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**INTERACTIVE EXPERT PANEL**

**Multisectoral Services and Responses for Women and Girls  
Subject to Violence**

**Establishing coordinated multisectoral responses – the case of  
Timor-Leste**

**by**

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## **Introduction and History**

Timor-Leste is located on the eastern part of Timor Island, between Indonesia and Australia. The country is small with a population of approximately 1.2 million people. The population is young with the mean age at 15 years old. Most people live in rural areas and are dependent on subsistence agriculture. Approximately half of the population is illiterate.

Timor-Leste is a fragile state, and is working to overcome 400 years of colonisation by Portugal and then 24 years of widespread and systematic human rights abuses during the Indonesian Occupation. It is estimated that 30% of the population died during the Indonesian Occupation. Violence against women was one of the tools of the Occupation including sexual slavery and control of women's reproductive health. As part of the Resistance to the Occupation, strong women's organisations were developed.

A Referendum on Independence was held in 1999. The people chose independence, which resulted in abrupt change and violent retaliation with 75% of the country's infrastructure destroyed, 25% of the population displaced and a huge vacuum in governance with no functioning State institutions. A major international response began, with the UN setting up successive peacekeeping missions. Independence was restored in 2002, but the country fell again into violence in 2006 due to a number of unresolved issues. This resulted in a further peacekeeping mission and intervention of the international community.

The Demographic and Health Survey undertaken in 2010 found that 33% of Timorese women had experienced violence since the age of 15. The rate was higher in urban areas and amongst women with higher education. Twenty-nine percent of women answered that they thought marital rape was acceptable. Only 24% of women who have experienced violence reported they sought help, with over 80% seeking help from their family, only 4% going to the Police and 1% seeking help from social service agencies. Only 20% of women indicated that they could receive financial support from their family if they needed, due to a situation of abuse.

## **The current situation**

The arrival of the international community and changes that took place afterwards created new opportunities to work for women's equality and programming to support women who experience violence. Some of the most important advances were: guarantee of women's rights in the Constitution; ratification of CEDAW; creation of specialized units in the police to serve victims; creation of a Secretary of State for the Promotion of Equality; quota requirements for village councils and National Parliament (33% in 2012 elections); the passing of the Law on Domestic Violence in 2010.

While significant advances have been made, there are still many challenges to be faced. It is not yet clear whether these advances at the level of structures and policies have made a significant difference in the lives of women facing violence. One reason for this is that we do not have adequate data to track violence over time. In Timor-Leste, while there has been some rapid progress in the last 10 years, we must recognise that there is still much more to be done and that global experience shows us that this work takes many years.

## **PRADET's work on violence against women**

From the first National Women's Congress in 2000, violence against women has been identified as a key issue. Women's Organizations like Rede Feto (national women's umbrella organization) and FOKUPERS took advantage of new openings after the Occupation to become more active.

Soon after the crisis of 1999, international actors such as IRC (International Rescue Committee), Oxfam and the ICRC (International Committee of the Red Cross) began to support capacity building women's organizations so that they could provide services to victims. As work was being done to raise awareness about violence against women, and violence as a crime, it became increasingly important to establish services for women who came forward as a result of this increased awareness. While women's organizations had experience in providing shelter, counselling and advocacy support, they did not have experience in providing medical treatment, forensic examination and legal assistance.

Through a grant from the US Bureau for Population, Refugees and Migration, IRC had funds to start a service for victims in the National Hospital. In 2002, IRC decided together with its NGO partners that funds would be given to PRADET to start the "Safe Room" service. PRADET already had an established group of counsellors, many o



In terms of the “medical” aspect of the protocol, the examination can indicate treatment a victim needs for injuries, exposure to STIs, etc..

To support training about using the Protocol, FH has produced a training curriculum and handbook





in practical ways to ensure that there is adequate funding for services for violence against women. Donors should be providing funding over multiple years and in a timely way and cover core costs of programmes (such as salaries, facilities) as well as f2 (e) 0.2 (l) ao 13.92(t) 0.2 hateesn. Dell