

WHY SOME NEVER SEEK HELP

As a UN staff member in Myanmar, you may be influenced by the environment around you. The rate of women who never seek help is high, and this may also affect colleagues from your office and associates in NGOs and other organizations and communities with whom you work. Most women who experience physical and sexual violence in the region never report this to the police, local or other authorities. Women suffer silently because they feel embarrassed, they believe no one will believe or help them, they are afraid of divorce or further beatings or even worse, they think that what they are experiencing is simply part of life and part of marriage. Women living outside their country of origin may have more limited support networks and face additional barriers accessing existing services due to language and other factors.

Women who do seek support are much more likely to turn to friends and family than to the authorities. Women do go to the health services, mainly to have their injuries taken care of, seldom if ever report the cause of the injuries to the attending health workers. This reflects in part the long-standing taboos against speaking up against IPV and in part the lack of support services. Fortunately, along with better legislation, the availability and quality of these services are improving.

WHERE TO GO FOR SUPPORT

Relatives, friends, neighbours or colleagues:

Identify all the possible people who might be willing and able to help you.

It can sometimes be hard to ask for help but remember that you do not deserve to be abused, and the risks involved in staying in your situation could be life-threatening to you or your children. People in your office who may be able to help, including through the provision of basic information, include peer support volunteers, an ombudsperson, staff association officers, senior managers, or trusted colleagues.²³

Health services: Health services are among the most common services sought by women who have experienced physical and sexual violence. Women experience a wide range of injuries as a result of the violence, which can be very serious and even life-threatening.

Often, health workers might suspect intimate partner violence as the cause of repeated broken bones, concussions and other typical consequences of violence, but many nurses and doctors do not feel comfortable asking about the cause of the injury or have the mistaken belief that this is not of the concern of the health system.

Women who have experienced sexual violence urgently need to seek health services in order to address their needs, to prevent pregnancy (by using emergency contraceptives), to prevent HIV infection

and other sexually transmitted infections, and to have forensic evidence collected. Across the region, more and more medical staff are being trained to provide quality care to survivors of physical and sexual violence.

Women's organizations and social services: In Myanmar, women's organizations have taken the lead in the provision of support and services in the area of IPV. Women's organizations have been at the front-line of changing laws and attitudes about IPV and providing services such as free counselling, legal advice, shelter, and medical referrals from trained professionals.

Even if they do not directly offer services, some of these organizations will be among the most supportive and sympathetic and will often know where women can go to find assistance. Please see the resources section for a sample list of services in the region.

Counselling: Counselling with a therapist or psychologist can help survivors of abuse regain their self-esteem and self-confidence, clarify their options, and make decisions with regard to the abusive relationship.

As noted above, it is always preferable that counselling and support be provided by those who understand the nature of IPV and gender-based violence and have had experience and training supporting those going through IPV situations.

²³ Check with your agency for specific information on specialized support, such as UNICEF's Staff Well-Being Programme. Support contact for UNICEF: stress-counsellor@unicef.org

Lawyers and the police: In Myanmar, domestic violence is regarded as family matter. Marital rape is not yet recognized in criminal law in Myanmar. Even where domestic violence is not a specific crime, any form of physical assault is a crime and can be reported.

In Myanmar, there is an absence of clearly defined best practices within the Myanmar Police Force (MPF) when working with female and child GBV survivors. GBV cases must be handled with a high degree of sensitivity due to both the psychological and physical harm survivors often endure.

To develop an effective, holistic, and contextualized training programme, UNODC, UNFPA, UN Women and UNICEF are collaborating to conduct a series GBV orientation training for the MPF covering child and gender sensitive approaches to cases of violence involving women and children.

Religious leaders: If you follow a religion, you may consider approaching people affiliated within the religion that you trust. Where a family attends religious activities together, there may be a chance of getting help for both partners.

However, this will only be successful if both partners respect religious authority, and where the religion supports and recognizes the need for interventions in IPV situations. Some religious

leaders place reconciliation of a relationship and maintenance of the family unit above the safety of individuals within that relationship.

In Myanmar, there are faith-based/religious establishments where women may escape to seek help. However, the number of those places is unknown, and they may provide only temporary shelter and lack long-term support. It is always preferable that counselling and support is provided by those who support the idea that women have the fundamental right to be free from IPV and gender-based violence, and have had experience and training supporting those going through these situations.

NGOs supporting persons with disabilities: Numerous studies reports that persons with disabilities suffer high rates of IPV, and most often lack the support to access help. Women with disabilities are particularly vulnerable to sexual violence, as well as abuse from the persons who are often their primary caregivers.

In Myanmar, no laws prohibit discrimination and violence against women and girls with disabilities. The absence of such laws is, specifically, felt in areas such as employment, access to education, health care and additional state services, including access to referral services.

MAKE A SAFETY PLAN



Safety planning enables you to proceed with a pre-determined course of action when you are in a life-threatening situation. Safety planning can help you minimize the harm done by your abuser by identifying people and places you may go temporarily for safety.



If you feel you are in danger, you may want to develop a plan to leave the house and take some or all the following precautions:



- Have important phone numbers nearby (e.g., neighbours, relatives, friends, police, women's organizations, and shelters).



- Think about how to get out of the house safely. Practice ways to go out during an emergency. If you have children, what will be their role in the escape? If they will not go with you, what are possible arrangements for their care?



- Prepare an emergency bag that includes items you will need when you leave, such as extra clothes, important papers, money and prescription medications. Hide the bag in the home or leave it with a trusted neighbour, friend or relative. Do not do this if it could put you at further risk. Leave if that is the best option. Your safety and that of your children is the most important consideration.



- Know exactly where you will go and how to get there, even if you have to leave in the middle of the night.

Keep in mind that abusers may become more violent when “challenged” by a woman’s decision to leave. Remember that the time of leaving is the most dangerous time for a woman and her children in an abusive relationship. Even the discovery that she has read materials on IPV or contacted support services may trigger a response. It may be necessary to take extra precautions to prevent the abuser from knowing your plans in advance, or to ensure that you have the support of other people who can intervene to control the abuser’s behaviour – such as supportive family members or the police.

If you decide to leave, even for a very short time, take your children with you, if that is possible and you can do so without exposing them to harm or risk of harm.

LEGAL SOLUTIONS

Many Asian countries lack a sufficient number of lawyers or legal services that are well versed in domestic violence. In Myanmar, some NGOs provide free legal education, aid and representation. These NGOs also provide paralegal training so that legal support is available at the community level.

Some typical legal means to stop IPV include the following:



A restraining order, sometimes called a protection order: Restraining or protection orders are issued by magistrates' courts, village or island courts or the police; in some instances, they are issued by community people who are appointed to issue short-term orders. The orders have conditions that include prevention of contact, further violence, removal of weapons and short-term maintenance and custody orders. You may need to explain that you fear serious results will come from the abuse, based on what has happened in the past. It can help to have evidence that you have been abused, including photos of injuries and any past medical or police reports. You will be able to have an order issued if there is no evidence of harm, but the order will be short term. If the abuser violates the order, he may be arrested. This does not deter some abusers; restraining orders/protection orders can be very helpful but are not a guarantee against continued violence.



Criminal charges: Some criminal justice systems punish abusers for committing a crime and for injuring you, threatening to injure you or committing other offences, such as damaging your property. The abuser could go to prison, be fined or both. Under many legal systems, charges are filed with the police, who may then arrest the abuser.



Separation: For married couples, a legal separation, filed in court, is usually a temporary measure that may allow orders to be made for maintenance, and residence as well as contact when children are involved. Parties often chose separation orders when they are not yet ready to divorce; this is called a "cooling-off" period. During this time, the couple can decide if it would be better to live apart permanently and perhaps seek counselling. In some jurisdictions, parties who make applications to courts for the dissolution of a marriage must show to the court that they have attempted to seek counselling and it has not been successful.



Divorce: This permanently dissolves a marriage. If children are involved, apart from the divorce order, there may be orders for residence, contact, maintenance, and distribution of matrimonial property. Divorce will usually include a legal decision about their custody and maintenance, as well as legal decisions regarding property and financial settlements.



Civil damages: Under some legal systems, survivors of violence may be able to sue the perpetrator for compensation for medical expenses, damaged property, income loss and/or pain and suffering. The court may then order the perpetrator to pay money to the survivor. This option is probably desirable only if it is clear that the marriage or partnership is going to end or has already ended.

HELP FOR CHILDREN

No matter how caring a parent you are, at some level your partner's violence will hinder your ability to do your best for your children. Yet in this situation, your children are likely to need your care and attention more than ever. Until you can get the help you need to make yourself safe, your children cannot feel safe or happy knowing that their mother is being hurt. Remember that your safety and your children's safety are connected – and violence has lasting impacts on your children's health and well-being.

The following suggestions may assist you in caring for your children and making choices about your situation. Many women's crisis centres in Asia also provide services for children. In some countries, there are children's telephone "help lines" and some countries have specialist care for children.

- **Seek the help you need.** The resources page at the end of this resource book offers some starting points in Myanmar. You or your colleagues may also know about organizations that offer assistance for children.
- **Explain to your children what is happening.** Even though your children may not have been in the room when violence occurred, they will be able to sense the atmosphere.
- **Tell them that the violence is not their fault.** No one deserves abuse.
- **Try not to make promises that you cannot keep,** such as, "This will never happen again" or "I promise no one will ever hurt you."
- **Let them know that it is not their role to protect you.** Tell them that it is not their job to protect anyone besides themselves in this situation. Discuss with them "safety" situations where they have responsibility to each other and their friends.
- **Respect and accept that children may have conflicting feelings** about their parents. A child may love the abusive parent, resent the woman for "being weak" or for not protecting them, or feel guilty for not protecting their mothers.
- **Help children make safety plans.** Brainstorm with them about exit routes, safe places to seek shelter and emergency phone numbers.
- **Give children the opportunity to talk** about their feelings with a trustworthy, sympathetic adult such as a professional counsellor, relative or friend.
- **Seek counselling and support** groups for yourself and your children.
- If you plan on filing for a separation or divorce, **tell your children of your plans for the future** (if it is safe to do so).
- **If you leave your home, try, and take some favourite toys** and some of your children's other treasured belongings, but only if it is safe to do so.
- **Seek legal advice** about the custody of your children.
- **Teach conflict resolution skills.** Show your children that violence is not the way to solve problems. Encourage your children to interact with other children.

HELP FOR THE ABUSER

A perpetrator of abuse can step outside the cycle of violence, but this requires a process of self-examination to understand why he reacts in such a way and to acknowledge how devastating his actions can be to other people. He will need to change patterns of behaviour based on relating to others through the exertion of power and control or violence. Most importantly, he will need to let go of his sense of entitlement.

Some perpetrators can benefit from counselling, which can help them understand why they are violent and teach them how to control their anger. Change does not come quickly or easily, however. Even when abusers say that they want to stop and they get help, it does not guarantee that they will stop abusing. Under all circumstances, the proof must be in actions, not just words.

Many countries have counselling services for perpetrators of violence, but in Myanmar, no well-known services/support specifically targeting the perpetrators. They are able to receive counselling services from general mental health service providers. It is critical when discussing violence that men and boys are engaged in these discussions. Solutions will require positive actions from all family, community and society members.

Support services for abusers/perpetrators

Refuge: I am an abuser

<https://www.refuge.org.uk/get-help-now/help-for-men/i-am-an-abuser/>

Respect: Help for perpetrators

<https://respectphoneline.org.uk/help-for-perpetrators/>

Abuser Counselling

<https://asafeplaceforhelp.org/programs-services/abuser-counseling/>

Men's Resource Center: Domestic violence

<https://menscenter.org/issues-that-affect-men/domestic-violence/>

GETTING HELP IN MYANMAR

For UN staff members of all nationalities, you can contact the UN Services listed below.

TYPE OF SERVICE	CONTACT	DETAILS
UN Security & Safety Team	UN Security and Safety Team 09450071547 / 09974158007 UN Emergency 098610149 / 098610291 / 01554597 / 01542910-19 (ext: 1119)	The UN Emergency team is able to: <ul style="list-style-type: none"> • Help you receive medical treatment and report the case to the police; • Assist you in communicating with the police in Myanmar language, if necessary; • Provide you a HIV PEP kit if necessary
UN Psychosocial Support	Mr. Adib Asrori, Clinical Psychologist and UN Certified Stress Counsellor (English), 09957670212 asrori@unfpa.org Dr. Khin Yadana Soe (Myanmar language), 09970696518 khinyadanasoe.metanoia@gmail.com Dr. Ohnma Win Pe (Myanmar and English languages), 09268425241 ohnmawinpe.metanoia@gmail.com	
Non-UN Services	Legal support Legal Clinic Myanmar, Yangon 09450048660 Psychosocial support Akhaya Women, Yangon, Bago, Ayeyarwaddy 09795706265 / 09786371055	
GBV Referral Focal Points	Central Rakhine Hsu Mon Thinn, 09784133013 thinn@unfpa.org Cho Hmi Naing, 09406541907 cnaing@unfpa.org Northern Rakhine Dr. Myintzu Aye, 095211483 myaye@unfpa.org Kachin Lai Win Phyu, 0959787039428 lphyu@unfpa.org	Northern Shan Dr. Htet Su Kyi, 095186931 hkyi@unfpa.org Kayin Chaw Su Ma, 09449004469 cma@unfpa.org Kayah Karenni National Women Organization, 09400089702

For other available GBV services, please refer to the [GBV Sub-Sector GBV referral guide](#)

IF YOU WANT TO PROCEED FOR A POLICE INVESTIGATION:

If you choose to report violence, including rape, try to do so as soon as possible, so forensic evidence can be retained. Washing yourself or your clothes may make it difficult for the police to obtain forensic evidence. If you change your clothes, think about taking those you were wearing to the police. You may wish to preserve evidence by retaining items such as condoms, toothbrushes, or texts.

When you file your report, there is no guarantee that a female officer will be available or that you will be given somewhere private to wait.

For a police investigation, a forensic doctor must carry out the medical examination for evidential purposes. Survivors must go to a public hospital if the survivor has an intention going through the police to have the offender prosecuted, as private hospitals do not have the same authority as the public hospitals have.

If you are an international staff, you may also wish to contact your Embassy for possible support. Your Embassy may be able to:

- ✓ help you receive the medical treatment and report the offence to the police;
- ✓ provide you with the information on local doctors and lawyers; and
- ✓ provide you with the information on any other services that you may need

The support that each Embassy can provide may differ, and hence, it is suggested that you check with your respective Embassy what kind of assistance they can provide in Myanmar in case you need support.



CHAPTER 7: I THINK SOMEONE IS BEING ABUSED. HOW CAN I HELP?

HOW CAN YOU KNOW IF SOMEONE IS BEING ABUSED?

One common myth about abused women is that they do not want to talk about their experience. In fact, many make efforts to hide the abuse because they fear being embarrassed, their partner finding out, being blamed, not being believed, or being pressured to do something they are not ready or able to do.

If you are concerned about a friend or colleague, one option is to find a private space to talk, in a non-judgmental manner and without pressure, about whether or not they are in danger and need help. However, you must keep in mind you have to be very careful in approaching colleagues regarding this matter at the workplace as this is a very private, delicate matter that most people would not want to discuss with colleagues, as they may also fear that this information is shared with others at the workplace. In many cultural contexts, women may only feel comfortable being approached about this issue by another woman.

Also be mindful that in some Asian cultures, various forms of violence are condoned according to tradition and community beliefs. These social and cultural norms may result in additional barriers to disclosing abuse. Fear of gossip, disclosure to relatives and family members (extended) and fear of judgement inhibit women from seeking help.

If there are specific observations that are the source of your concern, such as visible bruises or frequent absenteeism, you might say something like, “I noticed ‘x, y and z’. I am concerned about you and wonder if there is something I can do to help.” Or “It seems like you are stressed out and

unhappy. If you want to talk about it now or some other time, I will keep it between us.”

The employer can also assist by providing leaflets with information about available services, including counselling for survivors of IPV and other forms of VAW in the restrooms or have experienced women’s organizations come to the office and organize sessions about violence against women to the staff.

BE PREPARED TO RESPOND SUPPORTIVELY IF SOMEONE DISCLOSES

Educate yourself about IPV and other forms of violence: Read this resource book and understand what IPV is and how you can recognize it. Find out about what services are available to help survivors.

Let go of any expectations you have that there is a quick fix to IPV or to the obstacles a survivor faces. Understand that inaction may very well be their best safety strategy at a given time. On average, a survivor of violence will attempt to leave a relationship six to eight times before they are finally able to leave.

Challenge and change any inaccurate and biased attitudes and beliefs that you may have about survivors of IPV. They are not abused because there is something wrong with them. Instead, they have become trapped in a relationship by their partners’ use of violence and coercion. The better able you are to recognize and build on the resilience, courage, resourcefulness and decision-making abilities of those who are abused, the better you will be to help them.

CAN I HELP?

If someone chooses to confide in you about their experiences of IPV:

Let her know that her feelings are normal, that it is safe to express them and that she has a right to live without violence and fear. Validating another's experience means letting the person know that you are listening attentively, that you understand what she is saying and that you believe what she says without judgement or conditions.

Important things that you can say:

- "It is not your fault."
- "You are not to blame."
- "It is okay to talk."
- "Help is available." (Say this only if it is true.)
- "What happened has no justification or excuse."
- "No one deserves to be hit by their partner in a relationship."
- "You are not alone. Unfortunately, many other women have faced this problem, too."
- "Your life, your health, you are of value."
- "Everybody deserves to feel safe at home."
- "I am worried that this may be affecting your health."²⁴

Important things that you should NOT say:

- "Why are you not leaving him/her?"
- "But he/she loves you anyway."
- "It will go away if you just bear it."
- "I don't think that's something I should be involved in. It is your personal matter."
- "All families have the same issue. You should deal with it."
- "You should not leave your family just like that."
- "But have you tried to change your behaviour?"

THINGS TO DO WHEN PROVIDING HELP

✓ **Believe the survivor.** Tell them that you believe them. If you know their partner, remember that abusers most often behave differently in public than they do in private.

✓ **Listen to what they tell you.** If you actively listen, ask clarifying questions and avoid making judgements, you will most likely learn directly what help is needed.

✓ **Help them build on their strengths.** Based on the information they give you and your own observations, actively identify the ways in which they have developed coping strategies, solved problems and exhibited courage and determination, even if these efforts have not been completely successful.

✓ **Validate their feelings.** It is common for survivors to have conflicting feelings – love and fear, guilt and anger, hope and sadness. Let them know that their feelings are normal and reasonable.

✓ **Avoid victim-blaming.** Tell them the abuse is not their fault. Reinforce that the abuse is their partner's problem and his responsibility but refrain from bad-mouthing him.

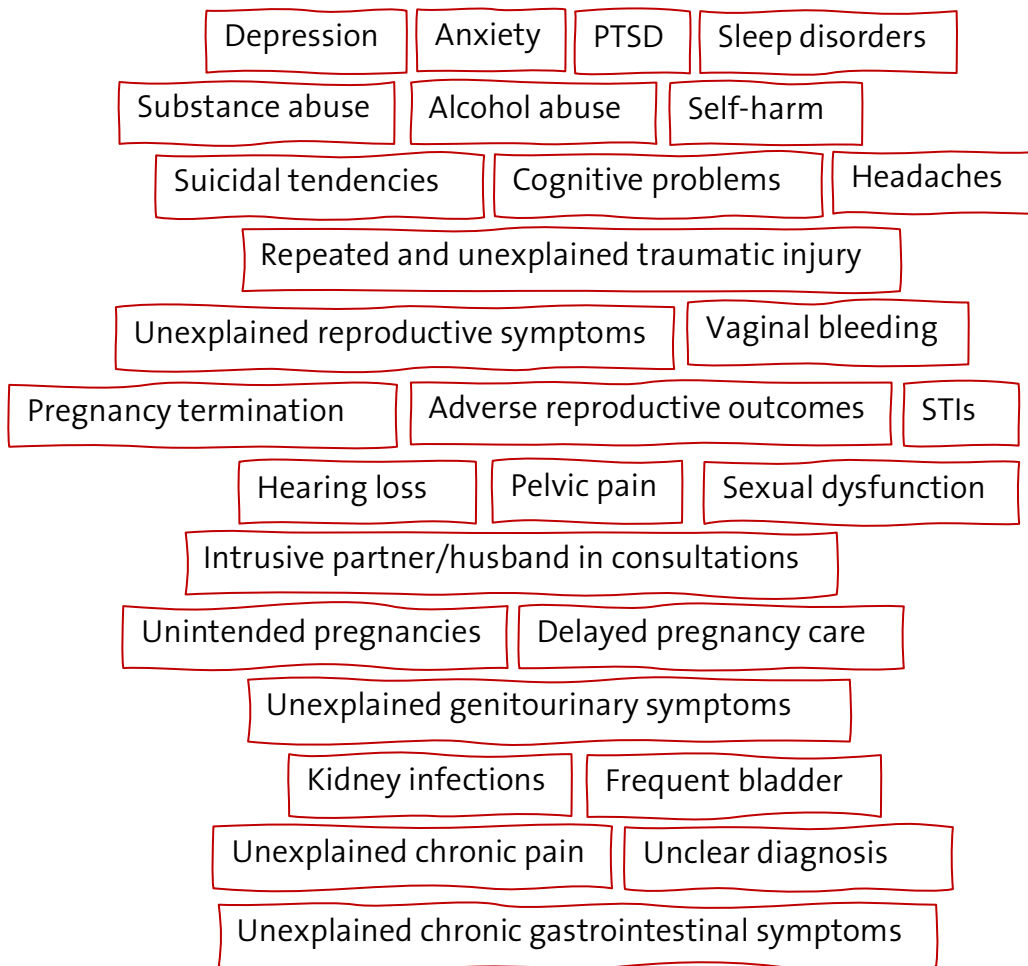
✓ **Take their fears seriously.** If you are concerned about their safety, express your concern without judgement by simply saying, "Your situation sounds dangerous, and I am concerned about your safety."

✓ **Offer help.** As appropriate, offer specific forms of help and information. If they ask you to do something you are willing and able to do, do it. If you are not, say so and help them identify other ways to meet their needs. Then look for other ways that you can help.

✓ **Support their decisions.** Remember, there are risks attached to every decision an abused individual makes. If you truly want to be helpful, be patient and respectful of their decisions.

²⁴ www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/

CLINICAL SIGNS OF IPV²⁵



If someone you know has these signs, tell them you are concerned, and let them know you are available for support if they want any. Your helping hand can change someone's life.

²⁵ WHO (2013b) Adapted from Black, MC. Intimate partner violence and adverse health consequences: implication for clinicians. American Journal of Lifestyle Medicine, 2011. 5:428-439.

WHAT CAN UNITED NATIONS AGENCIES DO?

The resources available in individual UN offices will differ by country. Senior managers; operations staff, including those working on human resources; and staff association officers should check their organization's policies for details. Consider options in the following general areas.



Legal support: The office may be able to help staff with access to legal support, in the form of referral advice or access to a known lawyer that works in this area.



Financial support: The cost of dealing with IPV can be high for an individual. Expenses can include legal advice, counselling, a possible change in residence and so on. Flexible salary advances or local staff association loan programmes may be sources of extra funds.



Flexible leave/flexi-time arrangements: Staff may be called suddenly to their home, court and meetings with lawyers. They may need personal time off to spend with family and friends in coping with their situation. Flexitime arrangements might suit staff members who have had to relocate and need to be home for a short time. Working out a plan with staff for flexible working arrangements or leave where there is a mutual understanding of responsibilities is very useful in these situations.



Health and sick leave: Staff members going through intimate partner abuse may need support with sick leave arrangements. Consider sick leave for staff members going through emotional/psychological stress in order to address mental health issues. IPV is a health and safety issue and should be treated as such when considering leave arrangements.



Workload: A staff member suffering from IPV will carry a huge burden of stress, may be distracted and emotionally depressed and may not sleep or eat adequately. They will probably not be able to cope as effectively as usual in their work. This is especially true if the person becomes embroiled in a protracted legal battle or the relationship is particularly violent. The staff member may need to explore with their supervisor whether it is possible to lighten their workload or reassign them temporarily.



Personal and office security: If a relationship has turned unpredictable and violent for either the staff member or one of their registered dependents, it may be possible for the office to advise on personal security until the threat diminishes.



Office security plans: For all offices, a security plan should ensure that all staff are safe. Harassment at the office may include constant telephone calls, visits and interruptions at work as part of the abuse cycle. The office can put in place a security plan that blocks out this form of harassment.



Counselling: Most offices have established referral systems for basic counselling. Counselling options that focus specifically on IPV can be added, including those services that may have links to legal advice and law enforcement.



Access to transport: Mobility can be an important component of dealing with IPV. Survivors may need transport to seek counselling or legal support, or to move to another location temporarily or permanently. Since transportation systems can be unreliable or costly as well as time-consuming for the staff member (and organization), the office may consider offering transport when it does not affect programme activities.



Information: A referral list of resources for survivors of intimate partner violence can be made available and possibly posted on a staff bulletin board or in a common area. Other documents in the office, including this resource book, may also assist staff in better understanding the issue of intimate partner violence. Such resources should be part of staff orientation programmes, and publicly pointed out so that all staff are aware of them. Please see an example of a country-specific resources list in the next section of this resource book.

CHAPTER 8: RECOVERY

If you are a survivor of intimate partner violence who has begun to address your situation, you are on the road to recovery.

The process of reorientation to life without abuse takes a different course for each individual. Most survivors can expect to pass through a period not only of physical changes, such as moving to a new home, but of strong psychological and emotional challenges as well. Some survivors experience flashbacks to traumatic events that they were not able to mentally integrate when they took place. There may be waves of anger, grief, shame and fear. These are normal reactions. As long as they diminish over time, they are signs that healing is taking place and that you are leaving the past behind.

As you pass through this period, you can do many things to support yourself. Start or continue counselling, if that is appropriate, especially if you are feeling “stuck” and unable to move on. Look for a support group of other people who have had similar experiences or read materials on IPV so that you can begin to understand the phenomenon and know you are not alone. Many resources are now available on the Internet.

Try to maintain routines and structures in your daily life, including through regular hours for eating, sleeping and working. Set achievable personal goals and work towards them, in the process rebuilding your confidence and self-esteem. Nurture and care for yourself and give yourself time to sort through the many confusing and damaging messages your abuser may have left with you.

CULTIVATE NEW WAYS OF THINKING

These reminders, adapted from *Stopping Wife Abuse* by Jennifer Baker Fleming, may help:

I am not to blame for being abused.

I am not the cause of another's irritation, anger or rage.

I deserve a life free from violence, fear and pain.

I can say no to what I do not like or want.

I do not have to take abuse.

I have a right to a life of security and dignity.

I am an important human being.

I am a worthwhile person.

I deserve to be treated with respect.

I have power over my own life.

I can use my power to take good care of myself.

I can decide for myself what is best for me.

I can make changes in my life if I want to.

I am not alone;

I can ask others to help me.

I am worth working for and changing for.

I deserve to make my own life safe and happy.

I can count on my creativity and resourcefulness.

ANNEX: RESOURCES

This section provides a list of resources to learn more about IPV and to inform learning and training activities. A table of resources available in Myanmar is provided below. Please note that a survivor may wish to keep communication with these services private or secret, as abusers may be monitoring phone or Internet activities.

TYPE OF SERVICE	DETAILS	CONTACT INFORMATION
TABLE 1: RESOURCES IN MYANMAR	Emergency, referral, language support	For UN staff members only. English service available UN Security and Safety Team and UN Emergency Team Mr. Han Soe (Local Security Assistant) UNDSS, No. 6, Natmauk Road, Tamwe Township, Yangon 11211 09450071547/ 0997415800
	Medical support	For UN staff members only Dr. Hnin Lwin Tun UN Clinic, Physician/Health Manager No. 6, Natmauk Road, Tamwe Township, Yangon 11211 0943031802 hnin.lwin.tun@undp.org
	Counselling	For UN staff and family members. English service. Mr. Adib Asrori Clinical Psychologist, UN Certified Stress Counsellor. UN Psychosocial service 09957670212 asrori@unfpa.org
		For UN staff and family members. Myanmar language Dr. Khin Yadana Soe, UN Psychosocial service 09970696518 khinyadanasoe.metanoia@gmail.com
		For UN staff and family members English and Myanmar languages Dr. Ohnma Win Pe, UN Psychosocial service 09268425241 ohnmawinpe.metanoia@gmail.com
	Psychosocial support	Hotline services (6am - 10pm) Akhaya Women, Coverage: Yangon, Bago, Ayeyarwaddy 09795706265, 09786371055 communications@akhaya.org
	Legal support	Hotline services Legal Clinic Myanmar, No (141/149), 6th Floor, Room No. (702), Bagayar Road, Bagayar Condo, Sanchaung, Yangon Tel: 09450048660

REGION	CONTACT
TABLE 2: GBV REFERRAL FOCAL POINTS IN MYANMAR	Central Rakhine UNFPA Sittwe Office Hsu Mon Thinn, 09784133013 thinn@unfpa.org Cho Hmi Naing, 09406541907 cnaing@unfpa.org
	Kayah Karenni National Women Organization 09400089702
	Northern Rakhine UNFPA Maungdaw Office Dr. Myintzu Aye, 095211483 myaye@unfpa.org
	Kachin UNFPA Kachin Office Lai Win Phyu, 0959787039428 lphyu@unfpa.org
	Kayin UNFPA Hpa-An Office Chaw Su Ma, 09449004469 cma@unfpa.org
	Northern Shan UNFPA Lashio office Dr. Htet Su Kyi, 095186931 hkyi@unfpa.org

INTIMATE PARTNER VIOLENCE POSTER

Intimate Partner Violence: Things you should know as a UN staff member in Myanmar

Women, girls and vulnerable groups are at increased risk of gender-based violence, especially intimate partner violence, during public health outbreaks with restrictions to freedom of movement, combined with the fear, tension and stress related to COVID-19. The brief is localized by UNFPA and UN Women based on Intimate Partner Violence Guidance for UN staff in Asia-Pacific in order to support UN staff in Myanmar as a part of COVID-19 preparedness and response efforts. You can download the full resource book prepared by Asia-Pacific UNITE Working Group from: <http://bit.ly/IPVresourcebook>

WHAT IS INTIMATE PARTNER VIOLENCE (IPV)?

- IPV consists of a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, by a current or former intimate partner.
- IPV occurs within heterosexual or same-sex relationships and does not require sexual relations.
- Globally, 1 in 3 women experience physical or sexual violence in their lifetime, by their intimate partners.

WHAT DOES IPV LOOK LIKE?

IPV may include but not limited to:

- Slapping
- Throwing something
- Choking
- Threatening, making someone feel afraid
- Forcing to have sexual intercourse
- Humiliation in private and/or public
- Shifting responsibility for abuse
- Preventing access to money
- Controlling access to money earned
- Preventing someone from getting or keeping a job
- Preventing someone from contacting the family/friends

THE CYCLE OF VIOLENCE

- If someone is in an abusive relationship, you may recognize this pattern.

IF YOU ARE EXPERIENCING IPV,

ALL FORMS OF VIOLENCE ARE UNACCEPTABLE

YOU ARE NOT ALONE IT IS NOT YOUR FAULT

HELP IS AVAILABLE

- Identify what is happening - recognize signs and the cycle of violence.
- Know that you are not alone, it is not your fault, and that help is available.
- Make a safety plan in case of a life-threatening situation

IF YOU KNOW SOMEONE WHO IS EXPERIENCING IPV,

- Find a private space to talk with the person in a non-judgmental manner and without pressure

<p>YOU SHOULD SAY:</p> <p>"It is not your fault. You are not to blame."</p> <p>"It is okay to talk."</p> <p>"What happened has no justification or excuse."</p> <p>"No one deserves violence in a relationship."</p>	<p>YOU SHOULD NOT SAY:</p> <p>"But the children need their father/mother."</p> <p>"But he/she loves you."</p> <p>"It will go away if you just bear it."</p> <p>"I think it is your personal matter."</p>
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SERVICES IN MYANMAR

UN Security & Safety team
UN Security & Safety: 09450071547/ 09974158007
UN Emergency: 098610149, 098610291, 01554597 and 01 542910-19 (ext. 1119)
UN Psychosocial service
Counseling: Mr. Adib Asrori (Clinical Psychologist). 09957670212 / asrori@unfpa.org
UN Medical support
UN Clinic Physician/Health Manager: Dr. Hnin Lwin Tun 0943031802 / hlin.lwin.tun@undp.org
Legal support
Legal Clinic Myanmar, Yangon: 09450048660
Psychosocial support
Akhaya Women, Yangon, Bago, Ayeyarwaddy: 09795706265, 09786371055

GBV Referral Focal Points
Central Rakhine: Cho Hmi Naing (09406541907, cnaing@unfpa.org)
Northern Rakhine: Dr. Myintzu Aye (095211483, myaye@unfpa.org)
Kachin: Hsu Mon Thinn (09784133013, thinn@unfpa.org)
Northern Shan: Dr. Htet Su Kyi (095186931, hkyi@unfpa.org)
Kayin: Chaw Su Ma (09449004469, cma@unfpa.org)
Kayah: Karenni National Women Organization (09400089702)

For other available GBV services, please refer to GBV Sub-Sector GBV referral guide: <https://sites.google.com/unfpa.org/myanmar-gbvswg/national>

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- World Bank (2018): *Ending violence against women and girls: global and regional trends in women's legal protection against domestic violence and sexual harassment.*

ONLINE RESOURCES

- Violence against women: www.who.int/news-room/fact-sheets/detail/violence-against-women
- International Day for the Elimination of Violence against Women (25 November): www.un.org/en/events/endviolenceday/
- UNiTE to End Violence against Women: www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/unite
- End VAW Now: www.endvawnow.org
- Stand with Us: <http://asiapacific.unwomen.org/en/focus-areas/end-violence-against-women/take-action>
- For other available GBV services, please refer to GBV Sub-Sector GBV referral guide: <https://sites.google.com/unfpa.org/myanmar-gbvcwg/national>

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