Summary Findings – Focus Group Discussions with Women and Adolescent Girls in Sittwe and Laiza
January-February 2014

“There is no safety here for us.”
- Adult woman living near Sittwe

Background
Over the course of several months in 2013, multiple assessments were conducted in both Rakhine and Kachin states in an effort to better understand the impact the crises in both locations had on women and girls. Findings from assessments in both locations indicated that the risks faced by women and girls were vast and far-reaching, and included rape and sexual assault, intimate partner violence, harassment, and trafficking. In February of 2013, the Women's Needs Assessment in IDP Camps, Kachin State stated that “violence against women and girls (VAWG) emerged as one of the most critical concerns, and connects with the serious inadequacies found in several of these sectors, particularly WASH, Shelter, Health and Livelihoods.”1 VAWG was also reported as being pervasive by the Women’s League of Burma in January of 2014, who reported over 100 cases of sexual violence were documented in Kachin between June 2011 and now, but which “represent only a fraction of the actual number of abuses” that have taken place. 2

Objective
The main purpose and objective of the focus groups was to supplement already existing information available on the experiences of women and girls in both Kachin and Rakhine. The focus groups were designed to provide facilitators with some insight into the general experiences of women and girls (both during and after the conflicts), issues related to safety and security, general treatment of survivors of violence (by community and family members), availability of, and access to, services and support, and reasons survivors of violence may not report their experience or seek assistance.

These focus groups were not designed to provide quantitative or numerical data regarding prevalence of gender-based violence, nor should the information herein be referenced as a GBV situation analysis.

The findings presented here can be used to inform and strengthen existing or planned GBV-specific activities and interventions in the respective areas.

Methodology
To rapidly access qualitative information about gender-based violence among the displaced population in each location, the assessment methodology utilized a selection of primary data collection tools, specifically focus group discussions (FGDs), with scenario analysis.

2 Same Impunity, Same Patterns. Women’s League of Burma, January 2014
The choice of these methods was reflective of the two ‘big picture’ questions focusing on more qualitative ‘how’ and ‘why’ questions, rather than quantitative/statistical data around GBV incidence among the populations.

Tools and Sampling
Ten focus group discussions (FGDs) were conducted in four IDP camps located in and around Laiza, Kachin and Sittwe, Rakhine (specifically Alen Bum Boarding School, Ja Yeng, and Hpumlun Yang camps near Laiza, and Set Yone Su, Thet Kay Pyin, and Baw Du Pa camps near Sittwe). The groups were conducted with similar sex/age participants.

Through the FGDs, UNFPA spoke to approximately 51 women and 43 adolescent girls (between the ages of 14 and 18). The team conducted the ten focus groups in locations that were private and not visible or accessible to high traffic areas. The selection of FGD participants was done in consultation with and support from camp-based staff already working with women and girls in each location. In the context of the Alen Bum boarding school, the principal of the school was consulted and gave permission for the groups to be conducted. Participants in that location were selected by the school warden (an adult woman) and caretaker for the targeted age group.

The participants were first asked a series of general questions relating to reasons for leaving their original homes and villages, and how women and girls spend their days. More targeted questions followed, addressing safety and security, average age and reason for marriage, risks currently faced in the community, types of violence experienced by women and girls both now and during the conflict, and groups of women and girls at particular risks. (See Annex A for FGD Questionnaire)

Upon completion of the primary and secondary sets of questions, facilitators read scenarios (Annex B) presenting different types of GBV reportedly relevant to women and girls among the displaced populations in both areas. For adult women, these contextualized scenarios included: conflict-related rape, survival sex/sexual exploitation in the camps, and intimate partner violence. Among the adolescent groups, the scenarios presented included: early marriage, rape, and trafficking. Participants were asked a short selection of questions that addressed their familiarity with and the commonality of the types of violence referenced in the scenarios, treatment of survivors who may experience these types of violence, availability of services and support, and reasons women and girls may choose not to report or access services.

Limitations
The focus groups were conducted as part of rapid assessment process. The information reflected should not be mistaken for a comprehensive situation analysis, nor should it be referenced in isolation (that is, without also referencing more comprehensive sources of information). The groups do not reflect a large, representative sample from the community, but rather provided insight into the experiences and perspectives of a targeted and specific few categories of women and girls living within IDP camps in both Kachin and Rakhine.

Although adults and adolescents among the focus groups in Kachin state seemed quite comfortable with the topic discussing the range of issues presented, one group of adult women and one group of
adolescent girls in one of the camps in Rakhine (one of the Muslim camps) expressed high levels of discomfort with the topic. In one case, two women left the group before it was finished.

**Summary Findings**

**General Findings (Laiza)**

In and around Laiza (and, reportedly, among the majority of displaced populations in the Non-Government Controlled Areas (NGCAs) of Kachin state), adolescents are living in boarding schools, and not in the camps. Among all the groups in Laiza (those with both adult women and those with adolescent girls), rape was identified as the main reason women and girls wanted to leave their villages and homes during the conflict. One woman stated, “Rape came in many forms. They would even tie up the men and make them watch.” This reason was identified before the absence of livelihoods, or general security concerns as the reason women and girls felt compelled to leave their homes. All groups made some reference to “rape by soldiers.”

All groups also identified adolescent girls as the most vulnerable group living within the displaced populations, even more so than female headed-households (FHHs).

Both adolescent girl groups felt that the manner in which they spend their days has changed quite drastically since relocating to the boarding school. Although adolescent girls reported that they now have more opportunities to study (which they may not have had prior to leaving their homes) many of them also expressed missing the daily chores and interaction with their families that used to more prominently define their daily experiences. Adult women also reported their daily lives changing drastically since the conflict, with the biggest change related to livelihoods work. Prior to displacement, women would be quite busy, often responsible for maintaining a large proportion of the agricultural labor (often the key source of income for the entire family). Current sources of income accessed by women in the camps are daily-labor based, and are located primarily across the border with China, either working on farms and plantations as daily laborers, or in hotels and restaurants as domestic workers. These often bring with them certain risks and financial and physical insecurity. Some women reported being “harassed” by the Chinese border patrol, while others stated many occasions when they would walk to the farms/plantations to work, only to find there was no work available.

Those women in the groups who either could not, or did not, choose to do daily labor-based work, reported having to travel long distances to collect firewood, or simply having “nothing to do,” with little to occupy their time beyond cooking and cleaning.

In all cases, the groups generally felt safe within the camps/boarding school despite identifying some risks still existing within the camps such as over-crowding living conditions and a lack of privacy.

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3 Further information on the process around this can be obtained from UNICEF and the Education in Emergencies Sector.
General Findings (Sittwe)

Focus group participants living in the Rakhine camps in Sittwe were, in general, more comfortable than the participants from the Rohingya camps when talking about the issues and the experiences of women and girls related to the conflict. In response to the general questions it was apparent that sources of income and services were more accessible (in terms of proximity and safety) than compared to the information shared among the Rohingya-based groups. Although they are not engaging in the same type of work as they did prior to the conflict (typically agriculture-based work), nor are they making the same amount of money, they are still able to relatively safely walk into town and secure daily or domestic-based labor without fear of abuse or harassment. Conversely, focus group participants from the Rohingya camps are less comfortable entering Sittwe town to find work or sources of income. They reported much higher degrees of harassment and abuse. The proximity of the Rohingya camps to Sittwe also does not allow for easy access, requiring money for transport. Participants in both groups reported having fewer livelihoods opportunities and less income than they did prior to the conflict. However, the women and girls living in the Rakhine camps are able to access those few livelihoods opportunities with more frequency and facing less reported risk.

As in Kachin, all groups in the camps around Sittwe identified adolescent girls as most vulnerable, with one participant from a Rohingya focus group saying, “men can just come in and take them.”

Key Issues and Concerns among Adolescent Girls
Among the groups in Laiza, adolescent girls spoke quite openly about their concerns specific to the issue of sexual violence during the conflict, but reported that they continue to face a range of risks and vulnerabilities since leaving their homes. Many reported knowing of more than one woman or girl who had been raped during either the fighting, or when fleeing her home. However, there were also girls in both groups who reported hearing of incidents of sexual assault and rape since arriving in the camps or boarding schools.

Participants from both the adolescent girl groups in Laiza felt that the age of marriage has lowered since the conflict (as early as 15). They identified the main reason for this as “girls have to get married early to earn money for the family.”

Adolescent girls among the groups in Laiza linked vulnerability to “having no money,” reporting that many girls cross the border to secure work, typically as domestic laborers in hotels or restaurants, but then “end up in brothels” or are “married to Chinese men.” Though most of the participants presented this as consensual, it was clear that ending up in brothels or marriage to Chinese men involved
an additional person who would facilitate or broker the process. In the case of the brothel work, the girls reported “bad girls” coming to the hotels looking for Kachin girls and luring them to the brothels. The marriages to Chinese men often seemed to involve “boyfriends” convincing the girls to cross the border with them, at which point they would then be married to other men. These descriptions were confirmed in the adult women’s groups.

During the scenario review, adolescent girls again reported that, of the three scenarios presented (rape, trafficking and early marriage) the most common issue among that age group was trafficking, though they reported that all types of violence reflected in the scenarios were occurring with frequency.

During the focus groups near Sittwe, all adolescent girl participants identified rape as very common during the conflict, though the girls in the Rakhine-based groups seemed more comfortable discussing the issue. Girls in both types of camps reported that girls will not use the latrines at night, because “they are close to the ones the boys use, and there is no light.” Girls in both categories of focus group reported incidents of girls being attacked when using the latrines at night.

Girls in the Rakhine-based groups reported feeling safe when in the camps, but reported fearing attack or harassment when leaving the camps, and stated that girls are more at risk of “being targeted” when outside the camps. These same girls reported that the age of marriage has decreased since the conflict and locating to the camps. Families can no longer support their daughters, “so they sell them.”

The participants of the Rakhine adolescent girl groups also feel that teenage girls are at risk of “being taken away” by men, most particularly when they are outside of the camps. Of the scenarios presented to these groups, the participants felt that the scenario addressing trafficking was the most common risk faced by adolescent girls currently living in the camps.

Initially, when asked, girls in the Rohingya-based groups, like the girls in the Rakhine groups, reported feeling safe while in the camps. However, upon further discussion, they reported significant risks and violence faced by girls when in the camps, particularly at the latrines at night (especially in those camps where there is no light). Some of the participants reported having heard of girls being attacked at the latrines at night: “there are men waiting at night at the latrines to attack girls.” Unlike the girls in the Rakhine-based groups, adolescent girls in the Rohingya-based groups felt that the age of marriage among girls had increased since the conflict, since families no longer had money to pay the dowry.

During the presentation and discussions of the scenarios, girls in
the Rohingya camps felt that the most common of the scenarios-based risks faced by girls was the issue of trafficking. However, they also reported significant risks faced by girls when collecting firewood, particularly among those camps that are not located close to firewood sources. In one camp, girls have to walk more than 4 hours (in one direction) in order to access firewood. Among the groups in this camp, girls reported that several girls had been raped when collecting firewood. In two groups, participants reported incidents of girls being kidnapped when collecting firewood, held overnight, and were raped repeatedly by multiple perpetrators (it was unclear if this was the same incident reported twice by two different groups, or if it was two separate incidents).

Key Issues and Concerns among Adult Women

Although the adult women who participated in the groups in Laiza reported feeling relatively safe while in the camps, they did report experiencing violence and harassment when leaving the camps. Within the camps, camp committees have organized “patrols.” Outside of the camps, women reported the presence of men “looking for women or girls.” This issue was of particular concern among women living in those camps that are not within close proximity to firewood sources. Women who have to travel long distances to collect firewood (in one camp, this could be as far as four hours), expressed fear of being attacked while collecting firewood. One group reported they had heard that women had been raped recently while collecting firewood outside the camp. Women also often travel outside the camps to access daily labor. This sometimes involved crossing the border, at which point women reported harassment by “border patrols” or other men working in or near the plantations.

When first asked about the experiences of women as a result of both the conflict and displacement, adult women referred only to sexual violence during the conflict. However, during the scenario-based discussion, they reported adult women experiencing current and on-going violence, particularly in the home, at the hands of their partners. Of the three scenarios presented, participants reported intimate partner violence as being the most common (this was the case among all three adult women’s groups in the camps visited in Laiza). But women also reported that sexual exploitation is becoming increasingly more common, “because there is no money and many women are here without their families or husbands.” One woman in the group stated, “Even I was thinking, ‘How will I eat now? I must find a man.’”

Adult women among the Rakhine camp groups identified “fear of rape” as the key reason they decided to flee their homes and locate to the camps. Like the adolescent girls, they do feel generally safer in the camps, though they identified the lack of privacy and the communal living situation as problematic and risky for women. They also reported that some women and girls are harassed when leaving the camps, with one participant reporting a girl had been raped by multiple men when she had left the camp, and another reported having heard of a woman who was harassed and beaten outside of the camp.

As in the groups near Laiza, adult women in the Rakhine focus groups most identified with the intimate partner violence scenario, and felt that, of the range of violence and risks that adult women
face, this was the most common, and had increased since living in the camps. They also reported that sexual exploitation was increasing, and that more and more women were feeling desperate, were living without their husbands, and were “looking for men to help them.” Several participants in the Rakhine groups associated the increase of IPV with the general anxiety and stress of camp-based living. They also felt that violence between husbands and wives was very closely linked to food distributions, as the men often want to sell part of the rations, “creating conflict.” One participant reported, “Now, men are angry all the time.”

Adult women who participated in the Rohingya camp groups were extremely reluctant to discuss issues of risk and violence faced by women and girls both during and since the conflict. Though they did acknowledge that sexual violence was a defining feature of the conflict, and was, in fact, the primary risk and concern of women and girls, they also reported feeling that rape and sexual assault is less pervasive now. They confirmed the reports of adolescent girls from similar camp settings that the latrines, particularly at night, were highly dangerous and risky for them, and that they would not use latrines after nightfall. And, in general, they felt that the overall communal-living conditions were risky for women and girls.

Upon presentation of the scenarios, the adult participants did open up a bit more and acknowledged that each of the issues presented in the scenarios were still happening. Of the scenarios, adult women felt that intimate partner violence, also closely linked to food distributions (“they sell the rations to buy tea”) is the most common risk faced by adult women. During discussions of the SEA scenario, they confirmed that this type of issue was increasing as well, though was typically “kept quiet,” due to the particular shame associated with it, if it were to become public knowledge.

**Access to Services and Support**

Participants in all the groups near Laiza stated that most women or girls who experience any form of violence would most likely tell no one. They reported that these women or girls would be afraid of the repercussions directed both at them and at their families. There also was a distinction made by group members depending on whether the rape “was her fault:” “If it was against her will, then the family would have the camp leadership bring him to justice.” Most groups seemed to associate accessing support from the camp leadership as mediation between husbands and wives, or negotiating a financial settlement or marriage between rape victim and perpetrator.

Only one group could name a direct service provider as a possible source of support. The rest reported that, in the unlikely event that any survivor would tell anyone, it would be someone from the church, camp leadership, or a trusted friend or female family member. Adult women in particular reported that women are expected to tolerate violence and abuse: “we have to be patient with our men. We took a vow.”

All group participants expressed fear of reporting, and being blamed for what happened or shaming the family. They reported that survivors of IPV would likely keep silent out of fear of further beating or violence, and that survivors of rape would be afraid of being forced to marry the
perpetrator. Group participants felt that women or girls who experienced the types of violence reflected in the scenarios would not tell anyone what happened.

Health service providers in Kachin reported they had never knowingly treated a case of rape, but also reported to have high numbers of clients presenting as "spontaneous miscarriages" – speculating that these were possible survivors of rape, or were possibly women or girls who had been trafficked and had managed to escape.

In general, the participants in the Rakhine-based camps were able to articulate, and access, a broad range of services and potential service providers, including Sittwe Hospital, Myanmar Maternal and Child Welfare Association (MMCWA), and several NGOs. However, they also reported that, in most cases, a woman or girl who had experienced violence would likely tell no one what happened to her for fear of how she would be treated by both her family, and the community.

Both adolescent girls and adult women felt that a survivor of violence (particularly those presented in the scenarios) would possibly face an additional range of risks and further violence (including beatings) if her family or the community found out what happened to her. Most women or girls would be fearful of “bringing shame upon,” or compromising the “dignity” of their families. They also stated that a woman who had been raped or sexually assaulted would no longer be seen as “marriageable,” a status most women and girls fear. One participant stated that, if a women or girl thought the community knew that she had been raped, “she would kill herself with poison.”

Among the Rohingya focus group participants, when asked about available services, each group responded with, “there is nowhere to go,” though some participants would then follow this by mentioning an NGO, or a “clinic.”

The majority of the Rohingya participants, both adult women and adolescent girls, felt that any woman or girl who may experience the issues presented in the scenarios, or discussed during the FGDs would remain silent and tell no one. The participants stated that the main reasons for this silence were to avoid shaming the family, fear of “discrimination” by the rest of the community, or concern that she may be beaten by her family. Several participants reported that many girls would rather kill themselves than shame the family, or themselves.

**Conclusions and Recommendations**
The information collected during the focus groups supplements and supports findings of previous, and more comprehensive, assessments and clearly indicates that women and girls experienced pervasive sexual violence during and after the respective conflicts, and continue to be at risk of intimate partner violence, trafficking, and sexual exploitation and abuse since moving to the camps. It is possible to drastically and meaningfully mitigate the health consequences and protection risks faced by these same women and girls by ensuring they have access to safe and confidential services and support.

The identified protection concerns, including GBV, can be addressed by meeting the minimum standards in responding to emergencies though out all sector interventions as outlined in the IASC GBV Guidelines in Emergencies.

Based on the findings of these focus groups, and the findings of other recent GBV-specific assessments and situation analyses from both Rakhine and Kachin States, UNFPA makes the following recommendations:

- The provision of specialized and age-appropriate holistic services, emphasizing life-saving health care and emotional support for survivors of GBV, and in accordance with the GBV Guiding Principles of confidentiality, safety, respect, and non-discrimination. Appropriate information about these services should be provided to affected populations, and to particularly vulnerable groups (including women and children, most especially adolescent girls and girl children).

- Increased capacity, especially among health service providers, to provide medical management of gender-based violence, including both rape and intimate partner violence. This should include the ability among service providers to recognize secondary indicators of sexual violence and/or physical violence in the event that clients/patients do not directly disclose that they have been assaulted, but rather present with other symptoms or requests for treatment.

- Better understanding of, and increased initiatives addressing the specific and complex issue of trafficking and/or smuggling. GBV-specific health and emotional support activities should incorporate services, particularly during the case management process, that address the specific needs and experiences of women and girls who may have been trafficked (including basic assistance packages, and support with reintegration into their families and communities).

- The provision of mobile and outreach-based services designed to meet the needs of adolescent girls and adult women who may not have access to services either inside or outside of the camps, or who live in camps located a far distance from key service providers.

- Establishment of an SEA Network, including codes of conduct, and safe reporting and monitoring mechanisms to mitigate the potential for this the exploitation and abuse of particularly vulnerable groups to escalate or increase in occurrence.

- Ensure minimum actions by key sectors to mitigate GBV risks, particularly WASH, Food, Protection and CCCM/Shelter. These can include, but should not be limited to:
  - Provision of sex-segregated latrines
  - Ensure camps are well-lit (especially at latrine sites)
  - Implementation of safe food distribution (in consult with women)
  - Engagement with camp committees/camp leadership to promote responsibilities in ensuring camps are safe for women and girls
  - Establishment of camp-based safety groups and/or patrols (comprised of both women and men)
  - Establishment of firewood collection groups or patrols