

Behind the Silence

Violence Against Women and their Resilience

Myanmar

Research Report

February 2015

Gender Equality Network



The Gender Equality Network
Yangon Myanmar

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My friends taught me to speak out
and talk back, to defend myself.

Now I understand that
I cannot stay quiet always.
I suffered because I stayed quiet.

Interviewee, Yangon, 40 years old

What makes the difference between
a woman running away from an abuser or
passively letting the abuse happen to her,
is her perception of how supportive and responsive
the environment around her will be

Coates and Wade, 2014

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Use of this data will be critical to improving women's lives and reducing violence against women in Myanmar. This report points to the critical need for multi-sectoral and collaborative approaches to ending abuse at all levels of society - thank you for playing your part in these future efforts.

¹The agencies remain unnamed throughout the report to further ensure confidentiality of women who participated in this study.

Acronyms

FGD	Focus-group Discussion
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
KII	Key Informant Interview
STI	Sexually Transmitted Infection

How to Read this Report

This report covers a lot of information on women's experiences of violence in Myanmar. Depending on the reader, certain sections may be more or less relevant to their interests. Here are some suggestions on how to read this report on violence against women in Myanmar:

- The executive summary gives a four-page overview of the key findings of this study. Read this for a short description of the background to the study and major findings.
- A literature review is included in Chapter 1, and describes the state of the literature on violence against women in Myanmar (not including this study).
- Methodology – or how this study was conducted – is covered in Chapter 2. It sits at the front of the report because this information is important to understanding the why, how, when and what of this qualitative research study on violence against women. This section also explains why the study used qualitative research methods.
- If the reader is less interested in the technical research sections such as methodology, skip to Chapters 3-5, which describe the findings around women's stories about violence, the ways they cope with abuse and the consequences of their experiences. Unless specifically stated otherwise, the text in Chapters 3-5 describes stories, narratives and patterns from the 38 in-depth, semi-structured interviews with women who experienced abuse. When these findings are triangulated with data from the focus-group discussions and key informant interviews, the source of information is stated.
- Chapter 6 brings all the findings together and explores key patterns and trends. This chapter, along with Chapter 7, provides analysis and recommendations for action to address and end violence against women in Myanmar.
- Annex I is a glossary of terms related to violence against women, in English and in Myanmar. Readers can reference this document if they are unfamiliar with specific phrases or terms, or unclear of how these terms translate between Myanmar and English.
- The photography in this report aims to illustrate the gravity of the narrative text, rather than documenting the violence experienced by the women interviewees. The intention of the photographs is to present ideas such as suffering, pain, support, determination, resilience, courage, community and gender relations. Care has been taken not to present stereotypes that could further perpetuate attitudes and/or assumptions about violence against women.

Executive Summary

Background

Violence against women is a serious and reprehensible human rights violation that affects the health, livelihoods and opportunities of women in Myanmar. Civil society actors, government authorities and international stakeholders increasingly recognize the extent and scope of this issue across the country. However, there has been little rigorous research among women in Myanmar's general population on this topic to-date.

The research presented in this report helps to fill the gap on what is known about women's experiences of abuse and violence by their husbands and other men. In carrying out this study GEN collaborated closely with the Department of Social Welfare. It signals an increased interest and investment by the Government of the Republic of the Union of Myanmar, as well as national and international actors, to build the evidence base, and enhance activities to respond to and prevent violence against women across the country.

Methodology

This study uses qualitative methods to better understand women's own accounts of abuse by their husbands and other men. The qualitative data explores the consequences that women face, how they cope with violence, and who they go to for help. The report also explores the impact of gender inequality – or power imbalances between women and men – on women's experiences and perceptions of abuse.

The benefit of qualitative research is the ability to gather complex and rich information about the “human” aspect of violence against women, letting women's voices tell their stories. It also, importantly, lets us explore more abstract concepts, such as social norms and gender inequality, and how these impact women's lives, families and communities. The research design applied internationally standardized methodologies, including rigorous ethical and safety standards, and international terminology and definitions around different forms of violence against women. It is an exploratory – and important – step to better understanding violence against women in Myanmar. The study builds on earlier literature on this topic, and paves the way for future qualitative and quantitative research studies.

The study interviewed thirty-eight women who had experienced some form of intimate partner violence in Yangon and Mawlamyine. It also included focus-group discussions with women in Yangon and Mawlamyine, as well as in five secondary sites: Magway, Lashio, Loikaw, Labutta and Kale. The focus-group discussions aimed to place women's individual experiences of violence within the larger social context of Myanmar. Key informant interviews were conducted with stakeholders in Yangon and Mawlamyine to provide background information on response and prevention activities for women experiencing violence in the two sites.

Key Findings

Women's Experiences of Intimate Partner Violence (Chapter 3)

- Women described many different types of violence, including economic, emotional, physical and sexual intimate partner violence
- Over half of the women across the study sample experienced intimate partner sexual violence, or marital rape, and this was closely related to men's sexual entitlement, or beliefs that a husband can demand sex whenever he wants
- All the women who experienced forced sex also experienced other forms of violence, including emotional and physical violence, showing that different forms of violence tend to overlap
- Most women experienced more than one incident of partner violence, showing that husbands' abuse of their wives is rarely a one-off incident, but rather a constant part of the relationship

Women's Experiences of Non-partner Sexual Violence (Chapter 3)

- Despite this study's focus on intimate partner violence, almost half of the women also experienced some form of non-partner rape, sexual assault or sexual harassment
- Groping in public spaces (a form of sexual harassment) was considered a normal part of women's experiences moving around town
- Sexual assault was considered shameful and was framed within the context of its impact on a woman's reputation, leading to victim-blame, rather than focussing on the unacceptability of the perpetrator's actions

Consequences of Violence against Women (Chapter 4)

- Women face many mental, physical and sexual health consequences as a result of their experiences of violence by partners and other men
- These consequences have a negative impact on women's lives, affecting their overall health, their ability to work inside and outside the home, their ability to care for children, and their active participation in society
- Mental health consequences are not always visible or obvious, but abuse does seriously affect women's psychological health, leading to depression, emotional stress and in some cases, suicide attempts
- Almost half the women experienced medically 'severe' physical consequences, including bleeding, broken noses, jaw dislocation, inflammation of eardrums, loss of vision, broken ribs, or injuries that required hospitalization
- The impact of violence on women's sexual and reproductive health shows the limited power women have to make their own decisions about their own bodies
- Children often witnessed violence against their mothers, or experienced abuse themselves
- Some women experienced social consequences, including community stigma and social isolation, which impacted upon their ability to talk about their experiences and find support

Coping Strategies and Help-seeking Behaviours (Chapter 5)

- Women often internalized trauma – or kept their feelings inside – because they felt it was their wifely duty to remain patient and quiet

- When women had community support, they tended to be more willing to defend themselves against an abusive husband
- Some women physically fought back against abusive husbands, however they often were more seriously injured and were aware of the differences in strength and power between themselves and their husbands
- Women often talked to friends and family members about abuse, but these friends and family members tended to give contradictory advice about what to do
- Women rarely went to health clinics after an incident of abuse, and tended to treat their physical injuries at home
- No woman reported that she had visited a health clinic for mental trauma, and only one reported visiting a hospital for injuries related to sexual violence
- Women who reported abuse to authorities or legal counsellors often went with a friend or relative
- When women reported abuse to ward authorities or police, the authorities often took little or no action, which left women feeling helpless and more vulnerable
- Women's personal safety and security was often at risk when they reported abuse to authorities or when they used legal support services, because their stories were not kept confidential and there were no social protection measures (e.g., restraining orders and shelters)
- Overall, women tended to avoid reporting to authorities, since they believed that nothing would change and were afraid that they might get beaten by their husbands for reporting abuse
- Concern for children was the main barrier to leaving an abusive husband, as many women believed that their child needed a mother and a father
- Women were also worried about financially supporting themselves and social stigma around divorced women.

Features of abuse and pathways into experiencing violence (Chapter 6)

Some common elements of women's stories of abuse tended to reappear across many of the interviews. In Chapter 6, the report shows a diagram of the socio-ecological model and uses this as a way to organize these different features of abuse. It shows how violence against women is a complex problem and is not only caused by one factor. This is not a quantitative study, and so the model is not used to identify statistical associations between certain life experiences and violence against women. However, the socio-ecological model still provides a framework through which to explore different characteristics, pathways and norms at all levels of society, related to women's experiences of abuse, using qualitative data.

At the **individual level**, men's difficulties with stress or challenging moments – such as pregnancy and child rearing, unemployment, or dislocation – tended to result in abuse of their wives. This was likely linked to a desire to establish a sense of power or control over the situation. Men's use of alcohol was often a precursor to incidents of abuse, although it is important to note that alcohol is only one factor, out of many, related to why violence occurs. In addition, women's experiences of child abuse often put them in vulnerable situations during adolescence and adulthood, increasing their vulnerability to abusive marriages or other forms of violence later in life.

At the **relationship or family level**, husbands' extra-marital affairs were reported by over half of the women and these affairs tended to trigger couple conflict and reflect notions of male sexual entitlement to women's bodies – both wives and other partners. In particular, couple quarrelling often took place before or during incidents of violence. Physically abusive incidents tended to be preceded by women challenging her husband's authority. In addition, women's pathways into marriage often showed that women entered marriage with low levels of power, due to existing social or economic vulnerabilities. This meant that women were less able to negotiate their own rights and had less power to avoid abuse. Finally, women also described their husbands' involvement in other forms of violence, in the community as well as against their own children.

At the **community level**, the data showed that community responses to violence against women were complex and contradictory. Sometimes individual community members would support women. However, underlying community beliefs and norms (such as a woman must remain in the relationship for her children's sake) often prevented women from taking active steps to end abuse. Economic opportunities or lack of opportunities at the community level also tended to exacerbate women's experiences of abuse. Finally, many women expressed feelings of fear or insecurity when they moved in public spaces. There was often an element of resignation – that the risk of experiencing sexual harassment and violence was inevitable.

The qualitative nature of this study allowed the researchers to explore the impact of broader social level norms and inequalities on women's lived experiences. Women described their unequal access to resources and opportunities, such as education and employment, as limiting their ability to hold power and authority within their marriage relationship. Widespread beliefs of women's inferiority to men limited their ability to successfully seek support from their relatives, neighbours and authorities. Norms around women's sexual purity and women's lack of reproductive health knowledge impacted their ability to negotiate for consensual sex. It also often prevented them from taking steps to address incidents of sexual violence.

Recommendations and Conclusions

This study is a step toward ending violence against women in Myanmar. Chapter 7 details key recommendations based on this qualitative data. Recommendations are geared toward practitioners and policy-makers to initiate discussions and actions for multi-sectoral prevention and response approaches to violence against women. Further prevalence research is needed to complement this in-depth qualitative assessment. Improved support and response systems, based on this and future research, can help to minimize the consequences of men's violence against women. Changing social norms – of individual women and men, through to their communities and the broader Myanmar society - can help to change the environment in which violence against women occurs and is tacitly condoned. These steps and more can create a society in which women and men are equal, and live free from abuse and violence.



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Chapter 1: Introduction

1.1 Background and Objectives of the Study

Violence against women is a human rights violation that undermines the health, livelihoods and opportunities of women across the world. Globally, 30 percent of women, aged 15 years and older, have experienced physical and/or sexual partner violence during their lifetime (Devries et al. 2013). A systematic review found that 7.2 percent of women had experienced sexual violence perpetrated by a non-partner in 2010 (Abrahams et al. 2014). In the Asia-Pacific region, women who report experiencing intimate partner physical and/or sexual violence range from between 16 percent in Japan and 68 percent in Kiribati (Garcia-Moreno et al. 2005; SPC 2009). However, there is less data on violence against women in Myanmar.

In 2012, the Gender Equality Network (GEN) joined with the Ministry of Social Welfare, Relief and Resettlement to implement this qualitative study on violence against women. This research builds on commitments and strategic plans of both GEN and the Government of the Republic of the Union of Myanmar. Conducting research on violence against women in Myanmar is a key activity of the GEN Strategic Plan 2012 – 2015. The Government of the Republic

Violence against women is a human rights violation that undermines the health, livelihoods and opportunities of women across the world.

of the Union of Myanmar has also signalled its commitment to the empowerment of women in Myanmar, including their right to live free from violence (GEN 2013a), by signing international treaties and conventions upholding women's human rights. The National Strategic Plan for the Advancement of Women (NSPAW) 2013 – 2022 aspires to the empowerment of all women in Myanmar, and aims to create enabling systems, structures and practices for the advancement of women, gender equality and the realization of women's rights (Government of the Union of the Republic of Myanmar 2012). The Myanmar Government has also endorsed the UN Declaration of Commitment to End Sexual Violence in Conflict (Kean 2014).

Qualitative research was selected as the most appropriate methodology, given the limited number of qualitative studies on violence against women in the general population of Myanmar (i.e. non-conflict areas), and the lack of population-based data collection mechanisms available in Myanmar at the time of the study.² The past decade has seen substantial methodological improvements in violence against women research (Ellsberg and Heise 2005; Jansen 2004; Ellsberg et al. 2000), particularly in the Asia-Pacific region (Garcia-Moreno et al. 2005; Fulu et al. 2013). This qualitative study on violence against women is one of the first to apply these international methodological and ethical standards toward research on women's experiences of abuse in Myanmar. This is detailed further in the methodology section.

The objectives of this study were to:

1. Collect narrative information on the different types and patterns of violence against women, in the selected study areas in Myanmar
2. Explore the norms and factors that tend to increase women's vulnerability to violence

²Since the implementation of this qualitative violence against women study, a census was carried out in Myanmar, providing demographic information on the majority of the population.

3. Identify current mitigation and coping strategies of women affected by violence, including the extent and to whom women disclose the violence they experience, and women's access to and use of support services
4. Document the consequences of women's experiences of violence on their health, work and relationships

1.2 Literature Review

At the onset of the study, a literature review was undertaken to assess how many other studies had documented violence against women in Myanmar. The review used scholar database searches, manual searches of reference lists, and communication with experts from universities and research institutes to identify over 40 reports, chapters, books, dissertations, and peer-reviewed articles in Myanmar and English. The review is not intended to be comprehensive. Rather it is meant to place the findings of this study within the context of existing literature on violence against women in Myanmar.

The literature identified for this review can be broken down into the following key thematic areas of research:

- Medical facility reports or specific studies on violence against women (emotional/psychological, physical and sexual) in the general population
- Studies on sexual violence against ethnic minority women in conflict and post-conflict settings
- Literature on gender inequality and other factors associated with women's experiences of violence

1.1.1 Violence against Women in the General Population

In Myanmar, violence against women in the general population is only now beginning to be openly recognized as a key development concern. Despite the historically low level of prioritization of this issue,³ researchers and academics have been documenting women's experiences of violence and abuse for some time, predominantly within the context of medical and health research. Reported prevalence of women's experience of abuse in Myanmar varies widely. An oft-cited report by the Myanmar National Committee for Women's Affairs, reportedly conducted in all states and divisions across Myanmar, says that between 4 to 21 percent of women reported experiencing mental violence and between 3 to 15 percent of women reported experiencing physical violence (Kyu 2004).⁴ Another randomized household survey conducted in Mandalay asked behaviour-specific questions and found that 69 percent of women reported experiencing psychological, physical and/or sexual violence in the past twelve months. The prevalence of women's reported experiences of only physical violence in the past twelve months was 27 percent (Kyu and Kanaï 2005).⁵ A community-based screening survey in Yangon found that 19 percent of women reported

³ The 1997 Myanmar National Action Plan for the Advancement of Women argues that violence against women is 'not a major issue' in Myanmar and is only included in the Action Plan due to its relevance to women's health and development overall (MNWCWA 1997).

⁴ These statistics have not been verified by review of the actual report, and were unavailable to the authors at the time of writing. Consequently, it is not clear whether behaviour-specific questions were asked (and subsequently categorized as mental or physical violence). It is also not clear whether these figures represent lifetime or time-bound periods, the identity of the perpetrator or the frequency and severity of the violence.

⁵ Kyu does not report a combined physical and/or sexual violence prevalence rate, nor does she present prevalence of only sexual violence.

experiencing violence directly, and 53 percent knew women within their communities or families who experienced violence (NCA, DSW and MMCWA 2013). In the ethnic Palaung region, survey results showed that 90 percent of participants had ‘experienced or seen physical violence within families in their communities’, and 62 percent of respondents experienced or witnessed physical violence within the family on a daily basis (PWO 2011). The wide variance of prevalence is likely due to use of different methodologies and different definitions of violence against women across studies.

This literature review also found that women’s experiences of violence were documented within the context of health and medical reporting. For example, a time-bound study of violence against women cases at Mandalay General Hospital reported a total of 91 cases of violence recorded during the nine-month study period (Nang KhinMya 2001). Other reports from medical institutions focused on case study data from medical and forensic records of rape and sexual assault (Republic of the Union of Myanmar 1996; Republic of the Union of Myanmar 1999). A 2012 qualitative study on service provision in Yangon interviewed women who had experienced intimate partner violence and found significant limitations in the extent and quality of service provided (Shein 2012).

Only one study was identified on women’s experiences of sexual harassment in the work place. The study sampled 271 professional women in Mandalay, using a Myanmar adaptation of the Sexual Experience Questionnaire (Kyu & Kanai 2005). The authors found that 58 per cent of the surveyed women reported experiencing one or more form of sexual harassment, including gender harassment (e.g. staring, suggestive stories or offensive jokes, sexist remarks) unwanted sexual attention, and/or sexual coercion (Kyu & Kanai 2003). Little other research appears to have been done on this topic.

1.1.2. Sexual Violence in Myanmar

Most literature on violence against women in Myanmar focuses on minority women’s experiences of sexual violence within conflict or post-conflict settings. Historically, Myanmar has experienced decades of conflict between the central Government and the many ethnic groups along border areas. Studies from within and outside of Myanmar have found a wide range of abuses against women in conflict and post-conflict settings, and highlight the increased vulnerability of women of minority ethnicities (Apple & Martin 2003; Karen Women’s Organization 2007; Women’s League of Burma 2014). Some reports address domestic violence, particularly within the context of refugee camps and communities (PWO 2011; KWPN & GEN 2013). However, researchers and scholars tend to focus more on sexual violence than domestic violence (Belak 2002). The review also found related research on the impact of conflict-related vulnerabilities on trafficking and sexual violence within the sex industry (Beyrer 2001). Other studies on sexual violence among minority communities have focused on women’s experiences of sexual abuse and assault within the sex industry, and other trafficking and sex-work related experiences of violence (UNFPA and Save the Children 2010; UNDP and UNFPA forthcoming; Ah-thiTha-di 2003).

1.1.3. Factors Associated with Women’s Experiences of Violence

Some of the Myanmar literature, discussed above, also describes the drivers of violence. However, these are mostly based on anecdotal information, rather than tested through rigorous statistical models. The most commonly noted factors included alcohol abuse and inter-family discord and violence (Nang KhinMya 2001; Union of Myanmar 1999; Union of Myanmar 1996: 83; UNDP

2006). However, only Kyu and Kanai's study statistically explores factors that put women at higher risk of abuse, including husbands' unemployment, frequent alcohol abuse, witnessing parental violence, experiencing childhood abuse, and lack of family support (Kyu and Kanai 2005). Other documents discussed the environment in which women's experiences of violence occur, including women's status in Myanmar society, socio-economic practices and political representation, and reproductive health and rights. These are summarized below.

Women's Status in Myanmar Society

Global research on violence against women shows how unequal power relations between women and men impact women's experiences of violence. Beliefs that women are inferior to men, and that men have control over women, create environments where violence against women is accepted and normalized (Heise 1998; Jewkes 2002; Abramsky et al. 2011). Gender relations in Myanmar have long been presented as more equitable and fair for women than those in neighbouring countries such as India or Bangladesh (Nwe 2003; Thinn 2006:240). Some reports have gone so far as to suggest that there is no gender discrimination in Myanmar society (U Aye 1993; Union of Myanmar 1996). However, some Myanmar scholars contest this notion and argue that it conceals and silences the widespread inequalities faced by the majority of Myanmar women (Than 2014; Lift 2012:2; GEN 2014).⁶ The widespread cultural phenomenon of *hpon* – an abstract concept that refers to men's inborn and innate superiority over women – is an example of how men's power and dominance over women is justified and naturalized, particularly in Myanmar Buddhist culture (Nwe 2003). Other authors argue that women's low position in Myanmar have contributed to the country's low levels of social and economic development (Sen 2001; Chit 2006). Where some equality does exist, it is enjoyed only by women of higher socio-economic classes, and even then, only within a strictly prescribed female role (Belak 2002). These gender inequitable structures make women more vulnerable to abuse, as this study will demonstrate in the following chapters.

Socio-economic Practices and Political Representation

Despite the ethnic and cultural population diversity of Myanmar, the values and beliefs that prioritize men's power over women are widespread and these beliefs are often used to justify men's dominance in political, socio-economic and cultural activities (Belak 2002; GEN & Kachin Women's Peace Network 2013; PWO 2011). On the political front, one study reports that 'despite laws and policies that document the right of women to social, economic, political and judicial equality, women in Myanmar remain profoundly underrepresented in public life and government – at both local and central levels' (Oxfam, ActionAid, CARE 2011: 2). The expectations placed on women as mothers and wives, care givers and homemakers, and the higher status granted to men's voice in society, often end up hindering women's involvement in politics or public life. These harmful stereotypes can also lead to discrimination and violence against women who do participate in political, business or other leadership activities (Oxfam, Trocaire, CARE, ActionAid 2013: 18). In the socio-economic realm, widely held beliefs around men as the head of the household result in labour divisions whereby women are expected to manage the household and men serve as the primary wage earner of the family (GEN 2014). Norms around men as breadwinners and decision-

⁶ The proposed 2014 interfaith marriage bill is a recent example of these inequalities. The bill, which aims to prevent interfaith marriages of Buddhist women (although not men) in an effort to protect 'nation, race and religion' of the Myanmar state, highlights the lack of rights enjoyed by Myanmar women (Choon 2013). There is also ongoing (often violent or abusive) public backlash to civil society actors who oppose the bill on account of its disregard for women's rights.

makers result in limited income generation opportunities for women, and bars women's access to and control over economic resources (Thinn 2006). However, these norms often contrast with the actual practices of women in Myanmar, who continue to work in order to support their families, as well as undertake household management and care (Belak2002).

Reproductive Health and Rights

Cultural norms around women's health and sexuality have implications on how women experience, and perceive their experiences of violence. There are widespread social expectations around women's chastity and sexuality, and submission within marital relationships (GEN 2014). Women are identified primarily in the context of their marriage, children, and home life (Belak 2002; GEN 2014). Women are expected to ignore their own reproductive health needs for the good of the family, often held at the expense of a woman's personal health and safety (GEN & Kachin Women's Peace Network 2013). When women do experience violence— within or outside of the intimate partnership – 'ideas about appropriate social behaviour...create a mentality that blames the victim for what she suffers ...contributing greatly to the shame that accompanies rape, and increasing women's fear of reporting sexual violence' (Belak 2002: 52; Shein 2012).⁷ Women also face taboos around talking about sex, as well as limited exposure to reproductive health and rights information (GEN 2014; Win et al. 2013; Chan et al. 2013). This contributes to women's lack of knowledge about sexual rights and limited control over sexual and reproductive decision-making within the relationship. It is worth noting that norms around male sexuality in Myanmar are considerably less restrictive than that of women, and men are allowed more flexibility to have multiple sexual relationships, engage in commercial sex work and discuss sex among peers and other men (Aung 2005). The difference between how female and male sexuality is viewed in Myanmar further underscores the extent of gender power imbalance between women and men, which can have serious consequences for women's (and men's) sexual practices and relationships.

1.1.4. Gaps in the Literature

Although this was not a comprehensive review, there are some apparent gaps in the literature on violence against women in Myanmar. The primary limitation was the wide range of methodological approaches to defining and conducting research on women's experiences of abuse. Much of the research used contradictory or non-comparable definitions of violence against women, meaning that certain types of violence (e.g., sexual violence within marriage) were often overlooked. There is also a concerning lack of ethical and safety structures in place to minimize the possible negative consequences of research on sensitive topics with vulnerable women. For example, breaches of confidentiality, limited follow up and support to women who participate in the studies, and interviewing methods that have the potential to put women at risk of further violence, were all seen across the literature review. More rigorous research on violence against women is needed, to more effectively map the nature and scope of violence in Myanmar. Further research and advocacy on factors known to be related to violence against women – such as gendered norms and beliefs, dynamics of intimate partnership relationships, and other forms of violence and conflict in society – will also help to place future research on violence against women within a broader context of literature on women in Myanmar society. This will link on-going work to end violence against women with efforts to achieve gender equality, non-violence and peace across the country.

⁷When women face violence within their partnerships, options are limited. Divorce is perceived as socially undesirable across much of Myanmar, despite oft-cited claims that local divorce customs are equitable and fair (Thinn2006).

Chapter 2: Methodology

This chapter on methodology describes how this study was conducted. It includes the theories – or conceptual framework – that served to inform the design and implementation of the study. It also includes all the practical information as to how the study was conducted and how data was analysed.

2.1. Conceptual Framework

The study draws on a number of concepts and theories that help to define violence against women, to understand why violence against women occurs, and to ensure that research is used to more effectively respond to and prevent women's experiences of abuse.

2.1.1. Defining Violence Against Women

Definitional debates over terminology around women's experiences of abuse and violence are long-standing. Yet, defining 'what is violence' is an important decision (DeKeseredy and Schwartz 2011:5), with implications for how women's experiences of abuse are conceptualized, analysed and translated into programmes and policies to promote social change. This study in Myanmar uses the term violence against women to mean:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations 2006).

This definition encompasses the various types of violence that many women experience across the course of their lives, and 'underscore[s] what each of the abuses has in common, namely its grounding in the fundamental devaluation of women and girls' (Heise 2011). Members of the research team translated this definition, and other related terms, into Myanmar to ensure consistent language around different types of violence.⁸

2.1.2. Violence as a Human Rights Issue

This study understands violence against women as a crosscutting human rights issue that affects women and girls regardless of nationality, ethnicity, race, religion, class, age or sexual orientation. At the root of violence against women are gender inequalities that give men power over women and normalize men's use of violence to exert that power (Yllö 2005). Research shows that men are the primary perpetrators of all forms of violence against women, and in particular, intimate partner violence and sexual violence against women (Garcia-Moreno et al. 2005; DeKeseredy and Schwartz 2011). This study recognizes the universality of human rights, and the need for societies in which women and men have equal rights to opportunities, resources and freedoms.

Although gender inequality and power imbalances between women and men are the root causes of violence against women, not all men perpetrate violence and not all women experience violence

⁸ For a full list of definitions used in this study, reference Annex I: Glossary.

2.1.3 Socio-ecological Model

Although gender inequality and power imbalances between women and men are the root causes of violence against women, not all men perpetrate violence and not all women experience violence. Prevailing theories of why violence occurs point to a number of factors that make violence against women more or less likely to happen (Heise 2011). One of these theories, the socio-ecological model, is widely used to understand and organize these factors across individual, relationship, community and social levels (WHO&LSHTM 2010; United Nations 2006). The model shows that many different experiences, incidents and factors relate to or contribute to women's experiences of violence. This is not a quantitative study, and so the data does not show statistical associations between certain life experiences and violence against women. However, the socio-ecological model provides a framework through which to explore different characteristics, pathways and norms at all levels of society, related to women's experiences of abuse.

2.1.4. Participatory Approaches

This study was a collaborative project, designed and implemented based on principles of community and stakeholder engagement and participation. Ensuring a wide range of partnerships has shown to enhance ownership and future use of data on violence against women (ICRW, GBV Prevention Network and MRC 2012). This is a key element of feminist research methodologies that aim to use research to empower women and transform societies (Fonow and Cooke 2005). Participatory approaches were integrated into the planning, design and implementation phases of this study. During the planning phase and design phases, the study incorporated input from a range of Myanmar stakeholders including local civil society and community-based organisations, and government ministries and departments, as well as international non-government organizations and UN agencies. GEN member organizations played an instrumental role in implementation across their respective sites by identifying participants for the study. GEN members, as well as government ministry representatives, provided oversight and guidance during data collection and dissemination. In particular, the Department of Social Welfare was instrumental in the advocacy and forward movement of the study, signalling a strong level of commitment within the Government to collect data on women's experiences in order to improve Government and non-government response and prevention efforts.

2.2. Conducting Qualitative Research on Violence against Women

There are many different ways to collect data on violence against women. Population-based quantitative data offers a broad statistical overview of how violence affects women at the population level. Such data can measure prevalence and frequency of different forms of violence against women, as well as the factors associated with increased risk of experiencing or perpetrating violence (Garcia-Moreno et al. 2005; Abramsky et al. 2011; Fulu et al. 2013; Kishor and Johnson 2004). Comparatively, qualitative in-depth studies are able to look more deeply into women's experiences of violence, exploring women's narratives of intimate partner violence (Bergen 1994; Santhya et al. 2007; Puri, Tamang and Shah 2011), unpacking vulnerabilities to and trajectories into violent incidents (Surtees 2003; Brickell 2008), and investigating women's care-seeking behaviours (Latta and Goodman 2005; Guruge 2012), among other objectives. The different methodologies therefore result in different types of data on women's experience of violence, and in turn shape the nature of analysis and theorizing around violence. Both methodological approaches are valuable to informing greater understanding on the issue (White 1992; Ellsberg and Heise 2005).

Qualitative research can be a useful method of collecting data when there is limited understanding of the types and experiences of violence in a setting (Latta and Goodman 2005), as is the case in Myanmar at this time.

Qualitative research was chosen in order to understand in-depth women's experiences of violence within communities.

Although qualitative studies are not statistically representative of a population, this method still provides robust and valid data on women's experiences of abuse.

The conclusions are supported by women's stories and narratives, which provide a 'composite picture' of patterns, trends and themes that help to describe the why and how of violence against women, using women's own voices.

This study uses qualitative methods of research on violence against women. Qualitative research can be useful when there is limited understanding of the types and experiences of violence in a setting (Latta and Goodman 2005), as is the case in Myanmar at this time. Qualitative research was chosen in order to understand in-depth women's experiences of violence within communities. This data will inform the refinement of both existing and future programme activities. It will also provide important insight into women's experiences of abuse, in order to inform larger, nationally representative quantitative surveys and other qualitative studies.

Although qualitative studies are not statistically representative of a population, this method still provides robust and valid data on women's experiences of abuse. The whole research design of this study ensures that the findings resonate with women's lives and experiences across the country. It is important to note, however, that the report does not 'quantify' the findings of this study – or make numerical conclusions based on narrative data. This is because the study does not use representative sampling methods, so it would be technically inaccurate. This is consistent with international standards of qualitative research (Mack et al. 2005, Ellsberg and Heise 2005). Rather, the conclusions described below are supported by women's stories and narratives, which provided a 'composite picture' of patterns,

trends and themes that help to describe the why and how of violence against women, using women's own voices. For more on the validity of this study, see section 2.9.

2.3. Study Design

The study included 38 semi-structured in-depth interviews with women (18 – 55 years old) who were known to have experienced some form of intimate partner violence or non-partner sexual assault.⁹ These in-depth interviews explored a range of women's experiences of violence, as well as factors related to exposure and trajectories into abuse, consequences of abuse, and respondents' mitigation and coping strategies.

⁹ The scope of this study was widened beyond intimate partner violence to include violence against women outside of the partnership. This reflects the research needs and program priorities of GEN member organizations.

The in-depth interview question guide asked open-ended questions on the following topics.¹⁰

Section A: Early Years

- Living arrangements during childhood
- Relationships with parents, peers and community members
- School experiences

Section B: Adulthood and Current Life

- Current living arrangements and marital/relationship status
- Children
- Job and work
- Mobility and inter-city travel

Section C: Current Relationship

- Trajectory into relationship
- Nature of the relationship (e.g. decision-making, communication, shared activities)
- Conflict and problems within the relationship (including probes for economic, emotional and physical abuse)
- Frequency and cycles of abuse
- Disclosure of abuse

Section D: Sexual Health

- Sexual and reproductive health (including menstruation, pregnancy)
- Access to sexual health education and information
- Social norms around sex and sexual behaviour
- First sexual experience
- Nature of intimate partnership sexual activity
- Any incidents of forced sexual activity (within or outside of the partnership)

Section E: Closing

- Impact of different forms of violence on children (if any)
- Future ambitions for self and for children (if any)
- Any other narratives related to violence against women

The in-depth interview guides were written in English and then translated into Myanmar. Back-translation was conducted in order to ensure accurate translation. The guides were structured sequentially, beginning with questions of low-level sensitivity (e.g., childhood, current life) and ending with the most sensitive questions (sexual practices, including violence). This method allowed the interviewer to build rapport and trust with the woman, and to ensure a higher degree of disclosure and open narrative. All in-depth interviews were conducted by local female qualitative researchers, who had experience conducting in-depth interviews on women's health and gender. All interviews were recorded using audio-recording devices. Prior to data collection, the researchers underwent a five-day training programme to build further capacity to conduct

¹⁰ These topics are directly related to the conceptual framework, in that they explore a range of women's experiences of violence, and also explore in-depth some known factors that may contribute to their vulnerability (e.g. childhood experiences, gender dynamics of partner relationship, economic stability and security, and knowledge of sexual and reproductive health rights).

research on sensitive issues, such as violence against women. The researchers ranged from mid-twenties to mid-fifties.

Figure 1: Map of Study Sites

The study design also included 14 focus-group discussions with women to explore the participants' attitudes and beliefs around gender norms and violence against women in their communities. The focus-group discussions used story-completion methods, telling a story about a hypothetical Myanmar woman and her abusive husband. This method is effective to foster discussion and debate about sensitive topics, by using hypothetical scenarios and prompting participants to explore possible story endings relevant to their community realities (Heise and Ellsberg 2005).



The topics explored in the focus-group discussions included:

- Perceptions of women's rights (with regards to education, employment, social participation)
- Expectations and social norms around masculinity and femininity in the community
- Perceptions of violence against women in the community
- Opinions of options for women in abusive relationships

Each focus-group discussions was facilitated by two members of the research team, one who served as a primary facilitator and one who recorded notes and impressions, in order to capture non-verbal cues and group dynamics.

Finally, the study included key informant interviews with a range of community, civil society, government and national and international NGO stakeholders on their perceptions of violence against women in Myanmar, and their reflections on progress and gaps around addressing this issue. Key informant interviews varied depending on the respondent, but generally included the following themes:

- Nature of informant's work to address violence against women in Myanmar
- Perceptions of the issue, including common types and underlying causes of violence
- Progress to-date in addressing violence against women in Myanmar
- Gaps remaining and support required to address these gaps

Key informant interviews were conducted by members of the research team, in either Myanmar or English.

These three research approaches (in-depth interviews, focus-group discussions and key informant interviews) were triangulated to validate findings from each type of data, and provide a complete and holistic picture of women's experiences of violence. Each approach provided a different type of information: in-depth interviews gave women's individual stories and experiences; focus-group discussions provided insight into the social and community context (beliefs, norms, etc.) in which violence occurs, and key informant interviews provided information on violence against women response and prevention efforts taking place in the country at this time.

2.4. Location and Site Criteria

This study was conducted in two primary sites and five secondary sites. The two primary sites were Yangon and Mawlamyine. In-depth interviews, focus-group discussions and key informant interviews were all conducted in these sites. These two sites were purposively identified through a collaborative decision-making process, including GEN members and Government representatives. The study also included five secondary sites, where only comparable focus-group discussions were conducted (see Table 1 for an overview of all study sites and Table 2 for selection criteria of primary and secondary sites). These secondary sites were included in the study design to conduct a general assessment of whether there was regional variance in gender norms and perceptions of violence against women. The five secondary sites were Kale, Labutta, Lashio, Loikaw and Magway.

Table 1. Overview of Primary and Secondary Sites, by Type of Interview

Site Type	Site	In-depth Interview	Focus-group Discussion	Key Informant Interview
Primary	Yangon	x	x	x
	Mawlamyine	x	x	
Secondary	Kale		x	
	Labutta		x	
	Lashio		x	
	Loikaw		x	
	Magway		x	

Table 2. Selection Criteria for Primary and Secondary Sites

Site Type	Selection Criteria
Primary	<ol style="list-style-type: none"> 1. Include the capital or largest city in Myanmar (Yangon) 2. Have basic service and crisis support services for women who participate in the survey (required for compliance with ethical and safety standards) ¹¹ 3. Have a level of population diversity that is likely to represent dynamics that resonate more widely in the larger socio-political environment in Myanmar (e.g., larger urban populations) 4. Have selected GEN member focal points who could facilitate and provide logistics to the study 5. Were stable and easily accessible to the research team for purposes of safety, travel and cost
Secondary	<ol style="list-style-type: none"> 1. Provide general representation of Myanmar regional variance (including geographical diversity) 2. Have selected GEN member focal points for logistics and facilitation of focus-group discussions 3. Were stable and easily accessible to the research team for purposes of safety, travel and cost

¹¹ Women's access to support services is limited in many parts of Myanmar. However, the provision of service support information and referrals (for both interviewers and respondents) is important to ensure that research adheres to international safety and ethical standards (Jansen et al, 2004; Heise & Ellsberg 2005).

2.5. Sampling and Participant Recruitment

2.5.1. In-depth Interview Sampling

A total of forty (40) female¹² respondents (20 per site) were purposively sampled for the in-depth interviews in Yangon and Mawlamyine. Two women were eventually removed from the sample, as they did not fit the study criteria. The sample reached a level of theoretical saturation at approximately twenty-five (25) interviews. This means that new data was no longer providing new insight into the research questions. The research team sampled over the saturation point because there was a slight time-delay due to the translation process and the study was financially able to support this level of buffer sampling. Keeping qualitative samples small is important to ensure that the researchers are able to explore in-depth the contexts, perceptions and experiences within women's stories of abuse. This is standard qualitative research practice (Mack et al. 2005).

The respondents fulfilled the following requirements:

- Experienced some form of violence against women, particularly intimate partner violence
- Above the age of 18
- Able and willing to participate in the study
- Of sound mental capacity

Participants for the in-depth interviews were sampled through GEN member organizations active in Yangon and Mawlamyine. To facilitate the sampling process, GEN members selected one institutional focal point who would serve as the liaison between the research team and the respondents. The role of the GEN focal points was to selectively reach out to women in the respective organization's target communities and ask whether the woman would be willing to participate in the study. If the woman agreed to participate, the GEN focal point connected the woman with the research team.

A total of ten (10) GEN focal points from both Yangon and Mawlamyine were identified from seven (7) GEN member organizations.¹³ The focal points attended a one-day training workshop in Yangon to review the study's participant sampling methods. The workshop focused on the ethical and safety requirements for sampling women who had experienced violence, to ensure the principles of confidentiality, safety and privacy were maintained during the sampling process. Focal points were in contact with members of the research team throughout the duration of the study to coordinate in-depth interview participant sampling and selection.

2.5.2. Focus-group Discussion Sampling

Two groups of six (6) to ten (10) women per site were recruited for the focus-group discussions to explore gender norms and perceptions of violence against women in Myanmar. Each site conducted one focus-group discussion with women aged 18 – 25, and one focus-group discussion

¹² The study only interviewed women – and not men – in order to study in-depth women's experiences of violence, and to emphasize the need to hear women survivors stories first. Further research with men to better understand why some men use violence is needed, and the findings of this study will be able to guide this future research. The study also did not interview girls, as there are ethical and safety complications to interviewing minors and children about sensitive topics such as abuse, and this was outside the scope of this study.

¹³ The names of these organizations are not identified in this report, to further ensure privacy and confidentiality of the women who were sampled through the organization and who participated in this study.

with women aged above age 26. A total of 14 focus-group discussions were conducted across the two primary sites (Yangon and Mawlamyine) and the five secondary sites (Kale, Labutta, Lashio, Loikaw and Magway). The women were selected from communities in which GEN member organizations and their networks were active. The focus-group discussions were comprised of relatively homogenous groups of women from the community. All participants were able and willing to participate and were of sound mental capacity, in order to provide informed consent.

2.5.3. Key Informant Sampling

Nine key informant interviews were conducted across Yangon and Mawlamyine. The key informants were identified in consultation with the GEN Steering Committee and Research Working Group. Key informants were selected based on their involvement in addressing and preventing violence against women in Myanmar. The full list of key informants is provided below.

Table 3. List of Key Informants

Site	Participant description
Yangon	Women's Rights Advocate
	Legal Advisor to women who experience violence
	Psycho-social Counsellor for women who experience violence
	National Level Police Colonel
	Department of Social Welfare Official
Mawlamyine	Legal Advisor
	Women's Rights Advocate
	Medical Doctor
	Township Medical Officer

2.6. Ethical and Safety Procedures

As noted in the literature review, one of the primary gaps of the research on violence against women conducted in Myanmar to date is the lack of methodological consistency, particularly as it relates to ethics and safety issues. There are a number of ethical and safety challenges to conducting research on violence against women.¹⁴ This study adhered to the following international standards on conducting violence against women research:

- World Health Organization [WHO]. (2001). Putting Women First: Ethical and safety recommendations for research on domestic violence against women. Geneva: WHO. Available at www.who.int
- Jewkes R, Dartnall E and Sikweyiya Y. (2012). Ethical and Safety Recommendations for Research on Perpetration of Sexual Violence. Sexual Violence Research Initiative, Medical Research Council, Pretoria, South Africa. Available at www.svri.org

The research team received ethics approval from the Ethical Review Committee of the Department of Medical Research, Lower Myanmar. The full study protocol and research tools (including Myanmar translations) were submitted on 26 November 2013 and the study ethical defence was held on 14 January 2014. The certificate of ethics approval was awarded on 3 March 2014. Data collection began on 4 March, 2014.

¹⁴ For the full study ethics and safety framework, please contact GEN Coordination Unit at gen.myanmar@gmail.com.

The in-depth interviews with women who had experienced violence were all held in private, enclosed locations. Each in-depth interview was conducted with one woman and one female researcher. No other persons were present, except small children under the age of two in four cases (one in Yangon and three in Mawlamyine). The study purpose and design was explained to the participant. It was made clear that the participant would not receive any remuneration for her participation, apart from travel expenses. She was provided the opportunity to ask any questions, which were answered by the researcher, prior to giving verbal consent to participate in the audio-recorded interview. Verbal consent was recorded and noted by the researcher. At the end of the interview, the researcher offered each woman the contact information for the research team, as well as service provision information (health services, psycho-social support and legal services) in her city.

The same principles of informed consent and voluntary participation were applied to the focus-group discussions and key informant interviews. Each focus-group discussion was conducted in a private, quiet room with two researchers and six to ten women. The researchers explained the nature of the study and emphasized the importance of each woman's opinions and contributions, as well as the need for non-judgmental and open debate. The group was given the opportunity to ask questions. Verbal consent was audio recorded. Key informant interviews were conducted by Myanmar national members of the research team, as well as the principal investigator (when interviews could be conducted in English). Informed consent was obtained from all informants. Names were kept confidential, although some key informants did emphasize their willingness to speak on record, as advocates for women's freedom from violence in Myanmar.

An ethics and safety team – comprised of GEN Coordination Unit representations, the study's Principal Investigator, and members of the GEN Steering Committee – were present and available during the study to respond to any immediate ethical or safety issues. No major incidents around safety for the study participants or the research team arose during the course of study.

Data was managed in an organized and confidential manner, in order to maintain privacy of the respondents and integrity of the study. Women's names were never noted down. Each interview was coded with a specific interview code, which was used to mark the woman's consent form, audio files, transcripts and translations. The interview audio files were downloaded onto a password-protected computer. All interviews were transcribed and translated by a team of individuals who had been engaged in sensitive data processing on behalf of GEN for previous studies. References to a respondent's locality, family members or friends were deleted from the transcripts, in order to ensure anonymity of the respondent's circumstances. All documentation and equipment related to the study was stored in a locked filing cabinet in the GEN Coordination Unit offices.

2.7. Analysis Methods

Interview recordings were transcribed in Myanmar and then translated into English. After reviewing field notes from each interview, a coding framework was developed to analyse the research according to key thematic areas of interest: types and experiences of violence, consequences of violence, and mitigation and coping strategies. Sub-codes were derived from the initial data segmentation process and applied to assess key areas of findings.

2.8. Strengths and Limitations of the Study

The main strength of this study was the prioritization and adherence to the ethics and safety framework, which guided implementation and analysis of the research. The rigorous application of ethical and safety principles throughout the duration of the study resulted in high quality qualitative data on women's experiences of violence, in keeping with updated international standards of conducting violence against women research. The robust methodology of this study contributes to future qualitative and quantitative research on this topic in Myanmar.

The main limitation of this study was the qualitative approach and sampling framework, which, although providing in-depth and complex data on women's experiences of abuse, does not provide data that is statistically representative of the broader Myanmar society. Women who participated in this study were purposively sampled through GEN member organizations. This means that the sample was skewed toward women engaged in some type of community outreach activities, or women who accessed some form of support to deal with their abuse. The study is not representative of the full ethnic, socio-economic and religious diversity of Myanmar. While the study design does capture some regional variance in gender normative beliefs and perceptions of violence against women through the collection of secondary focus-group discussion data, it is unable to quantitatively assess difference in women's experience of violence by region or district. These are inherent limitations of qualitative research and do not undermine the validity of this study's conclusions.

This purposive sample does provide valuable data on women's access of services where GEN member organizations have programme interventions, and the data gives insight into practical and immediate areas for improvement. For example, the findings show that women do not comprehensively access support services. Some may go to legal services for divorce, but may not go to health clinics for immediate physical or sexual health care after an incident of violence. These findings have important implications for how service providers reach out to women who experience violence.

All Myanmar interviews were translated into English and data analysis was conducted in English. Every effort was made to ensure quality translation. Well-qualified Myanmar-English translators were hired to support the study. Each translation was reviewed by the principal investigator and the researcher who conducted the interview. Key phrases and words in Myanmar related to this topic were left in the transcripts, alongside their English translation, to ensure that Myanmar language nuances were captured in the analysis. Bi-lingual members of the research team were closely involved in the analysis process. Despite these precautions, it is likely that some linguistic distinctions were lost during the translation process. This points to the need to further support Myanmar researchers to conduct primary data analysis in local dialects and languages, based on exposure to and use of global best practices.

2.9 Validity of the Data

Social scientists and anthropologists are often asked, 'How do you know the person is telling you the truth?' Particularly when collecting data on sensitive issues such as violence against women, the reliability and validity of the data is often called into question. For this study, a 'composite picture' emerged from the data set, which suggested a core of shared experiences, although

patterns, severity and types of abuse may have varied. This is consistent with other qualitative research on violence against women (Warrington 2001) and suggests that women are disclosing accurate and honest information of their personal stories.

Women shared deeply hidden or unexplored experiences that would not have been openly discussed in a general conversation or interaction

Another indicator of truth across the women's stories is the process through which the stories were obtained. It is challenging to extract narratives on sensitive topics, as people are often uncertain or insecure about the reaction to their experiences. Anthropologist David Graeber argues, 'When you see hesitation, confusion, tension, ambiguity, when people seemed to want to talk about something and not want to talk about it at the same time, this [is] the surest sign that something important [is] going on' (2007: 15-16). This study approached the interview process with caution and care. The graded nature of questions (from general to most sensitive), the extensive training and experiences of the researchers, and the repetitive reassurance of confidentiality, non-judgment and openness, created an environment where women felt safe to discuss their own experiences of abuse. One woman who disclosed extensive partner abuse, as well as experiences of sexual harassment and assault told the researcher, 'When you came and asked me about when I was beaten, I [didn't] know how much I would tell you about my story' [IDI, Mawlamyine, 35 years old].

Women also reported feelings of relief or release after the interviews, a reaction often seen across violence against women studies (Warrington 2001; Bergen 1994; Garcia-Moreno et al. 2005). For some, the interview was the first time they had discussed their experiences at length. The cathartic process of the interview further supports the validity of this data, showing that women shared deeply hidden or unexplored experiences that would not have been openly discussed in a general conversation or interaction.

This report has been peer-reviewed by international experts who specialize in violence against women research for technical accuracy. It has also been reviewed by national violence against women programme and research experts in Myanmar.

2.10 Sample Demographics

The following section provides an overview of the sample demographics.

Age: The majority of the sample was over 26 years old. Over half of the women were between the ages of 26 – 35 and about one-third of the sample was over the age of 35. The oldest woman was 55 years old and the youngest was 22 years old.

Education: Half of the women had some primary school education. The remaining women were equally divided between no primary school education, some high school education and higher education. Higher education included bachelor and master's degrees, as well as distance learning. Higher education was more commonly reported among Yangon respondents.

Employment: Across both sites, the majority of women worked as vendors (of fruit, mohinga,¹⁵ carpets/mats etc.). In Yangon, there was greater diversity in employment, including students, businesswomen, teachers and household workers. About one-quarter of the women were unemployed or did odd jobs, where opportunities arose.

Marriage: In Yangon, one third of the women were married to their first and only husband, with the remaining women widowed, divorced or separated. Among the women who were widowed or divorced, all but one had remarried or repartnered. The pattern looked slightly different in Mawlamyine, where three-fourths of the women were married to their first husband, and the rest separated, divorced or widowed. Similar to Yangon, all women who were widowed or divorced had remarried.

Children: Across the sample, the majority of women had between one and three children. The women interviewed in Mawlamyine tended to have larger families. Almost all women across the two sites lived with their husband and children. Those women who were separated tended to live with mothers or other family members. Only two women lived alone without other adults, one with her 14-month daughter.

¹⁵ Mohinga is a noodle and fish soup that is commonly sold by cart vendors or in stalls across Myanmar.

Chapter 3: Women's Experiences of Violence

Key Findings

- Women across the two sites experienced a wide range of violence, including:
 - Economic intimate partner violence (examples include: husband withholding money from the family, or spending money on other activities when he knew his family needed income; stealing money from his wife; or controlling her access to employment, healthcare or other needed services)
 - Emotional intimate partner violence (examples include: husband humiliating or insulting his wife in front of other people; threatening to harm his wife or destroying household possessions)
 - Physical intimate partner violence (examples include: husband beating, hitting, punching, slapping, kicking his wife, or using an object such as a knife, stick or broom to injure her)
 - Sexual intimate partner violence (examples include: husband yelling or beating his wife when she refused to have sex; wife having sex with her husband because she was afraid of what he might do if she refused; husband forcing wife to do certain sexual acts against her will)
 - Non-partner sexual assault (examples include: groping in public places; attempted or completed rape)
- All women told stories of more than one type of violence, whether by their husband, by a man known to them, or by a stranger
- Almost all women had experienced at least one form of physical abuse by a former or current husband, and most reported multiple incidents
- Women's stories of violence show that intimate partner violence is not a one-off incident, but happens often and is a constant part of the relationship
- Different types of intimate partner violence tended to overlap, and women who are vulnerable to one form of violence within their relationships, often reported incidents of other types of abuse
- Despite this study's focus on intimate partner violence, almost half of the women also experienced some form of non-partner rape, sexual assault or sexual harassment
- Groping in public spaces was considered a normal part of women's experiences moving around town
- Sexual assault was considered shameful and was framed within the context of its impact on a woman's reputation, leading to victim-blame

This qualitative research reveals that the women interviewed experienced many forms of violence throughout their lives, in different places and by a range of men. Types of violence included sexual assault and harassment, non-partner rape, as well as emotional, economic, physical and sexual intimate partner violence. All women experienced more than one type of violence, demonstrating how violence is not a one-off incident and how different types of violence tend to overlap. The following chapter describes the different types and patterns of violence against women found in this study.

3.1 Intimate Partner Violence

Most of the women reported incidents of intimate partner abuse, and husbands future, current or ex- – were the primary perpetrators. This is consistent with international data on violence against women (Garcia-Moreno et al 2005) and was expected, given that the study aimed to explore intimate partner violence. However, it remains an important finding, as violence against women in Myanmar is often conflated with only rape or sexual assault, and intimate partner violence is often under-recognized or dismissed [KII Women's Rights Advocate, Yangon]. This study shows that women do experience emotional, economic, physical and sexual partner violence in Myanmar. Most women who told stories of partner abuse also described more than one type of abuse and multiple incidents.

All women experienced more than one type of violence, demonstrating how violence is not a one-off incident and how different types of violence tend to overlap.

3.1.1 Emotional Violence

Most of the women reported times when they experienced emotional abuse in their relationship. Humiliation or insults by husbands were reoccurring types of emotional violence across the interviews. This abuse tended to target the woman's sexual reputation or aspects of her life that were perceived as shameful, such as positive HIV status or low socio-economic status. One woman who had married a richer man said that her husband sometimes came to her shop and would publicly denigrate her family's lower socio-economic status in front of her clients. 'It was very shameful for me to be told this in front of people,' she said. [IDI, Yangon, 33 years old] Husbands would also swear at their wives, and use derogatory slang words with sexual connotations. These different incidents share a common theme: that verbal abuse was used by husbands to undermine a woman's self-esteem and feelings of self-worth, by targeting her reputation or her position within society.

Verbal abuse is often an overlooked component of partner abuse in Myanmar. One key informant noted, 'When a woman gets badly beaten, her neighbours start to notice and recognize this as domestic violence. But there are also women who are tortured psychologically at home. Yet



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people are not aware of this kind of abuse.’ [KII, Yangon, Psychosocial Counsellor] However, the women’s stories suggest that verbal abuse is experienced by women in Myanmar, and has consequences for their mental health, resulting in depression and low sense of self-worth. As one woman noted, ‘He defeated me with words.’ [IDI, Yangon, 33 years old] See Chapter 4 for more information on consequences of violence.

Verbal abuse was used by husbands to undermine a woman's self-esteem and feelings of self-worth, by targeting her reputation or her position within society.

Women also told stories of other forms of emotional violence. In many cases, husbands would destroy household objects, such as pots, bowls or other goods, as a way to express their anger. This abuse was often related to quarrelling between the couple, and tended to take place when a husband returned home drunk. In some cases, the destruction of household goods was a replacement to physical abuse: ‘If he doesn't beat me, he breaks things.’ [IDI, Mawlamyine, 30 years old] However, for other women, it was often a precursor to physical abuse. A respondent from Mawlamyine described her husband’s anger as ‘very scary’ when he was drunk and that he would ‘break the whole house and beat the whole family. When there are floods during the rainy season, he would throw clothes into [the water].’ [IDI, Mawlamyine, 26 years old]

Other forms of emotional abuse included husbands who abandoned their wife and/or children, incidents where the husband threatened harm, controlling behaviour, or forced isolation of women from their communities or society in general. Some women also experienced psychological abuse from in-laws or the husband's family members. Although this is not violence perpetrated by an intimate partner, the husband often ignored or sanctioned this psychological manipulation. The abuse tended to reinforce the woman's position of inferiority within the extended family. It contributed to her vulnerability and exacerbated the consequences of the violence she faced. The full list of types of emotional violence seen in this data set is provided in Table 4.

Table 4. Types of Emotional Violence Described by Respondents

Humiliation or insults, including in front of other people	He shouted and yelled at me, using abusive words, in front of others.’ [IDI, Yangon, 26 years old] “My husband is very rude to me. He said that my face looked like a penis.’ [IDI, Yangon, 37 years old]
Yelling	‘He would just stand up and shout at me at any time if he became annoyed with me.’ [IDI, Yangon, 33 years old]
Threatening bodily or financial harm	‘He told me that he would ill-treat me and beat me until I died.’ [IDI, Mawlamyine, 33 years old] ‘If he has money, he gives me all of it. But if he gets angry, he asks for all of it back.’ [IDI, Yangon, 26 years old]
Forced isolation from peers, friends or community members	After we quarrel, I cannot tell anyone because he won't let me go ‘anywhere. I have to stay inside the house.’ [IDI, Yangon, 39 years old] ‘[My husband] did not allow me to go out. If I went out, my mother-in law told him and he would beat me.’ [IDI, Mawlamyine, 33 years old]

Table 4. Types of Emotional Violence Described by Respondents - Continue

Controlling behaviour	<p>'My boyfriend is extremely jealous. He does not let me cut my hair or wear a skirt or trousers. I cannot go out or have a conversation with a man.' [IDI, Yangon, 44 years old]</p> <p>'He had a phone that I was not allowed to answer. I had to live under his control.' [IDI, Yangon, 23 years old]</p>
Destruction of property or possessions	<p>'When he returns home drunk, he also breaks the plates and pots. There were two to three pots given to us by others out of kindness, but he broke them all.' [IDI, Mawlamyine, 41 years old]</p>
Abandonment	<p>'He left me when our baby was only one month old. He got married to another woman.' [IDI, Mawlamyine, 28 years old]</p> <p>'My husband left us frequently. If I told him that I was urgently in need of money, he wouldn't come to us. He said we were not important.' [IDI, Mawlamyine, 28 years old]</p>
Throwing her out of the house	<p>'He kicked me out of the house at night time. He took my earrings, my jewellery, and then told me to get out.' [IDI, Yangon, 33 years old]</p>
Neglect	<p>'During the ten years we were together, he would hang out with other women and neglect me. I had to pretend like I didn't know him.' [IDI, Yangon, 55 years old]</p>

Incidents of emotional violence often occurred with other forms of abuse. For example, when women resisted a husband's verbal abuse or controlling behaviour, he sometimes used physical violence to reassert his power and control. As one woman related, 'He always made problems by saying how he faced so many difficulties because of me and my son. I always had to stay silent. If I became angry, he would physically hit me.' [IDI, Yangon, 33 years old] In other cases, men would resort to emotional abuse – insults, threats or aggressive yelling – when their wives refused sex.

He comes back home and [wants to have sex]. I tell him to stop, as the baby is already asleep. I get angry with him and we quarrel. When it becomes worse, he threatens that he will stab me and kill me. [IDI, Mawlamyine, 22 years old]

These patterns further demonstrate the interconnectedness of multiple forms of partner violence. They also show the influence of social norms around women and men's roles in marriage partnerships, and what happens when these norms are challenged (e.g., when she refuses to fulfil social expectations of a dutiful wife and provide sex against her will). This will be explored further in Chapter 6.

3.1.2 Economic Abuse

Economic abuse was reported by almost half of the women. In underdeveloped settings, women are particularly vulnerable to this type of abuse, due to gendered patterns of men's power and control over resources (UN General Assembly 2006). Economic abuse perpetrated by husbands tended to be more consequential and important to the women interviewed in Mawlamyine. This is possibly due to the lower socio-economic status of the respondents and the greater economic difficulties they faced. However, although economic abuse may be linked to economic stress and vulnerability

among the women sampled for this study, it is important to note that some middle and upper middle class women also experienced a partner's financial manipulation.

The most common narrative of economic abuse was men's lack of financial contribution to the household. Husbands often refused or neglected to share income with their wives to support household expenditure. In some cases, husbands were unemployed and expected their wives to generate income and run the household. In other situations, men would spend earnings on personal interests, such as alcohol, gambling or sex workers, even when they knew there was not enough money for household expenses. A woman from Mawlamyine described her situation as such:

My husband spends all his money on alcohol and does not give us any. He sometimes gives us money and sometimes not, so we have to make a living ourselves. [IDI, Mawlamyine, 54 years old]

Other often repeated forms of economic abuse included lack of financial support during pregnancy or for children's health or education needs. As one woman noted, her husband 'didn't support me with any money for my delivery costs when I gave birth.' [IDI, Mawlamyine, 28 years old] Women also reported that their husbands stole from them to support alcohol addictions, gambling or entertaining girlfriends or other extra-marital affairs. See Table 5 for all types of economic abuse reported by respondents.

As with emotional violence, economic abuse was sometimes tied to incidents of physical and sexual violence. The lack of men's financial support to families was a common cause of couple quarrelling and often escalated into physical violence. One woman reported that '... when I asked [my husband] for money, he beat me and sometimes kicked me. It happened daily.' [IDI, Mawlamyine, 54 years old] Other husbands, who did financially provide for their families, sometimes used their financial support as a justification for his demands for sex, regardless of consent. 'He says he works and takes care of our family, and I do not fulfil a single [sexual] desire of his.' [IDI, Mawlamyine, 36 years old] Overall, money played an important role in women's descriptions and narratives around incidents of abuse. Economic vulnerability and stress as an environmental trigger for abuse will be discussed in Chapter 6.

Table 5. Types of Economic Abuse Described by Respondents

Denying funds to support household expenses when the husband knew there wasn't enough money	Sometimes, there were times when he refused to give me money "when I needed some. He didn't bring any money back home. I'm in debt, you know.' [IDI, Yangon, 28 years old]
Denying food/basic needs (including woman and children's healthcare)	'My daughter did not get enough nutrition. The money I earned was not enough. My husband did not give his money to me. He just used it for himself and his drink.' [IDI, Mawlamyine, 26 years old]

‘When a woman gets badly beaten, her neighbours recognize this as domestic violence. But there are also women who are tortured psychologically at home. People are not aware of this kind of abuse.’

Yangon, Psychosocial Counsellor

Table 5. Types of Economic Abuse Described by Respondents - Continue

Controlling access to employment	'He himself won't let me work, and I dare not leave the children.' [IDI, Yangon, 39 years old]
Stealing from wife	'My husband did nothing but take money from me and spend it outside the family.' [IDI, Yangon, 55 years old] "I carried the baby and followed him on his jobs because I was afraid that he would gamble away all the money. I had to sleep keeping the money with me." [IDI, Mawlamyine, 49 years old]

3.1.3 Physical Violence

Almost all women had experienced at least one form of physical violence by a former or current husband, and most reported multiple incidents. As noted above, physical violence is often perceived as the most common manifestation of intimate partner violence, likely because it has the most visible consequences. However, all women who experienced an episode of physical violence also experienced one or more other type of partner violence (e.g. emotional, economic or sexual). This shows that violence was not a one-off occurrence and physical violence tended to occur together with other forms of abuse.

All women who experienced physical violence reported incidents of beating, punching, hitting or slapping. Men tended to use fists or hands, but some 'beat me with anything he could find' [IDI, Yangon, 37 years old], including knives, sharp sticks, rocks or other weapons. Some women reported that their husbands had kicked them. The full list of types of physical violence is listed in Table 6. Although all forms of violence are unacceptable, the forms of physical violence reported by the women ranged from moderate to "severe," in terms of the immediate and long-term impact. The most deadly forms of physical abuse included excessive and repeated beating or kicking, smothering, strangling or attempted poison, all with the intent to kill.

Violence was not a one-off occurrence and physical violence tended to occur together with other forms of abuse.

One woman told of a series of life-threatening attempts. Her family had forced her into marriage with a much older man. On more than one occasion, he attempted to kill her.

He bought some rat pesticide from the cooperative drug shop...He pulled off the lid and told me to open my mouth. However, I think it was not the time for me to die. Five men came in... just then. My husband shoved the bottle away. If I died there, those people might know. So he dragged me away forcefully. [IDI, Yangon, 37 years old]

Other attempts on this same woman included suspected poisoning of snacks, and attempts to strangle her. Globally, intimate partner homicide is one of the major causes of premature death and disability of women (Stöckl et al 2013; VicHealth 2004; Krug et al 2002), and this study bears witness to the nature of severe physical violence against women by their partners.

Episodes of physical abuse tended to happen inside the house, or in the vicinity of the home (e.g., yard, porch, etc.). This may have been related to negative social attitudes toward men beating their wives in public. The women who did report public experiences of abuse often framed them

as shameful – not because the abuse happened, but because other people saw it and knew about it. ‘While walking on the street, he sometimes punches and sometimes pulls my hair. I told him to not create scenes on the streets. [I told him], you can do this when we reach home.’ [IDI, Mawlamyine, 41 years old] Other perpetrators took care to ensure that physical abuse was kept private.

When he was going to make problems and hit me, he would shut all the windows and doors and turn the music on loudly. My neighbours could not hear my crying and shouting. They just thought that we listened to loud music. He hit me with his fists and kicked me. One time, he dragged me into the bathroom and sank my head in the water tank.[IDI, Yangon, 33 years old]

However, due to extended family living arrangements, abuse would sometimes occur in front of family members. ‘My husband gave me a slap in front of my mum and sister. I felt so much pain. My mum and sister got angrier than I did. Mum nearly stabbed him with a knife because he hit me so hard.’[IDI, Yangon, 44 years old]In some cases, the presence of family members acted as a deterrent to a husband’s abuse. However, this was not consistently effective at stopping abuse. Contradictory messages and signals from family and friends – to stay or leave an abusive relationship – combined with individual concerns and barriers to disclosing or talking about abuse, meant that while family presence might have minimized the frequency of violence, it was unlikely to stop it altogether. More on how women tried to minimize the likelihood of abuse, and how they talked about abuse will be discussed in Chapter 5.

Some women told stories of physical violence during pregnancy, and for others, physical violence actually began during or after pregnancy. This suggests that pregnancy may be a pivotal moment in marital relationships, with the stress of parenthood, economic stress and other related-worries or challenges acting as a trigger for men's physical abuse. More on pregnancy as a trigger for abuse is discussed in Chapter 6.

Table 6. Types of Physical Abuse Described by Respondents

Hitting/slapping	‘He hit me for not preparing a meal for him. He slapped me, hitting me on the face with his hand.’ [IDI, Mawlamyine, 28 years old]
Punching/beating	‘He beat my head with the tha-na-khar ¹⁶ trunk and [with a chair]. Those areas are painful when they are pressed. I was lucky that I did not die of those injuries.’ [IDI, Mawlamyine, 33 years old]
Kicking	‘I did not give him money when he asked me. When I [told him no], he kicked me and my nose broke.’ [IDI, Yangon, 30 years old]
Strangling or smothering	‘He hit me and wrapped his hands around my neck and tried to strangle me.’ [IDI, Yangon, 23 years old] ‘In the early days of our marriage, he tried to smother me with a pillow when I was asleep. There was no warning. We didn't have a quarrel. He just did so without telling me anything.’ [IDI, Yangon, 26 years old]

¹⁶ Tha-na-khar is a yellowish-white cosmetic paste made from the ground bark of a specific tree, and applied to the face and body by women and girls, and to a lesser extent by men and boys.

Table 6. Types of Physical Abuse Described by Respondents - Continue

Pulling her hair	'He grabbed my hair and slapped and punched me so many times.' [IDI, Yangon, 44 years old]
Use of weapons or other objects to physically harm the respondent	'When I refused to give him money, he took a piece of wood and struck me in the calf. It was inside my calf just like an iron spear, and I could not walk properly for about one month.' [IDI, Mawlamyine, 41 years old]
Physical abuse during pregnancy	He hit me and kicked me. I was four months pregnant at the time.' [IDI, Mawlamyine, 28 years old] 'He kicked me like a ball when I was pregnant.' [IDI, Mawlamyine, 32 years old] 'He hit me during pregnancy. He stepped on my belly and asked me to abort, because he said that he had no money. I refused.' [IDI, Yangon, 23 years old]

3.1.4 Sexual Violence or Marital Rape

Over half of the women across the study sample experienced intimate partner sexual violence, or marital rape. All the women who experienced forced sex also experienced other forms of violence, including emotional and physical violence. These overlaps in types of marital abuse are consistent with other studies across the region (Santhya et al. 2007). Very few women actively identified their experiences as rape, yet all of them described incidents in which they were forced to have sex against their will, for a variety of reasons. In all cases, men held the power to determine the ultimate outcome of sexual negotiations between the couple. In some cases, this was physical power. One woman reported, 'He never asked me if I wanted to have sex. He just did as he wished. He even locked the door, so that I could not leave the room.' [IDI, Yangon, 23 years old] In other cases, men held economic or emotional control over their wives or former wives. One woman, whose husband refused to live with her, said 'He would sometimes come back to me in the afternoon to have sex. Although I didn't want to, he brought some money and gave me pocket money for our child.' [IDI, Mawlamyine, 28 years old]

Marital rape is defined in this study as any forced or coerced sex or the use of force, coercion or psychological intimidation by one person that requires another person to engage in a sex act against her or his will, whether or not the act is completed within a marriage partnership, whether the marriage is formally or informally recognized.

Women described times when they experienced physical and/or verbal abuse if they refused to have sex with their husbands. Some women reported that they had sex with their husbands because they were afraid of what he might do if she refused (including the threat of abuse, the husband visiting sex workers, or the husband going out to drink). In some cases, husbands refused to wear a condom during sex, despite open knowledge of HIV/STIs, or their wives' verbalized fear of disease transmission because of his known extra-marital affairs. Other women reported that they were forced to engage in specific sex acts. In a few cases, young women were forced to have

sex before marriage, and this pre-marital rape was used as the justification for marriage to the perpetrator.¹⁷

Table 7. Incidents of Marital Rape Reported by the Respondents

Physical or verbal abuse if women refused to have sex with their husbands	<p>‘When I refused sex, he will become aggressive. He will ask me, “Have you found another man? Am I a leper to you, is that why you don't want to have sex with me?”’ [IDI, Mawlamyine, 28 years old]</p> <p>‘When he's violent and I refuse to have sex with him, he sometimes beats me.’ [IDI, Mawlamyine, 26 years old]</p>
Had sex with her husband because she was afraid of what might happen if she refused	<p>‘I don't [refuse him often], because I don't want to be hurt.’ [IDI, Mawlamyine, 32 years old]</p> <p>‘When my husband wants sex, and I try to refuse, he gets angry. I'm afraid others might hear us disagreeing on this matter, and in the end, I have to give in.’ [IDI, Yangon, 39 years old]</p>
Sex when she was unable to resist (e.g., asleep)	<p>‘He put a sleeping pill into my coffee. I felt drowsy and sleepy. I fell asleep. When I woke up, he was having sex with me.’ [IDI, Yangon, 36 years old]</p>
Forced sex without condoms	<p>‘I asked him to buy a condom [because of his extra-marital affairs], but he didn't and I refused sex with him. He became aggressive and I had to have sex with him because I couldn't deny him.’ [IDI, Yangon, 55 years old]</p>
Forced sex acts	<p>‘He made me stay in many positions. I think he watched foreign movies [porn] and imitated that. When I refused, he accused me [of sleeping with other men] and did whatever he pleased anyway.’ [IDI, Mawlamyine, 33 years old]</p>
Forced sex during pregnancy	<p>‘My husband demanded to have sex with me when I was pregnant. I ran away from him, but he would pull me with his strength and I had to give in. I would try to pull away from him and he wouldn't let me go.’ [IDI, Mawlamyine, 28 years old]</p> <p>"He slept with me until the night before I gave birth to a child. I tried to refuse him, but he did it anyway." [IDI, Mawlamyine, 33 years old]</p>
Continuing sex when she asks him to stop	<p>I screamed [because it hurt] but he did not stop. When I resisted, ‘he grabbed my hands and feet, and had sex with me.’ [IDI, Mawlamyine, 32 years old]</p>

Globally, marital rape is a contested issue. In many places, people believe that a wife cannot be raped, as it is her duty to provide sex to her husband regardless of her wishes (Fahmida and Doneys 2013). Yet, incidents of forced sex were reported in over half of the interviews in this qualitative study. For many women, their stories of sexual abuse illustrate the processes they go through

¹⁷ These cases will be further explored in Chapter 6, regarding women's trajectories into marriage.

to assess a situation, weigh different outcomes, negotiate with their partner, and minimize the consequences of forced sex. One woman explained this process: 'He always initiated. Sometimes I could explain to him that I was tired and then sleep. But sometimes, when his mood was not good or he was drunk, I had to let him have sex with me. If I didn't allow him [to have sex during those times], then he beat and hit me.' [IDI, Yangon, 33 years old]

Within reports of sexual violence, men's sexual entitlement was a key theme. Sometimes the husband openly stated that having sex with his wife was his right. In other stories, women – whether or not they had also disclosed marital rape – reported that they accepted sex with their husbands because they felt it was their duty as a wife.¹⁸ As one woman said, '[I thought], afterall, I am his wife. And I just gave in and let him have sex with me.' [IDI, Mawlamyine, 28 years old]

Limited knowledge about sexual and reproductive health rights also appeared to relate to women's vulnerability to marital rape. Women tended to have little knowledge around sex and sexuality and this manifested in limited communication between the couple around issues of desire and consent.

When I was married at 19, I didn't know anything about sex. On the wedding night, I was so scared that I got out of bed and hid. I didn't know what he was going to do and I was afraid. [When he touched me], I wished I were dead because he was so fat and quite old. He had sex with me that whole night. I couldn't stand it. I just cried the whole night...Later in our marriage, if I cried when he started to have sex with me, he would say abusive words and swear at me. He told me that he was feeding me and that I shouldn't refuse to have sex with him. He would beat me. [IDI, Yangon, 37 years old]

Social norms around women's sexual role in marriage were also discussed in the focus-group discussions as drivers of women's experiences of sexual abuse. Although not all focus-group discussions addressed this topic, one participant explained her perception of these norms:

About 80% of men see women only as sexual objects.

Women have been stereotyped that way. From men's perspective, they think that their wives must agree to their demands because they are their wives." [FGD, Laputtawomen aged 18 - 25]

The discussion around sexual relations between women and men across the focus-group discussions tended to focus on men's desire and women's submission. Women in the focus-group discussions also explained that women '... should not tell others that her husband rapes her. Because she loves her husband so much. And she is afraid of being gossiped about or looked down on.' [FGD, Loikaw,

Male sexual entitlement
is the belief that men
have the right to have sex,
or do something sexual,
with a woman regardless
of her wishes, just
because he is a man.
Male sexual entitlement
exists all over the world
because cultures value
men over women, and
believe women's sexuality
is about providing sexual
pleasure to men.

¹⁸ In cases where respondents reported that they had sex with their husbands because they felt it was their role as a wife, and an incident of marital rape (as defined above) was not also disclosed, the respondent was not classified as a victim of marital rape. In this Myanmar study, although the respondents' sexual relationships with their husbands were often prompted by social expectations around women's sexual availability to their husbands, the density and pervasiveness of these beliefs would have resulted in all respondents reporting marital rape, which does not accurately portray the processes of negotiation, discussion and impact of social expectations on the women's lives.

women aged 18 - 25] This suggests that social norms around women's silence and shame related to women's sexuality impacts their desire to disclose sexual abuse to others.

Subsequently, while women's stories show how they try to minimize sexual abuse, the composite picture of forced sex within marriage also points to women's overall lack of power to negotiate their sexual wishes and desires. This data, together with widespread norms around woman's sexual availability to her husband, regardless of her own consent, underscores the need to move this issue onto the agenda of addressing violence against women – as well as women's reproductive and sexual rights – in Myanmar.

3.1.5 Cycles and Patterns of Intimate Partner Violence

Two main patterns of partner violence emerged from the women's narratives, and particularly in stories about physical abuse. In some cases, an incident of abuse would occur and the husband would immediately apologize, followed by a period of quiet. Inevitably, however, the violence would reoccur. One woman's husband beat her and injured her ribs. Afterward, she said, '... he soothed me. At that time, he seemed like a different man. He would be kind to me for a day or two. Then he beat me again.' [IDI, Mawlamyine, 32 years old] This cyclical pattern of abuse is consistent with other research with abused women, and corroborates the widely-used "cycle of abuse" theory that maps stages of calm, tension-building, crisis and reconciliation (Walker 1979; Johnson 2006). Yet other times, the women described the abuse as a more or less constant situation. 'It's just always happening' [IDI, Mawlamyine, 29 years old]. Although this is not inconsistent with the "cycles of abuse" theory, which can take place in short periods of time, the respondents did tend to focus on the constant nature of the abuse. This shows how intimate partner violence rarely



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occurs only once, but rather is a cyclical part of men's dominance and violent control within the relationship. More on patterns and triggers of incidents of abuse will be discussed in Chapter 6.

3.2 Sexual Harassment and Assault

The study also explored women's experiences of sexual harassment and assault outside of the home, by men who were not their husbands. Although the study did not purposefully sample women who experienced this form of violence, almost half of the women experienced one or more forms of non-partner sexual abuse in public spaces. This suggests that the vulnerabilities which move women into abusive partnerships may also be related to their experiences of non-partner abuse. It also suggests that public sexual harassment in Myanmar is likely a common experience for women.

3.2.1 Groping in Public Spaces

The most common form of non-partner sexual violence among the women's interviews was groping in public spaces. Particularly in Yangon, sexual touching on crowded city buses was common. 'Men get close to me and...they touch me with their penises from behind my back.' [IDI, Yangon, 30 years old]. This type of sexual assault was less common in Mawlamyine, likely because public transportation via bus is less common. However, in Mawlamyine as well as Yangon, women also described incidents of groping in crowded areas, such as pagoda festivals and other public events. 'Whenever I went to the pagoda, my breasts and hips were touched because it was so crowded.' [IDI, Yangon, 23 years old] The perpetrators of this sexual harassment were almost always strangers, or sometimes, in the case of bus harassment, the bus conductor or driver.

The women tended to describe this abuse as a normal part of life, noting in the context of bus harassment, 'Almost every woman who rides on the bus faces this kind of situation.' [IDI, Yangon, 33 years old] However, they also suggested that women do not openly discuss their experiences of harassment, 'because they are afraid or ashamed.' [IDI, Yangon, 33 years old] This silence most likely stems from beliefs around women's sexual purity and honour, and fear of the social consequences related to admitting experiences of sexual abuse. 'If my husband finds out about [about my experiences of sexual harassment], it won't be good,' says one respondent [IDI, Yangon, 36 years old]. This highlights women's perceptions that they will encounter (victim) blame, not support, should they openly discuss their experiences. For some women, these experiences actually deter them from taking public transportation or going out into public spaces. Yet for others, transit and mobility are a necessary part of their daily life and they continue to face these experiences often. It also demonstrates the consequences of socially accepted beliefs around

Victim-blame is when people think that the survivor of sexual violence was somehow responsible (or to blame) for being abused, assaulted or attacked. For example, people will say 'she was asking for it' or 'her dress was too tight'. This puts the blame on the woman, instead of the offender. Yet, women have the right to live free from sexual violence and the survivor is never to blame if they are sexually assaulted or abused. The offender, not the survivor, must be held accountable for the crime.

women's inferiority to men and men's entitlement over women's bodies in the public, as well as the private, sphere.

3.2.2 Sexual Assault or Rape

A few women also described experiences of non-partner rape, attempted rape or sexual assault. These incidents were almost always perpetrated by a man whom the woman knew, such as neighbours or community members, peers, or extended family members.

I was 15 years old and had been next door to watch TV. It was raining on my way back home and a guy from next door just chased me. He pushed me down and lay on top of me. I couldn't stand up as he pressed me with his body above. [IDI, Yangon, 30 years old]

Often, these incidents and the events that occurred after were described to the researcher in terms of how the violence would impact the woman's reputation in society and social standing. The woman quoted above shouted for her family, who came out to rescue her. When her family reported the incident to the perpetrator's family, his family offered to have him marry her, in order to save her reputation. Although she did not marry him – there had been no penetration, she explained – she refused to press charges as 'I felt so ashamed and humiliated.' [IDI, Yangon, 30 years old] The concern about the incident, therefore, tended to centre on the impact on the victim's virginity and sexual purity, and the shame she feels in terms of social reaction to the event.

Although this woman's story ended with few long-term consequences, the emphasis placed on women's sexual honour did drive some respondents into situations in which they were more vulnerable to further abuse. One woman who was raped by a stranger after running away from an abusive childhood home described her situation as "hopeless" and turned to sex work as the only option for "women like her".

After the rape, I could not walk well. My whole body ached and I could not even pee without pain. A woman took me to her house and gave me food. She asked me if I wanted to work at her brothel. As my life was futile and meaningless, I accepted the job. [IDI, Yangon, 26 years old]

Another woman felt forced to marry the man who raped her, in order to "save" her reputation.

He grabbed me and had sex with me. I screamed, and he told me to be quiet and not shame him. We became like husband and wife after sex, right? So I had to get married to him. [IDI, Mawlamyine, 22 years old]

Across these stories of sexual violence, women often discussed the negative consequences that the incident would have on their sexual reputation. This impacted the extent to which women talked about and dealt abuse, as well as the consequences they faced as a result of the violence. The data show how norms around women's sexual honour can lead to social reactions to sexual violence that blame the victims, instead of the perpetrators, and may lead women into more vulnerable situations.

Chapter 4: Consequences of Violence against Women

Key Findings

- Women face many mental, physical and sexual health consequences as a result of their experiences of violence by partners and other men
- These consequences have a negative impact on women's lives, affecting their overall health, their ability to work inside and outside the home, their ability to care for children, and their active participation in society
- Mental health consequences are not always visible or obvious, but abuse does seriously affect women's psychological health, leading to depression, emotional stress and in some cases, suicide attempts
- Almost half the women experienced medically 'severe' physical consequences, and these women also tended to experience many forms of partner violence, including marital rape
- The impact of violence on women's sexual and reproductive health shows the limited power women have to make their own decisions about their own bodies
- Children often witnessed violence against their mothers, or experienced abuse themselves
- Some women experienced social consequences, including community stigma and social isolation, which impacted their ability to talk about their experiences and find support.

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]. The data on consequences of violence against women show the extent to which this proverb distorts and hides the reality of violence in women's lives. Women who were interviewed described mental, physical, sexual and social consequences related to their experiences of abuse. Every single woman who experienced violence reported more than one consequence on her health and happiness, as well as that of her children. This data provides an important counter-argument to widespread beliefs and sayings around violence against women. The study shows that these proverbs do not accurately depict women's feelings and responses to men's perpetration of violence, but rather minimize the extent of the harmful consequences – as described below – that arise when men abuse their partners and other women.

4.1 Mental Health Consequences

When women talked about their experiences of abuse, they often described how these incidents affected them mentally or psychologically. Although mental health consequences are not always visible or obvious, these consequences are serious and do negatively affect the quality of women's lives (Krug et al. 2002). Mental health consequences arose from all different forms of abuse, including verbal, physical and sexual partner abuse, and non-partner sexual violence. Some women expressed frustration that the impact of abuse on their mental health was not taken seriously by others. 'Having bruises and bumps hurts for a while physically,' noted one woman, 'but the [abuse also] hurts deep in my heart.' [IDI, Yangon, 39 years old]

‘My pride is hurt when he tells me that I am not even as valuable as a dog. He says a dog can be taught to do things but I cannot.’

Interviewee, Yangon, 36 years old

4.1.1 Depression and Emotional Stress

Many respondents described feelings of depression or sadness, particularly those who faced repetitive partner abuse. Some women were despondent about their lives, feeling that they had lived 'in vain' [IDI, Yangon, 55 years old] or wishing that they could 'run away and disappear.' [IDI, Yangon, 28 years old] Women faced poor self-esteem due to abuse that often targeted their self-worth. As one woman described, 'My pride is hurt when he tells me that I am not even as valuable as a dog. He says a dog can be taught to do things but I cannot.' [IDI, Yangon, 36 years old] Women also reported feelings of emotional stress or exhaustion, which was linked to both anxiety about the abuse itself and also anxiety about the impact of violence on their family, children and reputation in the society. For some women, this emotional stress reportedly triggered physical symptoms, such as heart disease or hypertension, although it was unclear whether these were official diagnoses.



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4.1.2 Attempted Suicide and Suicidal Thoughts

Depression and anxiety about life conditions and relationships also led to other mental health problems, such as losing the will to live or attempting suicide. Six of the women who were interviewed reported suicide attempts or suicidal thoughts. One woman described her self-harm and suicide attempts as a way to pre-empt her husband's abuse:

Sometimes I would...hit my head against posts. I figured that if I didn't hurt myself, he would hurt me, so I hit myself. When I did that, he didn't abuse me and even tried to pull me away. Sometimes I was so desperate, that I took sleeping pills. I took 4-5 pills and slept for 2-3 days. He panicked. After that incident, he was ok for two to three months.[IDI, Yangon, 39 years old]

Another woman justified her actions saying, '[the violence] is worse than death.' [IDI, Yangon, 33 years old]. As in other cultures, suicide is highly stigmatized and frowned on in the Buddhist and other religious cultures of Myanmar, signalling the extent to which depression and mental health consequences impact women's will to live, regardless of broader socio-religious beliefs and norms.

4.1.3 Anger and Frustration

Women also reported feelings of anger. They often expressed frustration about their inability to change their abusive situations, or were angry when family, friends and community members supported their husbands, rather than themselves. 'He has supporters. I feel upset and angry when I think about it. His parents and friends support him. His friends are also mine but they do not empathize with my situation, as I am a girl.' [IDI, Yangon, 26 years old] They also expressed anger at their husbands' actions, whether it was an incident of abuse, or whether it was their husbands' gambling, extra-marital affairs or other relationship problems. Women understood

that – according to social norms around what it means to be a woman in Myanmar – they were expected to stay passive and quiet in the face of their husbands' abuse and neglect. Yet, at certain points, the women's frustration would reach a tipping point. 'I feel ashamed of [the violence], and I don't want to complain about it. Sometimes I endure it as much as I can and nobody knows. Even my relatives do not know. They find out when I feel very angry and shout loudly.' [IDI, Yangon, 26 years old]

Women understood that they were expected to stay passive and quiet in the face of their husbands' abuse and neglect.

Women also expressed anger when they described their experiences of groping in public spaces. Often, this anger came from their feelings of powerlessness to confront the perpetrator and stop the violence. 'Someone [grabbed] my bottom and I was ashamed as well as angry. But we didn't know who it was. The festival was very crowded.' [IDI, Yangon, 28 years old]

4.2 Physical Health Consequences

The women interviewed for this study reported a number of physical health consequences of partner abuse. In cases where physical consequences were a result of physical abuse, these were often described along with the incident of abuse, particularly when the consequences were visible or painful.

4.2.1 Bruises, Swelling and Surface Wounds

Most women who experienced physical partner abuse told stories about their visible physical injuries. This shows that the abuse was often moderate to severe enough to leave marks. As one woman said, '[Normally], when he punched me, I didn't bleed but I had bruises and wounds. Once he boxed me so hard, I got a big bump and it swelled up.' [IDI, Yangon, 39 years old] Often these injuries would recede in a few days, although the cyclical nature of the physical abuse meant that women tended to experience these physical injuries more than once. For one woman, 'there was no time that my face did not have brown bruises.' [IDI, Mawlamyine, 49 years old] Other reported injuries included scratch marks from being hit with a broom and abrasions from being 'pounded on the nape of my neck with a stone.' [IDI, Mawlamyine, 41 years old] Often these visible signs of abuse prevented women from going outside the home, either by their own decision or because their husbands prevented them from leaving the house. In both cases, women's seclusion in the home was often to avoid public discovery of the abuse. 'All the bruises around the eyes. I didn't go out for a week. It's so shameful with such black, swollen eyes.' [IDI, Yangon, 39 years old]

4.2.2 Medically "Severe" Injuries

For almost half of the women interviewed, physical abuse led to more medically serious consequences or long-term physical harm. Women reported experiencing beatings that led to bleeding, broken noses, jaw dislocation, inflammation of eardrums, loss of vision, broken ribs, or injuries that required hospitalization. 'When he punched me, I bled from this eye. Sometimes, I cannot see and read clearly, especially at night. He punched me again just after I miscarried. It's the same eye. So I sometimes have blurred vision and tears.' [IDI, Yangon, 26 years old]

Women reported experiencing beatings that led to bleeding, broken noses, jaw dislocation, inflammation of eardrums, loss of vision, broken ribs, or injuries that required hospitalization.

The respondents who experienced these more “severe” physical consequences tended to also experience more frequent abuse and also tended to experience multiple other forms of abuse, notably marital rape. Among the women who reported severe or long-term injuries, all but three also reported that their husbands would beat them or verbally abuse them if they refused sex. These patterns of abuse and physical consequences suggest that there is an overlap between women who experience “severe” physical abuse and those who experience marital rape. This is likely due to women's vulnerabilities and lack of overall power within the relationship. Indeed, almost all these women saw their marriage as a way out of social or economic vulnerabilities. It is likely that these vulnerabilities continued to influence the dynamic of the marital relationship, leaving women in a position of lower power, with fewer options than ever to leave what increasingly became a highly abusive relationship. This pattern is explored further in Chapter 6.

4.2.3 Physical Consequences of Emotional Stress

A number of women also described physical outcomes related to emotional stress, not necessarily an incident of physical abuse. These consequences of abusive relationships included poor digestion and eating habits, difficulty sleeping, frequent illness, and long-term health complications. These physical consequences show how other forms of abuse – and living within an abusive or controlling relationship – can also impact women's health and physical wellbeing beyond immediate physical injuries, consistent with global studies on the many psychological and behavioural consequences of violence on women's health and well-being (Campbell 2002; Krug et al 2002).

4.3 Sexual and Reproductive Consequences

The women interviewed for this study reported a number of sexual and reproductive health problems that they faced. Some of these consequences, for example severe vaginal trauma, were directly due to sexual violence either by a husband or by another man. One woman whose husband forced her to have sex recalled, ‘When I was not in the mood, my [vagina] did not become wet, and since it was dry, [the pain] would be worse. Two days after having sex, it was still painful. First it was the vagina. Then, if I stood up hastily, my pubic region hurt, and even my waist.’ [IDI, Mawlamyine, 28 years old] Another woman who was raped by a stranger reported similar vaginal injuries: ‘After the rape, I could not walk well. My whole body ached. I could not pee.’ [IDI, Yangon, 26 years old] None of the respondents who experienced these types of injuries went for medical assistance.

A few respondents were also infected with sexually transmitted infections as a result of forced sex within their marriage. This included two women who contracted HIV from their husbands. In neither case did the woman know about her husband's HIV status. Other women also reported fear of contracting sexually transmitted infections from their husbands, either due to his extra-marital affairs or his visits to sex workers. However, in

No woman reported a successful incident in which she negotiated condom use with her husband.

all these cases, women were forced to have sex regardless, either by the husband's aggression and intimidation or the woman's disinclination to refuse sex due to potential consequences. No woman reported a successful incident in which she negotiated condom use with her husband. These findings signal the extent to which men's power and control over sexual relationships put women at higher risk of HIV/STI transmission from their husbands and is consistent with studies showing the links

between intimate partner violence and HIV (Dunkle and Jewkes 2007; Dunkle, et al 2004; National AIDS Programme 2012; UNAIDS 2013).

Women also described the impact of different forms of violence on pregnancy and reproductive health. Although a number of women reported that husbands would avoid sex for forty-five days after delivery,¹⁹ some women described incidents of marital rape immediately before or after pregnancy. 'When I was pregnant, my husband could not avoid [sex]...I tried to refuse but he did it anyway.' [IDI, Mawlamyine, 33 years old] The same woman also described an incident when he beat her with a stool: 'My whole head was swollen and my face had many bruises and injuries. I was three months pregnant.' [IDI, Mawlamyine, 33 years old] The woman's child was born with intellectual disabilities. Although she attributes his disability to forceps-related injuries during delivery, it may also have been impacted by the abuse she faced early in her pregnancy studies have shown increases risk of adverse pregnancy outcomes (Coker, Sanderson and Dong 2004).

Other women described economic abuse during pregnancy, in which husbands would refuse to contribute to ante- or post-natal expenses, leaving women to support their own pregnancy, as well as the household. In a few cases, due to the extensive physical activity required to do this type of work, this may have resulted in pregnancy complications and miscarriages. Other reproductive health consequences included limited reproductive health care options due to husbands' controlling behaviour. Many of these consequences were related to the woman's low levels of reproductive and sexual health knowledge and awareness of reproductive rights, which will be discussed further in Chapter 6.

4.4 Relationship and Family Consequences

Aside from individual level consequences as described above, the data shows different types of relationship and family-level consequences of men's violence against women. Key patterns across the women's stories included relationship stress and the impact of violence on children.

4.4.1 Relationship Stress

Women across the sample – regardless of the type of partner abuse they faced – described various feelings of disappointment and frustration with the way their marriage had turned out. One woman said, 'I enjoyed my childhood. Now that I'm married, I feel worse. I just want to be back with my parents. I'm fed up with marriage.' [IDI, Yangon, 26 years old] Other respondents reported a range of negative feelings toward their husbands, such as bitterness or distrust, or felt confusion about the state of their relationship and conflicting feelings toward their husbands. 'I was confused because I wanted him to be a good man again, but sometimes I hate him,' said one woman. [IDI, Yangon, 35 years old]

These negative feelings also impacted communication between the couple, and in some cases, manifested in women's hopes for the end of the relationship. As one woman said, 'We only talk when we need to. If he is in the front of the house, I am at the back. If he is at the back, I am in the front.' [IDI, Yangon, 36 years old] Many more women said that they had given up and expressed a desire to leave the relationship. For some women, constant abuse and relationship stress led to hopes for

¹⁹ Forty-five days, or six weeks, is commonly referenced among Myanmar midwives and traditional birth attendants as the period of time necessary to recover from birth, and husbands are urged to avoid sex with their wives during these weeks (UNFPA 1999).

a husband's early death. 'Sometimes I feel so fed up that I curse him and hope he has a car accident and dies. If so, I can get compensation.' [IDI, Mawlamyine, 48 years old] These reported desires signal the extent to which men's abuse of their wives harms the emotional well being of the intimate partnership, destroying trust, fostering dislike and hate, and creating a negative home environment.

4.4.2 Impact of Violence on Children

The abuse that women faced also impacted their children, both directly (either through witnessing the abuse or being abused themselves) and indirectly (through living in harmful home environments). The impact of the violence on children was often described by women as one of the more significant or serious consequences of the abuse. A divorced Yangon woman said, 'When I think about my sons, I feel sorry for them. They have no father and I'm afraid that they will get into trouble one day.' [IDI, Yangon, 27 years old]

As women told their stories of abuse within the home, they often reported that children witnessed these incidents.

[My husband] hit me with his fists. I struggled and pushed him back that time. But he was strong and because I struggled, he dragged me from the room, down the stairs. I fell down the stairs and blood started pouring out of me. He did it in front of our child, who cried because he thought I was dead. [IDI, Yangon, 33 years old]

Children also experienced abuse themselves, particularly if they try to intervene in an incident of violence. Another woman describes a time when, 'the child cried when [my husband] was punching me. I asked [the child] to stay away from us, because I was afraid that he might be hurt as well. But he followed me. Then, my husband suddenly grabbed the child and threw him on the bed. That made his [hand] joint dislocate.' [IDI, Mawlamyine, 49 years old]

The negative home environment of abuse also tended to impact children's relationships with their parents, as well as the child's general well-being. This is consistent with global research on the consequences of partner abuse for child development (Dong et al. 2004). Women reported that their children were often afraid or scared of the violence, as well as their father, or the perpetrator. Some children became angry and acted defensively on behalf of the mother, particularly as they grew older. 'My son always tells me that we should leave together, as his father beats me quite often. He does not want to stay at home.' [IDI, Yangon, 26 years old] Other children tended to retreat or hide when an incident of violence occurred. Some boys also developed negative or abusive attitudes toward their mother, likely related to the social model of manhood and disrespect enacted by their fathers.

It is worth noting that concern for children's welfare was a major barrier to women leaving their abusive relationships. Yet, the violence clearly has a negative impact on the children as well, creating an unstable and abusive home environment, which has shown to have long-term effects on child well-being (Fry, McCoy and Swales 2012). This will be further discussed in Chapter 5.

4.6 Social Consequences

Finally, women who experienced violence faced a number of social consequences, including some community stigma and social isolation or anxiety.

4.6.1 The “Surroundings” and Community Stigma

The concept of “the surroundings” or environment (in Myanmar: pat win kyin) was often mentioned by respondents in the context of social judgment. The phrase roughly translates to the immediate society in which a person lives – relatives, friends and neighbours – although it can have broader meaning as well (i.e., Myanmar society in general). Respondents often expressed concern about how their experiences of violence would make them vulnerable to negative gossip and rumours from “the surroundings”. One woman whose husband is an alcoholic and beats her says, ‘People think that I am a wife of a drunkard, so I might have sexual desire [since he drinks all the time]. When I wear tha-na-khar and lipstick, and stay neat and tidy to go to the market, they say that I beautify myself because I want another man.’ [IDI, Mawlamyine, 33 years old] As noted in Chapter 3, women who experienced sexual assault by a man other than her husband were particularly concerned about community stigma around sexual reputation. This is likely due to norms around women’s sexual purity and virginity, and taboos around openly discussing sex and sexual abuse (GEN 2014).

These concerns were also consistent with focus-group discussions conducted across all sites, in which participants discussed the need for women to dress appropriately and avoid going out at night in order to avoid ‘becoming prey for rapists.’ [FGD, Loikaw, women aged 18-25] Among the women individually interviewed for this study, victim-blame and framing sexual assault in terms of impact on their sexual purity tended to result in a woman’s isolation from the community and limit her help-seeking behaviour. One woman said ‘After the attempt, my father came back to the village [from travelling]. Others told him about what happened. They accused me of having affairs with other men.’ [IDI, Mawlamyine, 33 years old] She later left her village, because she was ‘so ashamed.’

Yet community stigma was not consistent across all the women’s narratives, and even within one women’s story, she may simultaneously have reported stigma as well as support from “the surroundings.” The woman above, who experienced a rape attempt in her village, was also supported by members of the community to file the case at the police station. Other respondents recalled that their neighbours provided economic support, shelter, and sometimes defence to the women and their children. One woman said ‘I, together with my eldest daughter, have to go to others’ houses to hide from [my husband] at nights. Everybody knows about us and they feel empathetic and accept us.’ [IDI, Mawlamyine, 35 years old] These contradictions also came through across the regional focus-group discussions. Participants across most sites expressed disdain for perpetrators of abuse, and active sympathy and empathy for women who experienced abuse. Yet, they also reflected that women would “lose their dignity” if they left their husbands. The discrepancies between women’s concerns and reports of social stigma and their experiences of community support suggest that women who are abused tend to internalize social stigma around abuse. Yet, the findings also show how women have restricted options due to stigma and social norms dominant in the larger community or society, although they may receive individual or communal sources of support.

Community stigma was not consistent across all the women’s narratives, and even within one women’s story, she may simultaneously have reported stigma as well as support.

4.6.2 Social Anxiety and Isolation

A number of women also described feelings of social anxiety or fear of leaving the house, which is consistent with research showing that social isolation can be a consequence as well as a risk factor for partner abuse (Warrington 2001; Fulu 2013). In some cases, as noted above, women isolated themselves in order to hide visible signs of abuse from the community. However, social isolation was also linked to the psychological impact of abuse on self-esteem and feelings of inferiority. 'Once I asked him to buy me a new htamein²⁰ since I am getting older...he called me a whore. That's why I just stay at home and don't go out much.' [IDI, Yangon, 37 years old] Other women reported fear of people or public spaces, bordering on agoraphobia, and likely related to their lack of trust in people. 'I am afraid of people because only humankind can harm me. I usually stay alone. I do not go and sleep even at my relative's house.' [IDI, Yangon, 26 years old]

Social isolation tended to exacerbate women's feelings of being the only person to ever experience abuse, and also impacted her ability to seek help and support. One woman compared herself to other 'people who have similar problems like me. But they just disagree using words. There is no one like me who is being punched.' [IDI, Yangon, 39 years old] The abuse also impacted relationships with family and community members of the community. A few respondents did not tell their families about abuse because they did not expect support. Others who did share their problems with family members found them to be reluctant to help, since the respondent would continue to return to her abusive husband.

Sometimes I go and stay with my close friend. I have siblings, but they do not welcome me because I choose to stay with this bad husband. I do not divorce him for the sake of my children. They do not like me because I do not leave him, although he hits and punches me. [IDI, Mawlamyine, 49 years old]

Providing continuous support to a woman who continues to return to an abusive husband is particularly challenging, as the ultimate decision to leave the relationship rests with her. One participant from a focus-group discussion expressed her frustration with a friend who consistently returned to an abusive relationship and eventually she 'got fed up and stopped helping her.' [FGD, Loikaw, women aged 26+] However, many more women reported that they received some level of support from family members and this will be discussed in the following chapter.

²⁰ Ahtamein is a wide piece of fabric covering the body from waist to ankles, tied with a knot around the waist, worn by women in Myanmar.

Chapter 5: Coping Strategies and Help-seeking Behaviour

Key Findings

- Women often internalized trauma – or kept their feelings inside – because they felt it was their wifely duty to remain patient and quiet
- When women had community support, they tended to be more willing to defend themselves against an abusive husband
- Some women physically fought back against abusive husbands, however they often were more seriously injured and were aware of the differences in strength between themselves and their husbands
- Women most often talked to friends and family members about abuse, and they often gave contradictory advice about what to do
Women rarely went to health clinics after an incident of abuse, and tended to treat their injuries at home
- Women who reported abuse to authorities or lawyers often did so together with a friend or relative
When women reported abuse to ward authorities or police, the authorities often took little or no action, which left women feeling helpless and more vulnerable
- Women's personal safety and security was often at risk when they reported abuse to authorities or when they used legal support services, because their stories were not kept confidential and there were no social protection measures (e.g., restraining orders and shelters)
- Concern for children was the main barrier to leaving an abusive husband, as many women believed that their child needed a mother and a father
- Women were also worried about financially supporting themselves and social stigma around divorced women.

The previous two chapters describe a range of experiences and consequences of abuse experienced by the women interviewed at the hands of their husbands and other men. Yet throughout their interviews, women also discussed how they dealt with abuse, and tried to minimize its harmful consequences. These strategies point toward women's daily and innate processes of negotiation and lessening the impact of the abuse they face, as best they are able.

5.1 Internal Coping Strategies

The respondents described a number of strategies that can be classified as “internal” coping strategies, or ways that women dealt with the abuse by themselves. These strategies included listening to religious recordings, praying or having quiet interludes in their day, giving them time to think and relax. ‘Sometimes I go to the water tap in the distance and sit there until I feel calm and relieved. [IDI, Mawlamyine, 30 years old] Another woman says ‘I take a bath, chant prayers and share my merit to all living creatures including those who will buy snacks from me. By doing so, I feel calm.’ [IDI, Mawlamyine, 33 years old] Many women described episodes of crying, which served as a way to release grief and anger. Others were able to build inner strength and resilience by finding meaning through their children: ‘I don't want to stay apart from my children. I would be a useless mother if I abandoned my children. Even animals like chickens can take care of their

children, so why can't I also? I will not waste my life crying.' [IDI, Mawlamyine, 33 years old]
The most commonly reported coping strategy, however, was to "stay silent", to "be patient" or to practice "tolerance." This often involved internalizing trauma, or keeping their feelings inside, to avoid disclosure or to avoid other people knowing or hearing about the abuse.

I thought I should try to be patient. If I was brave, the problems and my suffering would end. I was ashamed and did not want to break up, as I was not a person who lacked modesty. But he gradually got worse. Sometimes I wonder why I was so patient with him. [IDI, Yangon, 33 years old]

This coping strategy reflects widespread social norms around what it means to be a Myanmar woman: a woman's inferiority and lack of power relative to her husband, and the subordination of women's needs in order to keep "peace". The data demonstrates the harmful consequences of these norms, which effectively silence women who experience abuse and undermine their ability to actively address and end the violence. However, when women knew that they had community support and backing to speak out about violence, they were more able to defend themselves verbally and take actions to deal more proactively with the abuse. 'At first, I stayed quiet to all [his] bad words. But now, I do not. My friends taught me to speak out and talk back, to defend myself. Now I understand that I cannot stay quiet always. I suffered because I stayed quiet.' [IDI, Yangon, 40 years old]

...My friends taught me to speak out and talk back, to defend myself. Now I understand that I cannot stay quiet always. I suffered because I stayed quiet.'

Interviewee, Yangon, 40 years old

The practice of "doing nothing" was also common among those women who reported experiencing groping or sexual assault in public places. Particularly on buses, many women reported that they had experienced groping or harassment. However, they tended to quietly move to other places on the bus or get off the bus, rather than confront the perpetrator. This coping strategy was closely linked to notions of "shame."

It is worth noting that this strategy of patience and staying calm was also mentioned in the focus-group discussions, although there were limits. Women 'need to be patient if it happens only once. But being patient has its limits. If he beats her all the time, she should leave.' [FGD, Mawlamyine, women aged 26+] This opinion came up in the two primary study sites (Yangon and Mawlamyine), as well as across the secondary sites, suggesting that this "tipping point" approach to coping with violence has some support across different areas of Myanmar. At the same time, divorce was heavily censured within the focus-group discussions showing that these norms still have power to affect behaviour, even if they can be adjusted for individual circumstances. Social responses around divorce will be discussed in section 5.4 in this chapter.



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5.2 Defensive Coping Strategies

Women also used a number of “defensive” coping strategies to deal with incidents of abuse. Almost one-quarter of the women reported that when their husbands physically abused them, they hit back.²¹ The women tended to use physical violence as a defence mechanism and were conscious of their limited physical power for deflecting injury or harm. ‘I scratched him and I bit him. But he didn't stop beating me. Instead, he became even more violent and hit me harder when he was hurt.’ [IDI, Yangon, 28 years old] Women tended to be more seriously injured than their male attacker. Women in the Loikaw focus-group discussions also explored the possibility of women's defensive actions, although they were quickly dismissed as impossible due to physical “power imbalance” between a woman and a man. [FGD, Loikaw, women aged 18-25] However, for a few respondents, physical retaliation served as a protective mechanism against future violence. ‘No, he never hits me [now]. When he hit me, I responded back. I hurt him when I hit him back. When he realized that I would not stay unresponsive, he stopped beating me.’ [IDI, Mawlamyine, 30 years old]

Women directly confronted the perpetrator, either by physically hitting back, or by verbally questioning his behaviour. ‘I don't feel safe when I ride the bus. Men touch me with their private parts from behind. If they do so, I complain very loudly about their behaviour.’ [IDI, Yangon, 27 years old] Other women would move away from men in the buses, sit next to elderly people or

²¹ Some studies suggest that women abuse men at similar rates as men abuse women (Whitaker, Haileyesus and Saltzman 2007). However, critics of these studies point to the lack of information about the context of the violence, for example, whether physical acts of violence are used aggressively or defensively, the motivations of violence or the extent of harm inflicted (Kimmel 2002).

get off the vehicle. Overall, women used a series of strategies to end an incident of sexual assault, showing that many different methods can be employed to minimize the negative impact of one incident of violence.

5.3 Help-seeking Behaviours

Women also talked about their experiences of abuse with friends or family members, or reported abuse to official authorities. Table 8 summarizes the different ways women tried to seek help, with whom and what the outcomes were.

5.3.1 Talking to Friends, Relatives and Neighbours

Over half of the women interviewed reported that they had discussed their problems with friends, relatives or other community members. This is consistent with the data from focus-group discussions, in which participants identified informal resources (e.g., family, friends, in-laws) as the first point of support. In many cases, these individuals provided emotional or practical support to the women – from clothing, food and shelter, and protection to being available to talk about the abuse.

My sister came [to our house] one day to see me. I didn't leave my room and so she came in. I couldn't open my eyes [because of the bruising and swelling]. She was furious, and she and my husband had a fight. My sister took me away and treated my bruises. All my elder and younger sisters took care of me. But I told my sisters not to tell my mother and aunts. [IDI, Mawlamyine, 28 years old]

However, in other cases, women's families were not as supportive. 'My mother used to tell me before she died, "You just bear your own troubles. We did not force you to marry him."' [IDI, Mawlamyine, 48 years old] Other family members or neighbours were reluctant to intervene in problems between husband and wife. 'My uncle and some people were there beside our house when my husband punched me. Of course they were angry and told him off. But my uncle didn't say much since we're husband and wife. He only scolded him.' [IDI, Mawlamyine, 28 years old] Some neighbours would also 'just tell us to solve our problems by ourselves.' [IDI, Mawlamyine, 36 years old] Women also tended to share their experiences of physical abuse, but not sexual abuse, likely due to shame and stigma around talking about sex and sexual relationships.

Women often faced contradictory messages from their family and friends as to what they should do about the abuse. Some women were urged to stay in the relationship, often to protect the children or save the marriage.

My mother was staying with us at the time, but she did not do anything [when he beat me]. She told me to be patient as I already had three children and that if he left us, we would be in trouble. [IDI, Mawlamyine, 35 years old]

Yet, for some women, family and friends urged them to leave abusive relationships. This was particularly the case for friends, when they happened to witness an incident of abuse. This is important because all the women who had divorced or separated from an abusive husband, told stories of how friends and neighbours had provided support and advice. In some cases, neighbours and family members actually provided the information for legal services to help with the divorce process.

5.3.2 Accessing Legal Support

A few respondents were able to file cases against their husbands, always with the help of a legal counselling service and often at the advice of family and friends. One woman said, 'Our neighbours who knew about [his abuse] were so angry with him. At that time, I didn't know what to do, but they knew about the [legal service provider] and told me that I could report and consult there.' [IDI, Yangon, 33 years old] Examples such as these suggest that in close-knit communities, friends and neighbours are critical to the process of accessing legal support and helping women leaving abusive and harmful relationships.

However, other women were unable or unwilling to seek legal recourse due to prohibitive costs, interference or threats from the husband or other offender, concern over the amount of time and emotional energy the process would take. 'I don't have money to go to a lawyer to consult,' said one woman. 'If I go to them, there are fees to give before the job even starts.' [IDI, Yangon, 39 years old] Other women's husbands actively bribed lawyers to prevent divorce proceedings.

I did try to take legal action. But I was bitterly hurt that my husband was able to bribe the legal officers. Now I don't bother to even meet with them. At first, I respected them a lot and relied on them. Now I know that they just give priority to those who have money. [IDI, Yangon, 37 years old]

This is consistent with key informant testimonies from legal specialists. They highlight the inconsistencies and vagaries of the criminal and civil legal processes as the cause for low reporting of domestic abuse, as well as sexual assault crimes. 'The victims often lose their time, their money, and there's no benefit at the end of the day.' [KII, Mawlamyine, Legal Specialist] Other legal advisors confirmed that the cost of legal services often prevented women from accessing them. As noted above, those respondents who went through legal processes, tended to be more economically well off.

Yet particularly for women filing for divorce from abusive husbands, legal justice did not translate into safety from violence. A few women who filed for divorce reported facing violence or threats of violence from their – now separated – husbands. 'He said that if I divorced him, he would kill all my family. He threatened that he would get someone to rape me and then kill me. Now [since I've filed for divorce] I worry about the danger to my life. I know that he watches me near the street where I live. If he cannot watch me, he will ask another person to do it.' [IDI, Yangon, 33 years old] This woman's story shows that even where legal options for divorce exist, women are still vulnerable to men's abuse due to lack of social protection measures for women who are going through divorce proceedings to leave abusive husbands.

5.3.3 Accessing Health Clinics and Medical Services

Very few women visited health clinics for purposes related to abuse, even when violence happened during pregnancy.²² Only five women said that they had visited a health care provider with regards to physical injuries. No woman reported that they had visited a health clinic for mental trauma or injuries related to sexual violence, except in one case of a rape attempt, in which the doctors

²² As noted above, this may be due to the sampling procedures used for this study. However, because the study did not sample through health care providers (i.e., women who had already accessed help), the data demonstrate what barriers women face in accessing these services. These data are critical to help service providers improve their response and support to abused women.

assessed whether there had been penetration or not: 'They looked under the microscope and told me that all the samples belonged to me, not to the boy. So, though there was an intention and attempt, it was not a rape.' [IDI, Mawlamyine, 33 years old]

The women who visited health clinics for their physical injuries often seemed ambivalent about visiting these services. One lied about the source of her injury, saying 'I went to the clinic for my eyes [which he had beaten], but I told them that I bumped into something.' [IDI, Mawlamyine, 48 years old] Another woman was urged by the doctor to report her case to the authorities, although she refused because 'I didn't want my husband to be put in jail.' [IDI, Yangon, 28 years old]

The women who did not visit clinics gave a number of reasons for not accessing these services. Lack of time and money were key factors that prevented women from seeing a medical professional, although in some cases husbands also prevented wives from visiting the doctor. 'My eye swelled. It did not subside even after 10 days. [My husband] did not allow me to go to the clinic. Besides, I could not spend that much money. How could I go to the clinic as I had only very little money to buy food? [IDI, Mawlamyine, 32 years old] Many of the women self-medicated their physical injuries. These findings suggest that women face a number of barriers – both individual and social – to accessing health care, which has implications for how health care providers screen and provide services for women who exhibit symptoms of partner abuse. This is discussed further in Chapter 7.

5.3.4 Reporting to the Authorities

Reporting to formal authorities was more common than visiting a health centre and often occurred with the active participation of a relative, in-law, or close friend. However, the actions taken by authorities were minimal and often left women more vulnerable to abuse and feeling more helpless about their situations. Overall, women tended to report to ward authorities or police. Women interviewed for this study rarely reported their experiences of abuse to the Myanmar Women's Affairs Federation (MWAF) offices, although participants across the focus-group discussions did highlight this as a support outlet for women.

The authorities tended to give advice and take actions that would keep the couple together, likely due to the widespread stigma around divorce. In some cases, this meant authorities would not take any action as they were reluctant to 'interfere between husband and wife.' [IDI, Mawlamyine, 36]: 'My mother went to the head of the section and reported my husband's abuse, but the head of the section told my mother that we would get along with each other again in due time, and that it would make no difference to go between us.' [IDI, Yangon, 28 years old] When authorities did take action, they tended to "scold" the husband or attempt to reason with him. But this had little impact on the husband's abusive behaviour.

I cannot complain to the [ward authorities] directly, because my husband is not afraid of them. When they call him to discuss [his abuse], he says he will not do it again and the case is over. However, his improved behaviour lasts only for one day and then he goes back to the same behaviour. They cannot watch him all the time. [IDI, Mawlamyine, 41 years old]

Sometimes authorities would jail the husband, although it was never for any substantial period of time. No woman said that authorities had advised her to divorce or permanently leave an abusive relationship, although in some cases, women were advised to temporarily leave the village,

in order to diffuse the tension. Other women said that ward authorities actively prevented or discouraged divorce, and often urged them to return home to the abusive household.

I reported to the ward authorities twice. The first time was when he stabbed me and the second time was when my eyes were badly hurt. If the ward authorities would let us divorce, we would have been apart for quite some time by now. They just told us to stay together, so I didn't report anymore and I just let myself be beaten again. [IDI, Mawlamyine, 48 years old]

The reluctance of the authorities to take lasting, preventative measures often left women at risk of further abuse. Some women reported that their husbands improved temporarily, but eventually the violence would re-start. Other women reported that their act of reporting to authorities itself resulted in abuse, often linked to making the couples' problems public.

I've only been to the office of the ward. When we were younger, at the Tazaungdine Festival, he beat me and I ran, holding my slippers. I met with the patrol police and reported him. They arrested him and he was put in only overnight because we are husband and wife. When he was released, I was beaten for telling the police about our problems. So now I don't report anymore. [IDI, Mawlamyine, 48 years old]

This lack of response also contributes to women's lack of reporting, as was noted in focus-group discussions. As one participant said, '[The authorities] just warn the husband not to do it again. This is effective only for a couple of months. That's why nobody wants to go to the administration or police office. [FGD, Mawlamyine, women aged 26+]

What makes the difference between a woman running away from an abuser or passively letting the abuse happen to her is her perception of how supportive and responsive the environment around her will be.

For other respondents, husbands would bribe local officials or temporarily leave the neighbourhood, thereby avoiding any legal or semi-legal consequences for their actions. In none of the narratives were women's reports to the authorities kept confidential or secret from the husband. This is in contrast to global best practices, in which it is required for authorities to keep women's complaints confidential, particularly from the perpetrator, in order to ensure her safety (WHO 2013).

Table 8. Summary of Types and Outcomes of Disclosure (or Who Women Talked to About Abuse)

Type of Disclosure	Outcome Patterns
Talk about physical abuse to friends, relatives and neighbours	Relatives and friends play a mediating role, counselling the couple and providing advice on how to improve the relationship
	Relatives, friends and neighbours play a defensive role, intervening in an incident of abuse and providing shelter and food to the woman
	Family and friends urge the woman to leave the relationship due to severity of physical abuse
	Family and friends urge the woman to stay in the relationship for the sake of the children and/or the sake of the marriage

**Table 8. Summary of Types and Outcomes of Disclosure
(or Who Women Talked to About Abuse) - Continued**

	Neighbours sympathize but view this as a personal issue
	Family members tell the woman to bear her own problems, as she made the decision to marry her husband
Visit health clinics for services related to abuse	Medical staff treated topical wounds and in only one case, made recommendations to file the case with the police
Report abuse to ward authorities or police	Authorities “scold” the husband or attempt to reason with him
	Authorities advise the woman to go into hiding or temporarily leave
	Husband would spend time in jail or confinement (less than four days)
	Husbands would verbally agree to end violence, or sign a declaration to that effect, only to re-start abuse either immediately or after a period of time
	Husband would go into hiding or leave town to avoid any punitive actions, only to return after a short period of time
	Authorities would ignore requests for helping, giving excuses that this was a domestic issue or that the problem would solve itself in time, and urge women to return to husbands
Attempt to or successfully take legal action	Able to get legal support/file for divorce with help from legal clinic service
	Husband bribed legal services
	Husband stalks or threatens wife

Global research on violence against women shows that what makes the difference between a woman running away from an abuser or passively letting the abuse happen to her is her perception of how supportive and responsive the environment around her will be (Coates and Wade, 2014). Overall, the data from Yangon and Mawlamyine show that no woman's attempts to report abuse to authorities had any long-term, positive benefits. For many of the women, this reporting had negative consequences. The failure of official reporting to reduce or end women's experiences of abuse tended to reinforce women's feelings of helplessness and lack of options. Lack of official support not only reinforces an environment of impunity for perpetrators, but also contributes to lower reporting of incidents of abuse, isolation of victims, and arguably more severe consequences, including mental health consequences, in the long-term.

5.3.5 Barriers to Disclosure

Despite women's reporting of abuse to various outlets, all the women interviewed for this study also faced some sort of barrier to speaking out about their experiences of violence. Many expressed a sense of shame or humiliation in telling people about their experiences of partner violence, particularly sexual violence. One woman said she ‘never told anyone’ about the abuse she faced. ‘My parents taught me that it is not possible to destroy the pagoda you have built;

*‘If I complain, nothing happens.
So I just stay quiet.’*

Interviewee, Mawlamyine, 54 years old

enjoy the goodness and bear with the badness.’ [IDI, Mawlamyine, 54 years old] In other words, the respondent had internalized the social expectation that marriage is a lifelong commitment and women must endure any

harmful aspects of the relationship. Others said they were "afraid to be heard." These notions of shame were also present in women's narratives of non-partner assault and harassment. Women expressed feelings of humiliation and fear of social repercussions that minimized their reporting to other people and services.

Perhaps most poignantly, women often did not talk about or report their abuse because they had no expectation that anything would be done to help them. One woman said, 'I don't want to complain. Even if I complain, nothing happens. So I don't say anything to anyone. I just stay quiet.' [IDI, Mawlamyine, 54 years old] This barrier to disclosure highlights how low levels of community and institutional support to abused women often lead to underreporting.

5.4. Separation, Divorce and Barriers to Leaving

5.4.1 Divorce and Remarriage

About a quarter of the women interviewed in Yangon were divorced or in the process of divorce proceedings. These women tended to be more educated and of higher socio-economic status than the other respondents, suggesting that women who have other forms of social power (money, education, mobility, etc.) are more able to access resources to support the divorce process. In Mawlamyine, most respondents remained in their first marriage, despite partner abuse. These site-specific differences may be due to sampling methods (a legal counselling NGO helped to identify women for the Yangon sample) or the limited availability of legal services in Mawlamyine as compared to Yangon.

Although divorce is socially frowned on – and women are likely to face stigma around divorce – there was a level of support for leaving abusive relationships, although only after it reached a tipping point.

As noted in the demographic description of this sample in Chapter 2, almost all of the women who had divorced were remarried at the time of the study. For many, the decision to remarry was related to the vulnerability they faced as a single woman in their communities. Women described the need to remarry for "dependence" or economic necessity. Other women were pressured by their communities to remarry, and some women married for social protection, to avoid abuse and harassment they faced as single women and single mothers.

I went as far away as possible from my first husband. But being unmarried was unsafe for me. There were many men staying in the hostel [where I stayed while I look for a new job]. People would grab my hands and feet while I was sleeping. I couldn't go home and I couldn't be safe in this place either. That's why I decided to find a man whom I could depend on. With that intention, I married [my second] husband. However, from the beginning, he was not good to me. He gambled and drank alcohol and beat me quite often. [IDI, Mawlamyine, 49 years old]

Most women who remarried also faced violence within their second partnership as well, which contributed to their feelings of helplessness.

5.4.2 Barriers to Leaving

Women mentioned various barriers to leaving abusive relationships. One commonly reported fear of leaving was the impact of separation on children. Mothers described their fears of children growing up without a father figure, or the economic and social consequences children would face being from a "broken" family. Even when the women themselves wanted to leave, concern for children kept them in these abusive relationships. 'I am very angry with him and I don't want to stay with him anymore. But because of our children, I have to be patient.' [IDI, Mawlamyine, 37 years old] This was consistent with the focus-group discussions, in which participants noted that women should stay in abusive relationships 'for the sake of the children.' [FGD, Loikaw, women aged 18 - 25]

Another barrier to separation or divorce was fear of social stigma faced by divorced women. This was mentioned by many of the women – both those who stayed with their first husbands, as well as those who were already divorced or separated once. The stigma and social fears around divorce was also explored in the focus-group discussions. As one focus-group participant noted '[women who remarry] may want to have a safe married life because a separated woman is looked down on in the society.' [FGD, Yangon, women aged 18 - 25] The opinion was shared by focus-group participants in Magway who noted that "women are respected more when they have husbands." [FGD, Magway, women aged 18 - 25]. At the same time, focus-group participants did express the opinion that, when abuse reached a certain level, divorce was justifiable. This signals that although divorce is socially frowned on – and women are likely to face stigma around divorce – there is some community support for leaving abusive relationships, although only after it reaches a tipping point.

Women's explanations for why they stay in abusive relationships show the strength of social norms around women's role in society, particularly related to their obligations as wives and mothers, and expectations that women will give up their own well-being for that of their children and family.

In other cases, economic vulnerability prevented respondents from leaving their abusive relationships. One woman argued that she couldn't leave because 'If I had a job, I wouldn't need anyone to depend on. But, I don't have a job.' [IDI, Mawlamyine, 28 years old] It is worth noting that the focus-group discussions tended to frame education and improved economic opportunity as a way to negotiate within an abusive relationship, but not as a reason to leave, particularly if there were children involved. This suggests economic vulnerabilities do indeed act as a substantial barrier to women leaving relationships, but that women see education and financial independence as pathways to more power and subsequently less abuse in the marriage, rather than a way out of the relationship.

Overall, women's explanations for why they stay in abusive relationships show the strength of social norms around women's role in society, particularly related to their obligations as wives and mothers, and expectations that women will give up their own well-being for that of their children and family.

Table 9: Women's Reported Barriers to Leaving Abusive Relationships

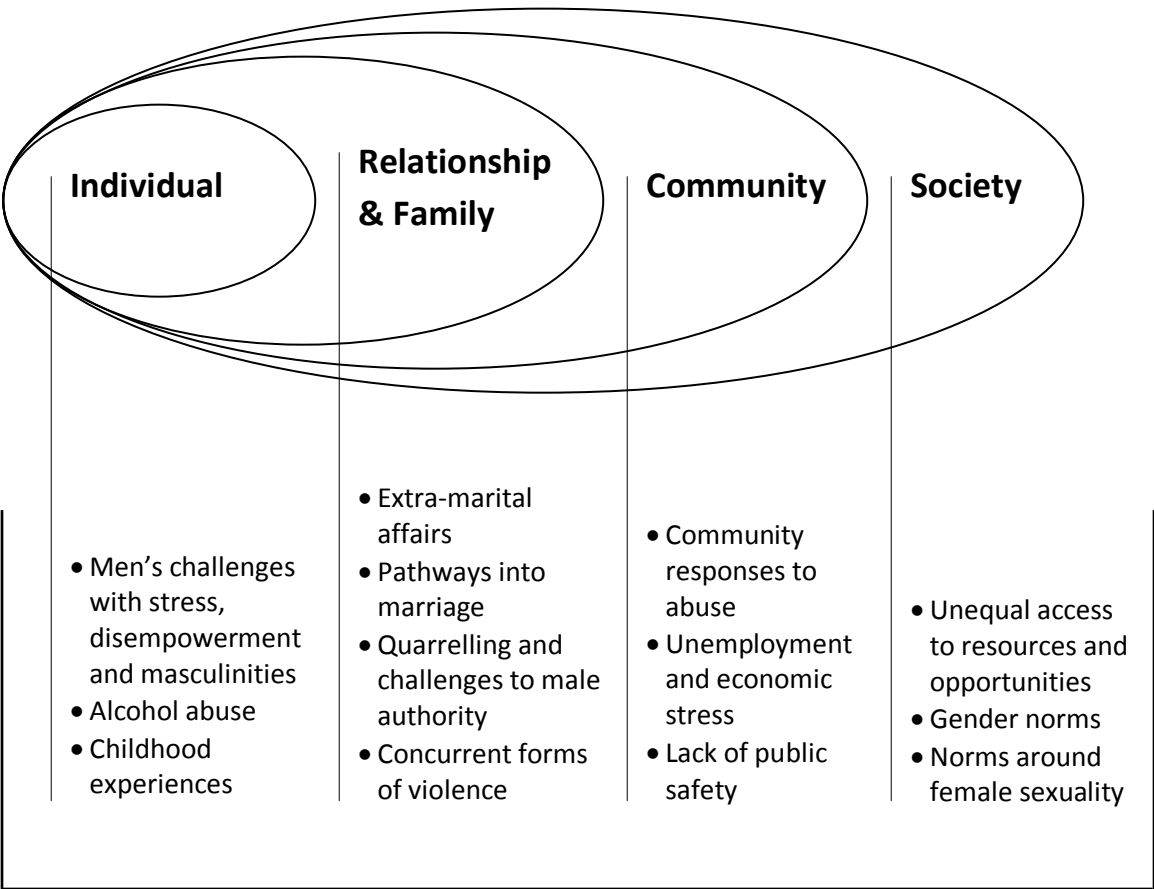
Negative impact of separation or divorce on children/family	Self-sacrifice to ensure that children have a mother and father	‘Sometimes I want to break up. But the children should be together with a father and a mother. So I had to tolerate him.’ [IDI, Yangon, 26 years old]
	Concerns around economic viability of supporting children on her own	‘I have two children I don’t want a divorce so I just have to tolerate [it]. What if he’s arrested? We’ll be without the breadwinner.’ [IDI, Yangon, 39 years old]
	Concerns around having a broken family	‘Since I am a woman, I prefer monogamy and wouldn't like to have a broken family.’ [IDI, Yangon, 37 years old]
Social stigma	Isolation and stigmatization of separated or divorced women	‘I didn't want to be a divorcee because I would be looked down upon and disrespected if the neighbours knew it.’ [IDI, Yangon, 35 years old]
Forced to stay in the relationship	Husband prevents or refuses to divorce	‘He warned me that he would cut my face with a blade if I ever thought of divorcing him.’ [IDI, Mawlamyine, 29 years old]
	Relatives urge or force women to stay	‘Whenever I talked about divorce in my family, my brothers told me not to divorce him and I had to live in this unpleasant relationship.’ [IDI, Yangon, 55 years old]

Chapter 6: Features of Abuse and Pathways into Violence

The previous chapters have described key findings from this qualitative study on violence against women related to women's experiences of abuse (Chapter 3), consequences of abuse (Chapter 4) and women's coping strategies and disclosure of violence (Chapter 5). This chapter explores different features of women's stories, including the various circumstances, factors and pathways that appear to be linked to these women's experiences of violence. This chapter also explores the protective mechanisms that women employ to avoid or prevent incidents of violence. Although each woman had a unique story, the themes presented here came up frequently across women's life stories and their narratives of abuse and coping. This study uses the socio-ecological model as a way to organize these different thematic areas, so that the reader can conceptualize at what level of society these issues take place, and how they impact women's experiences of abuse. However, this is not a comprehensive or statistical summary of the factors associated with violence against women in Myanmar. Rather, it aims to use qualitative data to go in-depth into common themes around men's perpetration of violence, the nature of partner relationships and the broader social factors that create an environment in which violence is used and accepted.

The summary of patterns on the following page explains what themes emerged at each level (as also displayed in Figure 2). The rest of the chapter provides more detailed explanation.

Figure 2. Map of Key Thematic Areas From Women's Narratives of Abuse



Summary of Patterns at Each Level of the Socio-Ecological Model

This study found different features of women's stories of abuse that can be mapped across the four levels of the socio-ecological model.

At the **individual** level, women's stories pointed to three key themes: how men struggled with challenging life moments and tended to take out frustration on their wives; men's alcohol use as a precursor to incidents of abuse; and women's childhood experiences of violence that tended to put them into vulnerable situations as adolescents and young adults, exposing them to violence and abuse later in their lives.

At the **relationship** level, four main themes came out of women's narratives of abuse. Many women discussed their husband's extra-marital affairs, and these affairs tended to ignite quarrelling and harmful communication between the couple. Quarrelling tended to be a precursor to incidents of physical abuse, and were often related to times when women challenged men's authorities. Women also described their decisions to get married, or "pathways" into marriage. Often, women got married in order to overcome social and economic vulnerabilities. However, this also meant that they entered into marriage with less power and ability to negotiate their own wishes or avoid abuse. Women also described their husband's involvement in other forms of violence, such as child abuse or community violence.

At the **community** level, women reported contradictory perceptions and experiences of community responses to intimate partner violence. Many neighbours and friends provided support, although their effectiveness was limited. On the other hand, there are overall expectations that people will not interfere in domestic disputes between husband and wife. Community-level economic stress and financial vulnerability also tended to exacerbate women's experiences of violence in the home. Finally, women described their lack of safety in public spaces and fears of traveling in crowded transport systems. There was often an element of resignation to their stories, suggesting that this is a normal aspect of their mobility.

At the **societal** level, the study shows how widespread norms and beliefs impact upon women's lived individual experiences. Women in this study tended to describe situations of unequal access to resources and opportunities, whether social or economic, which limited their ability to leave relationships. Widespread beliefs of women's inferiority to men tended to affect women's ability to deal with abuse in a practical and active way. Norms around female sexual purity and virginity had great impact on women's lack of sexual and reproductive health and rights knowledge, which impacted their ability to negotiate consensual sex within their marriages.

Many of the themes presented here are related, or overlapping. This shows the complexity and interconnectedness of different aspects of women's experiences of abuse across all levels of the social ecology, and how abuse can impact other areas of women's lives.

6.1 Individual Level

Three individual-level themes were commonly seen across women's interviews: men's individual difficulties or sense of disempowerment related to stress at various points in their life; male partner's alcohol abuse and; and women's childhood experiences of abuse.

6.1.1 Men's Challenges with Stress, Disempowerment and Masculinity

Global research on masculinities – or ways to be a man in a given society – suggests that many men struggle to achieve or live up to socially sanctioned norms around manhood (Connell 2005). This impacts men's mental health and life satisfaction (Barker et al. 2011), but more specifically, individual men's struggles or perceived disempowerment in relation to these norms and how this may be linked to their perpetration of intimate partner violence (Fulu et al. 2013). Men's violence can also be related to how they understand and act on norms of what it means to be a man in Myanmar. This does not excuse individual men from their perpetration of violence, but attempts to place abuse within a broader social context.

In this qualitative study, incidents of violence reported by the women interviewed tended to be linked to a variety of challenging or stressful life scenarios and their partner's difficulty in dealing with these issues. These included men's unemployment or the couple's financial difficulties, pregnancy, migration or forced relocation or traumatic events linked to violence such as military service and desertion, or time in prison. The way that these factors played out in women's narratives appear to be linked to dominant norms around what it means to be a man and what happens when men feel like they are unable to fulfil these norms.



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For example, a quarter of women reported that physical and/or emotional violence began during or after pregnancy, or when their children were young. This included men's physical and verbal abuse, lack of economic support to his wife and children, or abandonment during the birth and post-natal period. This may also be related to men's limited knowledge and engagement with reproductive health and parenting. These trends are consistent with other literature that shows how pregnancy and early parenting years are high-risk periods for violence (Flynn 2011). This pattern was particularly common

among couples that married early. This may suggest that women and men who enter into early marriages with little information about sexual and reproductive health, and limited relationship experience, are less equipped to deal with these challenges.

Alongside pregnancy and caring for children, other stressful life scenarios, such as forced relocation or job loss, were reported to be triggers for men's partner abuse.

Incidents of violence tended to be related to men's perceived disempowerment and inability to fulfil norms around what it means to be a man. This suggests that abuse was a way for these men to regain a sense of power and control.

When we met, he was a quiet man. He was a shoemaker and business was good. Four years after we bought our house, our family was moved out [because of forced relocation]. Then we moved to [a temporary relocation site]. Finally, we reached Mawlamyine. [He couldn't find work]. He now works as a casual worker [because] he only knows how to make shoes. Sometimes he doesn't come back home all day. He doesn't do anything. When I asked him for money, he beat me and sometimes kicked me. [IDI, Mawlamyine, 54 years old]

This story of escalating abuse in the face of life crises is consistent with literature around domestic violence in refugee or IDP camps and other temporary living areas (Slegh, Barker, Ruratotoye and Shand 2012). It is likely related to men's frustration with their inability to fulfil socially prescribed roles of protector and breadwinner, as well as their feelings of disempowerment in society generally. Partner abuse becomes a way to deal with these emotions and reassert a sense of power. Other women described scenarios in which husbands would lose jobs or economic security, which they linked with an increase in violence.

More research, particularly with men, is needed to explore these themes further. However, these narratives from women who experience abuse do point to the need to work with men – alongside women and girls – to foster more equitable and flexible social norms around what it means to be a man, and what it means to be a woman, in Myanmar's changing society.

6.1.2 Husbands' Alcohol Abuse

Severe partner alcohol abuse and dependency, or reports of abuse when a husband was drunk, was reported by almost half of the women interviewed for this study. Partner drinking ranged from intermittent alcohol use to severe alcohol abuse. A few women had husbands who were hospitalized because of their problem drinking. Women reported economic, verbal, physical and sexual forms of abuse when their husbands were drunk.

My husband does not beat me when he is not drunk. But when he is drunk, I need a place to hide. Otherwise he would beat me severely.' [IDI, Mawlamyine, 26 years old]

Some respondents reported that their husbands would steal money needed for household expenses in order to go out and drink with their friends. 'I bought a small radio as I could not afford to buy a TV. He sold it and bought his drinks with the money.' [IDI, Mawlamyine, 26 years old] In other scenarios, men would withhold their incomes in order to buy alcohol, rather than contribute to funds needed for food, household supplies, children's education or medical expenses. Women also experienced forced sex when a partner returned home drunk.

When he's drunk, he wants to have sex with me, but he takes very long. Sometimes two to three hours. I cannot stand it that long. But he does not allow me to refuse. It is worse when I do not sleep with him. Then he beats me. [IDI, Mawlamyine, 26 years old]

The onset of problem drinking tended to occur around periods of stress.

When my daughter was three years old, he got into the habit of drinking. Starting from when he did not have a permanent job and did not work much, we didn't get along. [IDI, Mawlamyine, 35 years old]

In other cases, the women actively linked severe alcohol abuse to their husband's depression. 'When I told him to work and stop drinking alcohol, he told me that he did not want to work and he drank to kill himself because he did not want to live anymore.' [IDI, Mawlamyine, 22 years old] These patterns show how men's alcohol use, depression, socioeconomic stress, and anxiety about fulfilling norms around what it means to be a man (as discussed above) relate to one another and contribute to environments in which women are at higher risk of abuse.

Although alcohol abuse is commonly perceived as a "cause" or key driver of men's use of violence, alcohol is only one factor out of many contributing factors to why violence occurs in the first place. Many men drink alcohol and do not abuse their partners.

Although alcohol abuse is commonly perceived as a "cause" or key driver of men's use of violence, it is important to note that alcohol abuse is only one factor out of many contributing factors to why violence occurs in the first place (Heise 2011). Many men drink alcohol and do not abuse their partners. Therefore, single-factor explanations of violence against women that point to alcohol as the only cause of violence against women omit other factors that put women at risk of experiencing abuse. Indeed, while stories of partners' alcohol use were frequently reported by women in this study, other studies from the region show that alcohol plays less of a role in men's perpetration of violence against women (Naved, Huque, Farah and Shuvra 2011).

There do appear to be common elements of vulnerability and parental neglect across women's stories of child abuse, as well as normalization of partner violence based on witnessing abuse of their mothers as children that relate to their later experiences of violence.

6.1.3 Childhood Experiences of Abuse

Almost half of the respondents experienced one or more form of child abuse. The different narratives of child abuse are described in Table 10. Women most often discussed witnessing their fathers beat their mothers. This may have been due to the nature of the question guide, which asked specifically about the relationship between the respondents' parents, but did not ask specific questions around different forms of child abuse. It may have also been linked to women's sensitivity and shame around disclosing child abuse (Luo, Parish and Laumann 2008). A few respondents also noted that their husbands had witnessed family violence as children.

Globally, women's and men's experiences of child abuse are strongly associated with later victimization and perpetration of violence in adulthood. This means that children who are abused tend to be at higher risk of experiencing or perpetrating abuse in

their intimate partnerships (Botts et al. 2012; Kishor and Johnson 2004; Gupta et al. 2008). This study on violence against women in Myanmar is a qualitative study, so the data cannot conclusively show a statistical association. However, there appear to be common elements of vulnerability and parental neglect across women's stories of child abuse, as well as normalization of partner violence based on witnessing abuse of their mothers as children that relate to their later experiences of violence. Furthermore, women's efforts to avoid abusive homes and guardians sometimes drove them into early marriages, in which they faced other forms of relationship vulnerabilities, discussed in section 6.2.1.

Table 10. Narratives of Child Abuse Among the Respondents

Child emotional abuse and neglect	'When I was young, my father oppressed me a lot. When he told me to eat a meal, I told him it was not meal time. He [got angry] and threw all the rice away to the dogs, so there was none left for me. [IDI, Mawlamyine, 26 years old]
Forced child labour	'When I was 11, I worked at a teashop. The shop owner was a pervert. It not safe for me to spend nights there.' [IDI, Mawlamyine, 33 years old]
Child physical abuse	'My dad hit my mom and he hit me too.' [IDI, Yangon, 23 years old]
Child sexual abuse by an adult	'My uncle called me to come closer to him. He asked me to hold his penis and I held it for a while as I didn't know what else to do.' [IDI, Yangon, 44 years old]
Witnessing father abuse mother	'My father would beat my mother with a broom. Afterward, we had to pull out the pieces of broom from her skin.' [IDI, Yangon, 37 years old]
Child/adolescent sexual abuse by a peer or dating partner	My boyfriend just pulled me down onto the bed. He insisted that he loved me and that he'll marry me. I was frightened and I hastily pushed him off and ran out.' [IDI, Mawlamyine, 48 years old]

6.2 Relationship/Family Level

A number of themes related to relationship dynamics or family environment consistently appeared across women's stories of abuse and partner conflict. These include women's trajectories into marriage, extra-marital affairs within the relationship, quarrelling and challenges to men's power, and concurrent forms of abuse. These areas of evidence show how women and men's relative power within the relationship – and within society – affect women's experiences of violence.

6.2.1 Women's Pathways into Marriage

One of the major areas of women's vulnerability to abuse within marriage appeared to relate to their pathways into abusive relationships. The term "pathways" does not imply an intentional or conscious decision on part of the woman, but rather, an exploration of the circumstances and decision-making processes around the marriage. For example: How did husband and wife meet? Why did she decide to get married? What choices did she have? Who was involved in the marriage process? The answers to these questions showed the level of power women brought to the relationships, which in turn often affected their ability to negotiate and avoid instances of abuse.

Almost one third of the respondents told stories of their pathways into marriage that indicated a level of social or economic vulnerability driving their decision-making process. Some of these women did

not have family members to rely on or had poor relations with their family members, so marriage was a way to find stability and someone "to depend on".

My mother couldn't work [in Myanmar] anymore, so she went abroad. There was no one to feed or provide for me. All my brothers and sisters were divided and spread out. So I ended up getting married. [IDI, Mawlamyine, 28 years old]

Some women married before age 18, and experiences of child abuse were often related to why they made the decision to marry. One woman's mother died when she was young. Her father, who also physically abusive, eventually remarried. 'His [new] wife was very controlling. He told me that he could not feed me anymore. I was only 17 years old, so I had to marry the first man I could find, even though I did not want to.' [IDI, Mawlamyine, 32 years old] In other cases, women faced social pressure from the community to remarry, after being divorced or widowed. 'After my first marriage, I came back and lived with my mother. As I was a widow, others mocked and teased me. The elders wanted me to get married again.' [IDI, Mawlamyine, 22 years old] This was consistent with discussions in focus groups, as participants noted the social 'need' for women to remarry: 'They need someone to depend on. [That's why] they have to look for [another] husband.' [FGD, Kale, women aged 26+] When women entered relationships with little social protection, it impacted their ability to negotiate abuse. They often had no way to leave the relationship, nor did they have anyone to protect or intervene.

I think he just wanted to oppress me as I did not have any relatives to depend on. He knew that he could do anything to me as I had nowhere to go; however or whatever he did to me, I would not leave him and I would be in his hands. [IDI, Mawlamyine, 32 years old]

Other women had expectations that marriage and husbands would provide economic safeguards for their future. 'My father couldn't make ends meet. I quit school because we had no money. So my sister and I got married due to economic necessity. I wanted to get married so that my husband would help support me.' [IDI, Yangon, 28 years old]

Elopement was a common method of marriage across the sample, in both sites and almost half of the respondents had eloped with their husbands.²³ For some, this was a common way to get married:

My husband was my only boyfriend. When he asked me to run away from our parents, I followed him to his village. He stayed there for a month. When we came back to my parents, we had a wedding reception and treated the guests with tea and bread. [IDI, Mawlamyine, 54 years old]

For others, there was an element of social or interpersonal coercion involved in the process. Some women eloped because their parents did not approve of the marriage. This had implications for the amount of support they expected from their parents when the relationship turned abusive. Other women eloped because they were afraid of social dishonour, which was often framed relative to her virginity and sexual reputation.

I was growing up and I wanted beautiful things. He lied to me and told me that he would buy me a watch. We took many buses to look for the watch. When it was late in the evening, he told me that he had lied about buying the watch, and that now we had to elope because we had been out

²³ In Myanmar tradition, once it is publically known that you have had sex, you are considered "married." This type of "elopement" – or going off together to a relative's house or a friend's house – is a common way to get married. Formal weddings or ceremonies vary between communities and few people officially register their marriage. Therefore, the term has different connotations from the Western notion of elopement.

about town together and everyone saw us. I wanted to go home and so I cried. He soothed me and told me that he would inform my mother about us. [IDI, Yangon, 27 years old]

The process of elopement also had implications for woman's options in terms of leaving the marriage. One woman explained that she had eloped with her husband, leaving her house and travelling to stay at his house for a few days. She soon after learnt about his multiple other relationships. But she said, 'I could do nothing in this situation. I couldn't go back to my home because I've already followed him [and had sex with him]. He has already told my mother about our relationship. I would be turned out of the house if I went back to my home. [IDI, Mawlamyine, 43 years old] Other women felt that they were unprepared to be married. For many of these women, although their marriages were not "arranged", there was a lack of free choice in terms of socially viable options for her future.

This data shows how the nature of women's marriages is affected by the decisions and circumstances leading up to the marriage. Women's pathways into marriage impacted their sense of security and fulfilment, their ability to leave relationships, and the level of power they had to negotiate within partnerships.

6.2.2 Extra-marital Affairs

Extra-marital affairs appeared to be one factor related to how violence occurred – as well as how abuse was perceived – by the women in this study. This is consistent with global and national research on risk factors for violence (Heise 2011; Kyu 2005). Kyu and Kanai explored extra-marital affairs in their research on domestic violence, explaining that, 'Myanmar women are afraid to become a second wife... When the women learn the truth about their marital status... it may lead to conflicts and violence.' (2005:267)

Almost half of the women reported that their husbands engaged in extra-marital affairs. This included visiting sex workers, having relationships with other women in the community, or keeping second families or second wives. In many cases, a husband's extra-marital affairs acted as a trigger for relationship violence, as conflict and quarrelling over his affairs was a precursor to incidents of abuse or contributed to a negative marital environment. Men's engagement in extra-marital affairs also reflects widespread lack of respect for and value of women, related to beliefs around men's sexual entitlement over female bodies, and inequality between women and men. Men's extra-marital affairs were also sometimes linked to their economic abuse, as they tended to spend money on their other partners, rather than supporting their immediate family's needs. In some cases, men abandoned their wife and children for a second relationship. This topic also came up in focus-group discussions across the secondary sites, further suggesting that the link between extra-marital affairs and relationship discord has some resonance in marriage narratives across Myanmar.

6.2.3 Quarrelling and Challenging Male Authority

Quarrelling within the relationship was often a component of women's stories of abuse, most often because it was linked to incidents when women challenged their husband's authority or confronted him on an issue. Although there is debate around whether quarrelling should be seen as a type of violence or a risk factor for abuse (Fulu et al. 2013; Jewkes 2002), women's accounts suggest that quarrelling

These narratives around quarrelling and control illustrate how norms around men's power in the relationship shape the communication, decision-making and control patterns within the relationship, and can contribute to women's risk of experiencing violence.

most often precedes an incident of physical abuse, thereby suggesting that it increases the risk of a violent episode. There are, however, some cases in which quarrelling and verbal abuse overlap, which suggests that both arguments hold validity for different forms of abuse.

A common element of quarrelling – regardless of the original cause – was that the woman had challenged her husband's authority or opinions, or resisted his attempts to control her behaviour.

He liked me to call him 'KoKo' or 'MaungMaung' [darling or honey]. The trouble was, when he arrived [home], I couldn't make myself call him that if I didn't feel like that. He didn't like to see me in the middle of doing housework when he came back. What he liked was when I would take a bath, sit and wait properly, keep looking the way he was coming, and ask him if he was tired. You know, all those sweet things. If he yelled one word, I would retort one word back. He didn't like it. [IDI, Mawlamyine, 28 years old]

In other cases, women reported that quarrels would arise if they refused sex or confronted their husbands about extra-marital affairs, gambling or alcohol abuse. One woman reported that 'A girl called his mobile phone and I picked up [to see who it was]. I was hit and my head was pushed into a pillar for picking up his phone. He told me it was his friend.' [IDI, Yangon, 23 years old]

These examples point to an underlying theme of quarrelling and subsequent abuse taking place when male power is challenged – whether it is her rejection of his right to sex or her refusal to conform to his ideas and notions. For some women, this was an internalized reason for why violence occurred in the first place. 'My husband punched me in front of his uncle and I had a red eye. I forgot why [he punched me]. Maybe I did not do something that he asked me to do for him.' [IDI, Yangon, 26 years old] For other women, knowing that her partner would react violently to a challenge deterred her from expressing her own views and opinions: 'If I talked back to him, he would beat me. So I keep quiet.' [IDI, Mawlamyine, 28 years old] These narratives illustrate how norms around men's power in the relationship shape the communication, decision-making and control patterns within the relationship, and can contribute to women's risk of experiencing violence.

6.2.4 Concurrent Forms of Violence

Statistical research on men's perpetration of violence against women in the Asia-Pacific region shows how men who engage in different forms of violence outside the home are more likely to perpetrate partner abuse within the home (Fulu et al. 2013). Data also shows that these men are also more likely to perpetrate physical child abuse against their own children (Fulu, Miedema, Jewkes and Roselli in progress). This creates situations in which concurrent – or simultaneous – forms of violence take place within and outside the family environment. In these qualitative narratives, some women reported that their husbands engaged in violence outside the home. This tended to harm community relations between the family and their neighbours and friends, thereby further isolating women from support networks.

Some respondents also reported that their husbands would abuse their children. In some cases, children were bystanders to marital abuse and got in the way of the violence. Other women told stories of intervening when their husbands were beating their children, thereby putting themselves at risk of violence.

‘He kicked me in the face when I tried to stop him from beating [our] child. My son was only two years old. My husband was beating him with the whip that we used to hit cows, because he had urinated in the cradle. One of my eyes was badly injured. [IDI, Mawlamyine, 28 years old]

These respondents who reported concurrent forms of violence – within and outside the home – tended to also experience severe and constant abuse by their partners. This may be because violence was one of the only ways in which these men felt able to reinforce their power and strength. These narratives show how different types of violence are related and suggest that efforts to end violence against women must also engage with efforts to stop community violence and other forms of men's violence.

6.3 Community Level

Women described a number of ways in which the community – or “the surroundings” – impacted their experiences of abuse. Three dominant trends appeared across women's stories: varied community responses to violence, community-level unemployment and economic stress, and women's lack of safety in public spaces.

6.3.1 Community Responses to Intimate Partner Violence

Communities, neighbours and extended family members sometimes played a protective role in minimizing women's abuse, although their influence tended to be limited, as husband's abuse was often perceived as a private issue. For some respondents, communities were aware of the abuse and supported the woman as best they could, offering food, shelter, and other assistance.

In addition, women who lived with family members often saw their living arrangements as a protective mechanism. ‘We have to live in my aunt's house as we are unable to afford a house of our own. So my husband doesn't beat me anymore because of my aunt's presence.’ [IDI, Mawlamyine, 41 years old] The opposite – social isolation – tended to leave women more vulnerable to abuse. One woman explained that her husband ‘knew that I had no one to rely on apart from him. That's why he abused me so much.’ [IDI, Mawlamyine, 32 years old]

Aside from support such as food and shelter, neighbours and family members sometimes played an active role in preventing or stopping an incident of violence, particularly physical abuse.

Aside from support, neighbours and family members sometimes played an active role in preventing or stopping an incident of violence, particularly physical abuse. Around one-third of the respondents reported that someone had actively intervened in an incident of abuse. This took place both when violence happened in the home or home-space as well as when violence occurred in public. One woman noted that ‘when our neighbour from next door came to our house because of our fighting, my husband stopping fighting and stayed quiet.’ [IDI, Yangon, 28 years old] In some instances, neighbourhood men would intervene ‘on behalf’ of the woman, forming a kind of protection unit around her. ‘Our brother-like neighbour...supported me. When my husband beat me, [our neighbour] would punch him back. He would threaten to kill [my husband].’ [IDI, Mawlamyine, 41]

These protective actions of neighbours tend to contradict expectations of community inaction that were discussed by women in the focus-group discussions. Participants across the regional focus-group discussions explained that communities tended to not intervene in three different types of relationships: husband and wife, siblings, and parents and children [in Myanmar: kyarthonekyar ma win yabuu. lin ma

yarkyar, maunghna ma kyar, mi banaetharthameekyar ma win yabuu] [FGD, Labutta, women aged 18 - 25]. Key informants also confirmed that communities where they worked tended to think, 'Violence is a domestic issue, happening only in families, and that people need not interfere.' [KII, Yangon, Women's Rights Advocate] This shows how perceptions about violence as a private issue likely often prevent neighbours from intervening in incidents of abuse. However, this was not always the case in women's in-depth interviews, and sometimes, social norms lost significance when women faced abuse.

My father always taught me [how to be a good woman] and scolded me if I said rude words to my husband. He taught me to obey my husband. But he has stopped scolding me lately because he saw that his son-in-law was abusing me. [IDI, Mawlamyine, 49 years old]

At the same time, community intervention rarely ended abuse altogether. Norms around violence as a private issue continued to impact women's disclosure of abuse as well as men's impunity, even in the face of community pressure. 'When [my neighbour] heard us fighting, she came to us and told my husband not to do so. He drove her away saying it was none of her business. As she is not our family member, he does not listen to her.' [IDI, Mawlamyine, 30 years old]

6.3.2 Unemployment and Economic Stress

Community environment and conditions, such as economic vulnerability and financial stress, also tended to affect women's experiences of abuse. For example, levels of unemployment were linked to husband's increase in stress (and in some cases alcohol use) and consequently were perceived to impact perpetration of incidents of violence, as discussed above in section 6.1.1. Unemployment was also linked to financial stress and vulnerability within the relationship, which often triggered reported incidents of quarrelling and verbal, economic and physical abuse. These patterns were particularly pronounced among the Mawlamyine interviews, where seasonal work was more common, and employment levels tended to be lower than in urban Yangon. This does not mean that unemployment causes violence against women. Rather, unemployment within the community signalled larger issues of poverty-related stress, livelihood insecurity, limited economic options and other forms of social disempowerment which impact both women and men's lives, and also relate to their experiences and perpetration of violence.

Employment was also often linked with education levels, by the respondents as well as in the focus-group discussions. Across the study, women's education was perceived as a protective barrier to abuse. Women saw education as a path to more lucrative employment opportunities, which would increase their economic power within the relationship, thereby minimizing their exposure to abuse. Women also saw education as a way to gain "knowledge"-related power within the relationship. 'I cannot escape from this situation because I have limited knowledge and poor education. If I had my own business and income, I would not have this kind of difficulty in my married life.' [IDI, Mawlamyine, 36 years old] These findings

Women's education was perceived as a protective barrier to abuse. Women saw education as a path to more lucrative employment opportunities, which would increase their economic power within the relationship, thereby minimizing their exposure to abuse. Women also saw education as a way to gain "knowledge" related power within the relationship.

were supported by the focus-group discussions, in which participants explained that those who were educated had more social power, and economic control within the intimate partnership:

Being an educated person can get you your own income, which is always good. Your husband might look down on you because you always depend on him economically. So it's better to have your own income. [FGD, Kale, women aged 18 -25]

6.3.3 Lack of Public Safety for Women

Women also described their relative lack of safety in public spaces compared to men. In the literature, Myanmar is often declared to be a society in which women are equal to men, and those who argue this position draw on scenarios from neighbouring countries where women's seclusion (for example, *purdah* ²⁴ in South Asia) and lack of mobility is common (GEN 2014). However, many respondents explained their fears over travelling or moving in public spaces and described the protective mechanisms they employed to maximize safety. 'As we are a woman-headed household, living in this environment, we need to be social with our neighbours. Otherwise it is not safe for us. [IDI, Yangon, 40 years old] There was also an element of resignation in their explanations, suggesting that women's danger in public spaces has become a normalized situation. As one woman noted, 'I don't think buses are safe for women. But if the trip is a must, I have to go, knowing this is to be faced. There is no safety.' [IDI, Yangon, 40 years old] Safety in public spaces and women's equal access to violence-free mobility is a key element of violence prevention efforts (UN Women 2010), and the data suggests that community efforts to promote women's safety can help to reduce violence and harassment at this level.

6.4 Society Level

Qualitative data is integral to better understanding how social norms impact women's individual experiences of abuse, by demonstrating the ways in which norms shape women's (and men's) lived experiences and perceptions of violence. In particular, this study shows the links between women's experiences of violence, with norms around women's inferiority in society, norms around women's sexuality and male sexual entitlement, and broader systems of inequality. These norms affect women's access to resources and opportunities, their vulnerability to abuse, and also how they disclose and deal with incidents of violence.

These discussions suggest that while individual women have limited opportunities and resources due to broader social forces, there is a growing sense of rights and entitlement to education and economic freedom among women in Myanmar.

6.4.1 Unequal Access to Resources and Opportunities

This data shows that social norms around women's inferiority to men lead to unequal access to resources and opportunities. The respondents faced many limitations on resources and opportunities during their lives, which in turn impacted upon their pathways into violent

²⁴ Purdah is the practice of segregating women from men, either through physical seclusion or requiring that women cover parts of their body.

relationships and how they dealt with abuse. As discussed in section 6.2.1, women's lack of economic options often led them into early relationships with men in which they had limited power due to their financial dependence. In addition, women's perceived lack of property rights – or limited recourse to challenge property infringement – sometimes affected their relative power within the family. In some cases, this lack of rights over property prevented them from leaving abusive relationships, because they had no other option. As one woman said, 'As I do not have my own house, I have to stay with him.' [IDI, Mawlamyine, 26 years old] In other cases, lack of property rights after the death of a husband, and the subsequent economic instability, led women into second marriages that turned out to be abusive. Finally, some women did not legally register their marriage, which meant they were unable to formally file for divorce and equally divide assets. Across many of these circumstances, women's lack of knowledge of their rights or limited access to education and employment, were barriers to their ability to change their situations. Each of these factors alone do not necessarily dictate whether a woman will or will not experience abuse. However, structural limitations on women's access to rights contribute to an environment in which women do not always have control or power over their own futures, which in turn makes them more vulnerable to experiencing abuse or negative outcomes.

Discussions around women's unequal access to resources and opportunities also came up during all the focus-group discussions. Participants tended to acknowledge that women were responsible for housekeeping and child rearing, and that men were responsible for outside work and income-generation. Indeed, many of the participants described their own lives and roles along these divisions of labour. However, at the same time, participants widely acknowledged that men were offered 'more time and chance to work outside' and that women were not afforded the same



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opportunities. [FGD, Labutta, women aged 18 – 25] Yet, participants were supportive of increased access to education and work opportunities. In the context of this research, they tended to view women's income-generation as protection against men's abuse or control within the relationship. One participant noted, 'A woman who works is better off because she has more opportunities. She has more knowledge. She has a say and a position at her household. She knows how to respond to her husband when he tries to oppress her.' [FGD, Yangon, women aged 18 – 25] The discussions also evoked a sense of change over time, as more girls receive education, alongside boys. 'Today, boys and girls are moving ahead and keeping abreast of each other. I think girls can do better than boys if both boys and girls work as hard as possible. That's why I want girls to take risks, no matter what people say if they have something they want to do in life.' [FGD, Labutta, women aged 18 – 25] These discussions suggest that while individual women have limited opportunities and resources due to broader social forces, there is a growing sense of rights and entitlement to education and economic freedom among women in Myanmar.

6.4.2 Gender Norms in Myanmar

Gender norms – or what it means to be a woman or a man in Myanmar society – tended to impact women's ability to talk about abuse and their ability to leave relationships. As discussed in Chapter 5, beliefs that Myanmar women must be passive or quiet meant that women tended to feel ashamed or stigmatized when they did speak out about their abuse, or try to defend themselves against their husbands. This was consistent with focus-group discussions across the sites, which showed how participants expected abused women to attempt to rationalize or persuade their husbands to end the violence. Norms around having a "good family" also prevented women from leaving, as women reported hesitancy to break up the family unit. As one focus-group participant says, 'I quarrel with my husband quite often. But how can I divorce him? We have so many young children. I don't want my children to be fatherless or motherless.' [FGD, Mawlamyine, women aged 26+] Women also expressed concerns about being divorced, citing stigmatization of women who leave their husbands or remarry. 'In our village, everybody is loyal to their marriage. You can only remarry if your husband or wife dies. Otherwise, others would look down on you.' [IDI, Mawlamyine, 22 years old] For some, community stigma around divorce is framed in religious terms: 'Most of us, Buddhists, believe that [what we face in life is] due to what we have done in our past life. We have to pay the debts of our past life. In that way, women are criticized in present life if they marry again.' [FGD, Kale, women aged 26 +] Overall, the data consistently showed the impact of widespread beliefs around femininity and masculinity on women's experiences of abuse, as well as their opportunities, access to resources and enactment of their rights.

6.4.3 Norms around Women's Sexuality and Men's Access to Women's Bodies

The women's narratives suggest that norms around female purity and virginity tend to restrict women's access to sexual and reproductive health and rights information. Alongside widespread beliefs of male sexual entitlement, this impacted women's abilities to negotiate safe and consensual sex within the relationship.

Limited awareness of sexual and reproductive health rights – and notions of shame linked to female sexuality – also impacted respondents' experiences of sexual abuse, by limiting their ability to recognize their rights and negotiate sexual activity based on consent.

Women were taught norms around female purity early in their childhood. Particularly at the onset of menstruation, many respondents were warned to avoid boys and to be ‘careful and cautious’... ‘My mother and sister told me that if you go with boys, you can get pregnant. I was worried and so afraid at that time.’ [IDI, Yangon, 39 years old] Alongside early exposure to language that linked female sexuality with risk and shame, and promoted victim-blame, women were also expected to be ignorant about sexual matters:

Those who ask information about sex are looked [down] on by the people around them. Some women do not understand about sex. So when they ask experienced [married] women for information, they are called shameless women. I am afraid to be called that. That is why I do not talk about sex with anyone. [IDI, Yangon, 36 years old]

Limited awareness of sexual and reproductive health rights – and notions of shame linked to female sexuality – also impacted respondents' experiences of sexual abuse, by limiting their ability to recognize their rights and negotiate sexual activity based on consent. As one woman said, ‘Sometimes, in bed, I just give in, because it is a shameful thing to be the cause of the problem.’ [IDI, Yangon, 39 years old] Many women did not know what to expect during sex. Limited communication about sex within marital relationships was also common across the interviews, and is likely linked to norms around sex being a taboo subject and undervaluing of female sexuality. For some respondents, their first sexual experience was a painful or humiliating experience. ‘I screamed [because of the pain] but he did not stop. When I resisted, he grabbed my hands and feet, and had sex with me.’ [IDI, Mawlamyine, 32 years old] As noted above in Chapter 3, women tended to implicitly condone men’s sexual entitlement to their bodies within marriage, and sex was often seen as a wife’s “duty”. A women’s rights advocate key informant confirmed that ‘in Myanmar, women have no place to learn about their own sexuality. It is untapped knowledge.’ [KII, Yangon, Women’s Rights Advocate] These stories demonstrate how social norms around female sexuality (and male sexual entitlement) affect women’s experiences of sex within marriage. In particular, the data highlights how women's limited knowledge of their own sexual and reproductive health rights hinders their ability to negotiate equal sexual rights and consensual sex within the relationship.

Chapter 7: Recommendations

One of the key objectives of this violence against women qualitative research study was to develop the knowledge base on women's experiences of abuse, in order to inform evidence-based policies and programmes. The following chapter outlines initial recommendations for multi-sector policy and programme activities based on the findings from this study. These recommendations are geared toward practitioners and policy advocates to initiate discussions and planning for a comprehensive and multi-sectoral approach to violence response and prevention. Although the evidence base of what works to prevent violence against women continues to grow, evidence shows that multi-component interventions have been shown to be more effective than single component activities. For example, media campaigns have little or no effect, until combined with targeted outreach programmes and education workshops (Fulu, Kerr-Wilson and Lang 2014).

INSTITUTIONAL & POLICY RESPONSE & PREVENTION

LEGAL SECTOR	
Response	Prevention
Include provisions on marital rape, and other forms of partner abuse, in the upcoming Myanmar national Prevention of Violence Against Women Law, to ensure that all forms of partner violence are included within the legislative framework.	Integrate violence prevention outcomes into national legislation that addresses violence against women, including but not limited to promotion of gender equality and parity, and abolishment of laws that actively discriminate against women.
Establish monitoring and reporting systems on new legislation to ensure that legislation is being effectively implemented and to reduce men's impunity.	Raise awareness of new legislation through comprehensive campaigns targeted toward women and men that clearly articulate the scope and consequences of the new legal framework.
Authorize local legal authorities to enable immediate protection orders with proactive arrest to safeguard women after filing a claim.	Promote gender awareness and sensitivity trainings among justice officials (e.g., lawyers, judges, legal personnel, para-legals), from the national to sub-national levels, to raise awareness of violence against women, including how to maintain confidentiality, privacy and effectively respond to women's claims.
Integrate findings into National Strategic Plan for the Advancement of Women 2013 - 2022 (NSPAW) implementation strategies and operational plans.	Continue to advocate with national and sub-national level stakeholders around addressing violence against women and connect these actors to women's groups and broader civil society activists to foster awareness, commitment and partnership on this issue.
Continue to build networks of legal and paralegal local service providers who can support women to file cases against abusive partners.	Provide further support for and enhancement of nation-wide awareness raising campaigns on women's rights generally.

INSTITUTIONAL & POLICY RESPONSE & PREVENTION continued

ECONOMIC SECTOR	
Response	Prevention
Implement policies to address and effectively respond to sexual harassment and violence within the workplace.	Support gender sensitive policies that provide greater economic opportunities to women and men, as well as financial support systems and saving mechanisms to promote long-term financial stability and security.
EDUCATIONAL SECTOR	
Response	Prevention
Develop and implement nation-wide guidelines for teachers and school counsellors to recognize signs of child abuse, and respond to children's experiences of violence sensitively within and outside school, coordinating with local authorities and police.	Implement primary and secondary school-wide curricula on gender awareness, healthy relationships, sexual health and rights, and human rights values.
MEDIA SECTOR	
Response	Prevention
Coordinate with media on ethical and safe reporting of domestic violence trends, as well as on-going efforts to address women's experiences of abuse.	Conduct media training on how to ethically and safely report on violence against women, to ensure the rights of survivors and promote women's rights
HEALTH SECTOR	
Response	Prevention
Fund and implement shelters for abused women.	Develop training curricula for midwives and traditional birth attendants to recognize and sensitively recognize symptoms or risk factors linked to intimate partner violence, such as maternal depression.
Set up reporting systems between sub-national hospitals and clinics, and national level health statistics offices to monitor domestic violence cases across health care settings (note: identifying information of the patient should not be disclosed).	Promote men's engagement in ante- and post-natal care and child-rearing, fostering norms around engaged and supportive fatherhood and care-taking.

COMMUNITY RESPONSE & PREVENTION

EDUCATION SECTOR	
Response	Prevention
Integrate domestic violence referral information into all community-based education programming related to women's rights and empowerment to ensure that women are aware of resource availability.	Implement community-based social norm change activities to raise awareness of violence against women as a social problem, and promote women's equality to men, and women's rights to live free from violence.
Conduct training with teachers, parents, community leaders and other stakeholders on sexual violence response and prevention.	Integrate reproductive and sexual health courses into the education sector, through school-based initiatives on sexual and reproductive health issues,

COMMUNITY RESPONSE & PREVENTION continued

	including contraception, first sexual experience, family planning, etc. Enhance community-based activities around women's sexuality and sexual rights.
HEALTH SECTOR	
Response	Prevention
Provide awareness training and sensitization to health care service providers to recognize and address different forms of abuse.	Integrate violence prevention information into on-going and future healthcare campaigns and activities, to spread information on the consequences of partner abuse and other forms of violence against women.
FORMAL AND INFORMAL AUTHORITIES, INCLUDING DEVELOPMENT AGENCIES	
Response	Prevention
Conduct trainings with formal and informal community leaders on appropriate and actionable ways to respond to violence and support women who experience abuse.	Work with a wide range of community leaders – elders, ward authorities and other senior officials – to build sensitivity and awareness around gender justice and equality between women and men.
Develop cross-sectoral and collaborative referral pathways and resource sharing for women who experience abuse, including cost-sharing mechanisms.	Conduct gender transformative programme interventions working with boys and men to educate them on gender inequality, engage them in gender justice activism and build support to end violence against women.
Fund and develop comprehensive crisis shelters and safe homes for women who experience abuse, including links with police, health care and legal service providers and psychosocial counsellors.	Conduct trainings to build gender sensitivity among service providers and other response officials.

NEIGHBOURHOOD RESPONSE & PREVENTION

LOCAL COMMUNITY ORGANISATIONS	
Response	Prevention
Provide information to informal sources of women's help-seeking behaviours (e.g., family members, neighbours, etc.) on how to safely and effectively respond to violent incidents (e.g., bystander approach).	Group education activities, combined with community outreach, with women and men to enhance awareness around women's (and men's) sexual health and sexual rights, within and outside of the relationship.
Continue to support women's groups that provide safe and non-judgmental spaces for women to discuss and explore female sexuality.	Implement gender transformative programmes targeted at young couples and parents of young children to explore healthy and equitable parenting practices, couple community and address increased risk of violence.

FURTHER RESEARCH

RESEARCH INSTITUTES, NGOS, INGOs, UNIVERSITIES, UN and DONOR AGENCIES	
Response	Prevention
Conduct research with men on their perceptions and perpetration of violence against women. Replicate rigorous and standardized methodologies such as the UN Multi-country Study on Men and Violence, to better understand why men use violence and be better able to prevent abuse from occurring in the first place.	Implement complementary quantitative surveys on women's experiences of abuse. Replicate rigorous and standardized methodologies such as the World Health Organization's Multi-country Study on Women's Health and Domestic Violence, to identify prevalence and factors associated with women's experiences of abuse that are nationally representative.
Develop grant mechanisms to support research into specific topics related to women's experiences of violence, such as violence against minority women (ethnic, disabled, sexual minorities), institutional responses to women's help-seeking behaviours or further research on the impact of gender norms and social expectations on women's experiences of abuse.	Conduct monitoring and evaluation research on existing prevention and response programme interventions, to build the evidence base of what works to prevent and respond to violence against women in Myanmar.



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References

- Abrahams, N., Devries, K., Watts, C., Pallitto, C., Petzold, M., Shamu, S., Garcia-Moreno, C. 2014. Worldwide prevalence of non-partner sexual violence: a systematic review. *Lancet*, Online Publication, February 12, 2014.
- Abramsky, T., Watts, C., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H., Heise, L. 2011. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 11 (109).
- Ah-thi, Tha-dii. 2003. Newsletter on Trafficking Persons. Issue 1. Published by UNICEF Myanmar.
- Ah-thi, Tha-dii. 2004. Newsletter on Trafficking Persons. Issue 3. Published by UNICEF Myanmar.
- Apple, B. and Martin, V. 2003. *No Safe Place: Burma's Army and the Rape of Ethnic Women*. Washington, D.C.: Refugees International.
- Aung, O. 2005. *Lifestyles, sexuality and cultural beliefs related to unsafe sexual practices among youth in peri-urban Yangon, Myanmar*. Masters Thesis. Salaya: Mahidol University.
- Barker, G., Contreras, J., Heilman, B., Singh, A., Verma, R., and Nascimento, M. 2011. Evolving men: Initial results from the International Men and Gender Equality Survey (IMAGES). Washington D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.
- Belak, B. 2002. *Gathering Strength: Women from Burma and their Rights*. Chiang Mai: Images Asia.
- Bergen, R. K. 1994. "Interviewing survivors of marital rape: Doing feminist research on sensitive topics" in *Researching Sensitive Topics*, eds. Bergen, R. K., Renzetti, C., and Lee, R. pp. 197 – 211.
- Beyrer, C. 2001. Shan women and girls and the sex industry in Southeast Asia; political causes and human rights implications. *Social Science and Medicine* 53(4): 543 – 550.
- Bott, S., Guedes, A., Goodwin, M., Mendoza, J.A. 2012. *Violence against women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries*. Washington, D.C.: PAHO.
- Brickell, K. 2008. 'Fire in the house': Gendered experiences of drunkenness and violence in Siem Reap, Cambodia. *Geoforum*, 39: 1667 – 1675.
- Campbell, J. 2002. Health consequences of intimate partner violence. *The Lancet*, 359 (9314): 1331-1336.
- Chan, Nyein, KoKoZaw, Saw Saw, Yin Thet Nu Oo, KyawSoeand ThanTunSein. 2013. Knowledge on Adolescent Reproductive Health among High School Students in Katha Township (Sagaing Region). *Myanmar Health Sciences Research Journal* 25(2) p. 102 – 105
- Chit, KhinMyo. 2006. *Ma*. Rangoon: Zunpwin.
- Choon, M. T. 2013. Visarkha and the Protective Law for the Race and Religion. *Tharkithway Journal*, 3: 201.
- Coates, L and Wade, A. 2014. 'How to prevent young men's violence.' Presentation. Five days of Violence Prevention: Expert Meeting. Stockholm, Sweden.
- Coker, A., Sanderson, M., Dong, B. 2004. Partner violence during pregnancy and risk of adverse pregnancy outcomes. *Paediatric and Perinatal Epidemiology*, 18(4): 260-269.
- Connell, Raewyn. 2005. *Masculinities*. 2nd Edition. University of California Press: Berkeley.
- DeKeseredy, W. and Schwartz, M. 2011. 'Theoretical and definitional issues in violence against women'. In *Sourcebook on Violence against Women* (2nd edition). Thousand Oaks, CA: SAGE Publications, pp. 3 – 23.
- Devries, K., Maki, J., Garcia-Moreno, C., Petzold, M., Child, J., Falder, G., Lim, S., Bacchus, L, Engell, R., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., and Watts, C. 2013. The global prevalence of intimate partner violence against women. *Science*, 340 (6140): 1527 – 1538.

- Dong, M., Anda, R., Felitti, V., Dube, S., Williamson, D., Thompson, T., Loo, C. and Giles, W. 2004. The interrelatedness of multiple forms of childhood abuse, neglect and household dysfunction. *Child Abuse & Neglect* 28: 771 – 784.
- Dunkle, K. and Jewkes, R. 2007. Effective HIV prevention requires gender-transformative work with men. *Sexually Transmitted Infections*, 83(3): 173-174.
- Dunkle, K., Jewkes, R., Brown, H., Gray, G., McIntyre, J., Harlow, S. 2004. Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 363(9419): 1415-1421.
- Ellsberg, M., L. Heise, R. Pena, S. Agurto and AWinkvist. 2001. Researching domestic violence against women: Methodological and ethical considerations. *Studies in Family Planning*, 32(1): 1-16.
- Ellsberg, M. Peña, R. Herrera, A., Liljestrand, J., Winkvist, A. 2000. Candies in Hell: Women's Experiences of Violence in Nicaragua. *Social Science and Medicine*, 51(11). 1595 – 610.
- Ellsberg, M and Heise, L. 2005. *Researching violence against women: A practical guide for researchers and activists*. Washington, D.C.: PATH & WHO.
- Fahmida, R., and Doneys, P. 2013. Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum*, 38:117-124.
- Flynn, D. 2011. *Baby Makes Three: Project Report*. Box Hill: Whitehorse Community Health Service, Victoria.
- Fry, D., McCoy, A., and Swales, D. 2012. The consequences of maltreatment on children's lives: A systematic review of data from the East Asia and Pacific region. *Trauma Violence Abuse*, 13(4): 209 – 233.
- Fonow, M. and Cook, J. 2005. Feminist methodology: New applications for the academy and public policy. *Signs: Journal of Women in Culture and Society*, 30(4): 2211 – 2236.
- Fulu, E. 2013. *Domestic violence in Asia: Globalization, Gender and Islam in the Maldives*. London: Routledge.
- Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., and Lang, J. 2013. *Why do some men use violence against women and how can we prevent it? Quantitative findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women & UNV. Available at www.partners4prevention.org. [Last accessed 28 April, 2013].
- Fulu, E., Jewkes, R., Roselli, T., Garcia-Moreno, C. 2013. Prevalence and factors associated with male perpetration of intimate partner violence: findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. *Lancet Global Health* 1(4): e187 – e207.
- Fulu, E., Kerr-Wilson, A., Lang, J. 2014. *Effectiveness of interventions to prevent violence against women and girls: A Summary of the Evidence*. What Works to Prevent Violence: Pretoria.
- Garcia-Moreno, C. et al. 2005. *WHO Multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: WHO.
- Gender Equality Network [GEN]. 2013a. *Developing Anti-Violence against Women Laws: Background Information*. Discussion Paper Part 1. Yangon: GEN.
- Gender Equality Network [GEN]. 2013b. *Developing Anti-Violence against Women Laws: Content Options*. Discussion Paper Part 2. Yangon: GEN.
- Gender Equality Network [GEN]. 2013c. *Myanmar Laws and CEDAW: The Case for Anti-Violence Against Women Laws*. Yangon: GEN.
- Gender Equality Network [GEN]. 2014. *Cultural Norms, Social Practices and Gender Equality, Myanmar*. Yangon: GEN.
- Gupta, J., Silverman, J., Hemenway, D., Aceveda-Garcia, D., Stein, D., Williams D. 2008. Physical violence against intimate partners and related exposures to violence among South African men. *Canadian Medical Association Journal* 179 (6):535-41.
- Guruge, S. 2012. Nurses' role in caring for women experiencing intimate partner violence in the Sri Lankan context. *International Scholarly Research Network: Nursing*. Research Article.

- Hman, Nyi Win, Sein, Khin, Tun, Auing. 1985. *Health behaviours, beliefs and practices [Burmese]*. Yangon: Central Health Education Bureau & World Health Organization.
- International Center for Research on Women [ICRW], Gender-based Violence Prevention Network [GBV Prevention Network] and South African Medical Research Council [MRC]. 2012. *Strengthening research and action on gender-based violence in Africa*. Washington, D.C.: ICRW.
- Jansen, H. 2010. *Swimming against the tide: Lessons from field research on violence against women in Solomon Islands and Kiribati*. Suva: UNFPA.
- Jansen, H., Watts, C., Ellsberg, M., Heise, L., and Garcia-Moreno, C. 2004. Interviewer Training in the WHO Multi-country Study on Women's Health and Domestic Violence. *Violence against Women*, 10(7). pp. 831 – 849.
- Jewkes R, Dartnall E and Sikweyiya Y. 2012. Ethical and Safety Recommendations for Research on Perpetration of Sexual Violence. Sexual Violence Research Initiative, Medical Research Council, Pretoria, South Africa. Available at www.svri.org.
- Jewkes, R., Fulu, E., Roselli, T., Garcia-Moreno, C. 2013. Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health* 1(4): e208 – e218.
- Jewkes, R., Morrell, R., Sikweyiya, Y., Dunkle, K., Penn-Kekana, L. 2012. Transactional relationships and sex with a woman in prostitution: prevalence and patterns in a representative sample of South African men. *BMC Public Health*, 12:325.
- Johnson, S. A. 2007. *Physical abusers and sexual offenders: Forensic and clinical strategies*. London: Taylor and Francis.
- Kachin Women's Peace Network & Gender Equality Network. 2013. *Women's Needs Assessment in IDP Camps, Kachin State*. Yangon: KWPN & GEN.
- Karen Women's Organization [KWO]. 2007. *State of Terror: The on-going rape, murder, torture and forced labour suffered by women living under the Burmese Military Regime in Karen State*. Mae Hong Son: KWO.
- Kean, T. 2014. Myanmar to sign sexual violence declaration. Myanmar Times. Yangon.
- Kimmel, M. 2002. Gender Symmetry in Domestic Violence: A substantive and methodological research review. *Violence against Women*, 8(11): 1332-1363.
- Kishor, S. and Johnson, K. 2004. *Profiling domestic violence: A multi-country study*. Calverton, MD: ORC Macro.
- Krug, E.G., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. 2002. *World report on violence and health*. World Health Organization: Geneva.
- Kyu, N. 2004. *Violence against women in Myanmar*. Dissertation submitted to the Graduate School of Education and Human Development Nagoya University, Japan. March 2004.
- Kyu, N. & Atsuko Kanai. 2003. Prevalence, Antecedents and Consequences of Sexual Harassment in the Myanmar Workplace. *Japanese Journal of Administrative Science*, 16(3): 209-226.
- Kyu, N. & Atsuko Kanai. 2005. Prevalence, antecedent causes and consequences of domestic violence in Myanmar. *Asian Journal of Social Psychology* 8(3):244 – 271.
- Latta, R. E. & Goodman, L. A. 2005. Considering the interplay of cultural context and service provision in intimate partner violence: The case of Haitian immigrant women. *Violence against Women* 11. pp. 1441 – 1464.
- Livelihood and Food Security Trust Fund [LIFT]. 2012. Gender Strategy. Available at http://lift-fund.net/downloads/gender_report/LIFT%20Gender%20Strategy%20-%20August%202012.pdf. [Last accessed 10 April, 2013].
- Luo, Y, Parish, W., Laumann, E. 2008. A population-based study of childhood sexual contact in China: Prevalence and long-term consequences. *Child Abuse & Neglect* 32: 721 – 731.
- Mack, N, Woodson, C., MacQueen, K., Guest, G., Namey, E. 2005. *Qualitative research methods: A data collector's field guide*. Research Triangle Park: FHI 360.
- Mya, Nang Khin. 2001. *Violence against Women: A Hidden Problem for Weakened Women and Innocent Child Girls*. Presented at the 47th Myanmar Medical Conference, Jan 2001.

- Mya, Nang Khin. 2001. *Study on the pathology of violence against women in the Mandalay General Hospital (2000 – 2001)*. Dissertation submitted to the Board of Postgraduate Medical Studies, Institute of Medicine, Mandalay.
- Myanmar National Working Committee for Women Affairs [MNWCWA]. 1997. Myanmar National Action Plan for the Advancement of Women. Yangon: Republic of the Union of Myanmar.
- National AIDS Programme. 2012. *Global response progress report: Myanmar. Reporting period January 2010 – December 2011*. Yangon: National AIDS Programme.
- Naved, R. Mourin, S., Huque H. *Correlates of gender inequitable attitudes of men in Bangladesh*. SVRI Forum, Bangkok, Thailand. 13 – 16 October, 2013.
- Naved, R., Huque, H., Farah, S., Shuvra, M. 2011. Men's attitudes and practices regarding gender and violence against women in Bangladesh. Dhaka: icddr, UNFPA and Partners for Prevention.
- Norwegian Church Aid [NCA], Department of Social Welfare [DSW] & Myanmar Maternal and Child Welfare Association [MMCWA]. 2013. *Gender-based violence in five Yangon townships: Breaking the silence project*. Yangon: NCA, DSW & MMCWA.
- Nwe, Aye. 2009. *Gender Hierarchy in Myanmar*. Yangon: Myanmar Institute of Theology.
- Nwe, Than Than. 2003. Gendered spaces: Women in Burmese society. *Transformations* (6).
- Oxfam, ActionAid, CARE. 2011. *If Given the Chance: Women's participation in public life in Myanmar*. Internal Publication. Yangon: Oxfam, ActionAid & CARE.
- Oxfam, Trocaire, CARE & ActionAid. 2013. *Women and Leadership in Myanmar*. Yangon: Oxfam, Trocaire, CARE & ActionAid.
- Palaung Women's Organization [PWO]. 2011. *Voices for Change: Domestic Violence and Gender Discrimination in the Palaung Area*. Mae Sot: PWO.
- Puri, M., Tamang, J., Shah, I. 2011. Suffering in silence: consequences of sexual violence within marriage among young people in Nepal. *BMC Public Health*, 11:29.
- Republic of the Union of Myanmar. 1996. *Women's Health and Development Country Profile*. Yangon: Republic of the Union of Myanmar.
- Republic of the Union of Myanmar. 1999. *Country report of Myanmar: Regional Consultation on Violence against Women and the Role of the Health Sector*. Regional Consultation Working Paper. Yangon: Republic of the Union of Myanmar.
- Santhya, K. G., Haberland, N., Ram, F., Sinha, R.K. and S.K. Mohanty. 2007. Consent and coercion: Examining unwanted sex among married young women in India. *International Family Planning Perspectives*, 33 (3): 124 – 132.
- Secretariat of the Pacific Community [SPC]. 2009. *Solomon Islands Family Health and Safety Study Report*. New Caledonia: Ministry of Women, Youth and Children Affairs and SPC.
- Sen, B.K. 2001. Women and Law in Burma. Legal Issues on Burma Journal, no. 9. Burma Lawyer's Council.
- Shein, KhetKhet. 2012. *Social services in response to intimate partner violence: A case study of Yangon, Myanmar*. Masters of Science Thesis, Gender and Development Studies, Asian Institute of Technology.
- Slegh, H., Barker, G., Ruratotoye, B and Shand, T. 2012. *Gender relations, sexual violence and the effects of conflict on women and men in North Kivu, Eastern Democratic Republic of Congo: Preliminary results of the International Men and Gender Equality Survey (IMAGES)*. Sonke Gender Justice Network and Promundo-US: Cape Town, South Africa and Washington, D.C.
- Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., Garcia-Moreno, C., 2013. The global prevalence of intimate partner homicide: a systematic review. *Lancet*, 382 (9895): 859 – 865.
- Surtees, R. 2003. Negotiating violence and non-violence in Cambodian marriages. *Gender and Development*, 11 (2): 30 – 41.
- Than, Tharapi. 2014. *Women in Modern Burma*. London: Routledge.
- Thinn, NyoNyo. 2006. *The quest for gender justice: Introduction to the legal status of women in Myanmar*. PhD dissertation. Yokohama National University, Japan.
- U Aye. 1993. Myanmar Wives, Myanmar Style [Burmese]. Yangon: SarpayBeikman Publishing House

- United Nations.2006. *Secretary General's in-depth study on all forms of violence against women*.New York: United Nations. Available at <http://www.un.org/womenwatch/daw/vaw/v-sg-study.htm>. [Last accessed 5 March, 2013].
- UNAIDS. 2013. *HIV in Asia and the Pacific*.UNAIDS Regional Support Team for Asia and the Pacific: Bangkok.
- UNFPA & Ministry of Health, Union of Myanmar. 1999. A reproductive health needs assessment in Myanmar. Yangon: UNFPA.
- UN Women.2010. Safe Cities Global Initiative. New York: UN Women.
- VicHealth. 2004. The health costs of violence: Measuring the burden of disease caused by intimate partner violence. Carlton: Victorian Health Promotion Foundation.
- Walker, L. 1979. *The battered woman*. New York: Harper and Row.
- Warrington, M. 2001. 'I must get out': The geographies of domestic violence. *Transactions of the Institute of British Geographers*, 26 (3): 365 – 382.
- Whitaker, D., Haileyesus, T and Saltzman, L. 2007. Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence.*American Journal of Public Health*, 97(5):941-947.
- White, J.W. & Farmer, R. 1992. Research methods: How they shape views of sexual violence. *Journal of Social Issues* 48.pp 45 – 60.
- Win, Yi Yi, Aye Moe MoeLwin, ThinzarAung, Chan NyeinMaung, MaungMaung Toe, Yi YiMyint and HtunNaingOo. 2013. Currently Married Urban and Rural Women in Meiktila Township: Qualitative Study on Contraceptive Use. *Myanmar Health Sciences Research Journal*, 25(2) p. 143 – 148
- Woman's League of Burma [WLB]. 2014. *Same Impunity, Same Patterns: Sexual Abuses by the Burma Army*. Yangon: WLB.
- World Health Organization [WHO]. 2001. *Putting Women First: Ethical and safety recommendations for research on domestic violence against women*. Available at www.who.int. [Last accessed 7 April, 2013]
- World Health Organization [WHO]. 2013. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: WHO.
- World Health Organization [WHO] and London School of Hygiene and Tropical Medicine [LSHTM]. 2010. *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: WHO.
- Yllö, K. 2005. 'Through a feminist lens: Gender, diversity and violence – Extending the feminist framework'. In *Current Controversies on Family Violence*. 2nd Ed. Eds. Loseke, D., Gelles, R., Cavanaugh, M. Thousand Oaks, CA: SAGE Publications. pp. 19 – 34.

Annex 1: Glossary

The following glossary provides definitions of key concepts and terms that inform the GEN-coordinated Violence against Women Qualitative Study in Myanmar. These definitions are directly derived from key international terminologies used in violence against women research.²⁵ It is necessary to use consistent terminology in order to ensure accurate and comparative across settings and studies (CDC 2002). However, the translation of these terms must also reflect local realities and narratives from respondents.

English	Myanmar
<p>Economic abuse</p> <p>Economic abuse is defined as “denying a woman access to and control over basic resources” (UN General Assembly, 2006), including “the denial of funds, refusal to contribute financially, denial of food and basic needs and controlling access to health care, employment, etc.” (Fulu et al. 2013).</p>	<p>စီးပွားရေးအရနိုင်ငံထက်စီးနင်းပြုမှု</p> <p>စီးပွားရေးအရ နိုင်ငံထက်စီးနင်းပြုမှုဆိုသည်မှာ အမျိုးသမီးများ၏အခြေခံလိုအပ်ချက်များရရှိနိုင်ခွင့်နှင့် စီမံခန့်ခွဲမှုဆောင်ရွက်နိုင်ခွင့်ကို ငြင်းပယ်ခြင်းဟုဆိုလိုသည်။ (ကမ္ဘာ့ကုလသမဂ္ဂ အထွေထွေညီလာခံ၊ ၂၀၀၆) ငွေကြေးရန်ပုံငွေရရှိရေး ငြင်းပယ်ခြင်း၊ ငွေကြေးထောက်ပံ့ရန် ငြင်းဆိုခြင်း၊ ကျန်းမာရေး၊ အလုပ်အကိုင်ရရှိရေးတို့ကို ထိန်းချုပ်ခြင်းနှင့် အစားအသောက်အခြေခံလိုအပ်ချက်ရရှိရေးတို့ကို ငြင်းပယ်ခြင်းတို့လည်း အပါအဝင်ဖြစ်သည်။</p>
<p>Emotional or psychological abuse</p> <p>Emotional abuse is defined as “any act or omission that damages the self-esteem, identity or development of an 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” (Fulu et al, 2013).</p>	<p>စိတ်ပိုင်းဆိုင်ရာအကြမ်းဖက်ခံရမှု</p> <p>စိတ်ပိုင်းဆိုင်ရာ အကြမ်းဖက်ခံရမှုဆိုသည်မှာ တစ်စုံတယောက်၏ မိမိကိုယ်ကို လေးစားမှု၊ မိမိ၏ဂုဏ်သိက္ခာ သို့မဟုတ် ဖွံ့ဖြိုးတိုးတက်မှုတို့အပေါ်တွင် ထိခိုက်စေသောမည်သည့် အပြုအမူကိုမဆို ဆိုလိုသည်။ စိတ်ပိုင်းဆိုင်ရာ အကြမ်းဖက်ခံရမှုထဲတွင် အရှက်ရအောင်လုပ်မှု၊ ကလေးအုပ်ထိန်းခွင့်ကို ခြိမ်းခြောက်ခံရမှု၊ မိသားစုသူငယ်ချင်းအသိုင်းအဝိုင်းမှ အတင်းအကျပ် ခွဲထုတ်ခံထားရမှု၊ မိမိ သို့မဟုတ် မိမိချစ်သူခင်သူအား နာကျင်ထိခိုက်စေရန် ခြိမ်းခြောက်ခံရမှု၊ ထပ်တလဲလဲအော်ဝေါက်မှု၊ စကားလုံး၊ ကိုယ်ဟန်အပြုအမူများဖြင့် ကြောက်ရွံ့မှုဖြစ်စေအောင် ခြောက်လှန့်မှု၊ ထိန်းချုပ်မှုနှင့် ပိုင်ဆိုင်မှုများအား ပျက်စီးအောင်လုပ်မှုတို့ဖြစ်သည်။</p>
<p>Gender</p> <p>Gender refers to the social relations between men and women. It does not refer to men or women, but rather to the relationship between them and the way that this is socially constructed. Gender roles can be changed. In Myanmar, the terms for man (youkkyia) and woman (mainma) are used to describe human individuals of male or female gender. These terms are also colloquially used to describe husbands and wives.</p>	<p>ဂျင်ဒါ</p> <p>အမျိုးသားနှင့် အမျိုးသမီးကြား လူမှုရေးအရ ပတ်သက်ဆက်နွှယ်နေမှုကို ရည်ညွှန်းသည်။ ယောက်ျားသို့မဟုတ် မိန်းမ ဖြစ်တည်ခြင်းကို ဆိုလိုခြင်းမဟုတ်ဘဲ သူတို့ကြားထဲတွင် ရှိသောဆက်ဆံရေးနှင့် လူမှုရေးအရ အမျိုးသားအမျိုးသမီးဟူသော သတ်မှတ်ချက်များကို ရည်ညွှန်းသည်။ ယောက်ျား၊ မိန်းမအခန်းကဏ္ဍသည် ပြောင်းလဲလို့ရနိုင်သည်။ မြန်မာနိုင်ငံတွင် အမျိုးသားကို ယောက်ျား၊ အမျိုးသမီးကိုမိန်းမဟု ခေါ်ဆိုသုံးသပ်ကြသည်။ ယောက်ျား၊ မိန်းမဆိုသောအသုံးကို အိမ်ထောင်ဖက် အချင်းချင်းကြားတွင်လည်း သုံးကြသည်။</p>
<p>Intimate Partner Violence</p> <p>Intimate partner violence is defined as any “behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion,</p>	<p>ရင်းနှီးသောအဖော် သို့မဟုတ် အိမ်ထောင်ဖက်ထဲမှ အကြမ်းဖက်ခံရမှု</p> <p>ရင်းနှီးသောအဖော် အိမ်ထောင်ဖက် ဆက်ဆံရေးတွင် ဖြစ်ပွားသောရုပ်ပိုင်းဆိုင်ရာ၊ လိင်ပိုင်းဆိုင်ရာ၊ စိတ်ပိုင်းဆိုင်ရာ နာကျင်ထိခိုက်မှုဖြစ်စေသော အပြုအမူ (ရုပ်ပိုင်း ဆိုင်ရာ အကြမ်းဖက်မှု၊ လိင်ပိုင်း ဆိုင်ရာအင်အားသုံးမှု၊ စိတ်ပိုင်းဆိုင်ရာ အလွဲသုံးစား လုပ်မှုနှင့် ထိန်းချုပ်သော အပြုအမူများ ပါဝင်သည်)</p>

²⁵ These definitions have been adapted from various resources, including Garcia-Moreno 2005; Fulu et al., 2013, CDC 2002 and WHO 2004.

Psychological abuse and controlling behaviours” (Garcia-Moreno et al., 2005).	
Marriage A formalized union between two individuals. In Myanmar, the word for husband is khinpun and wife is zanee. These are more formal terms used in written language or during formal speech. For more colloquial language, see ‘sex’ and terms for male and female.	အိမ်ထောင်ပြုခြင်း လူနှစ်ဦး တရားဝင်ပေါင်းစည်းခြင်း မြန်မာနိုင်ငံတွင် လင်ယောက်ျားအား ခင်ပွန်းဟု ခေါ်ပြီး မိန်းမအားဇနီးဟုခေါ်သည်။ များသောအားဖြင့် ရုံးအခမ်းအနားနှင့် စာရေးသည့်အခါများတွင် သုံးသည်။ အရပ်စကားတွင် ကိုယ့်ခင်ပွန်းအား ယောက်ျား၊ ကိုယ့်ဇနီးအား မိန်းမဟုခေါ်လေ့ရှိကြသည်။
Marital Rape Marital rape is defined as any act of rape – see definition below - that occurs between two individuals in a marital relationship.	အိမ်ထောင်ဖက်အပေါ်အလိုမတူဘဲ လိင်ဆက်ဆံခြင်း အိမ်ထောင်ဖက်အမျိုးသားနှင့် အမျိုးသမီးကြားတွင် ဖြစ်ပွားသည့် အတင်းအကျပ် လိင်ဆက်ဆံခြင်း
Physical Violence Physical violence is defined as the intentional use of physical force with the potential for causing death, disability, injury or harm. Physical violence includes but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one’s body size or strength to detain another person” or the use of a weapon (gun, knife or object) (CDC 2002).	ရုပ်ပိုင်းဆိုင်ရာအကြမ်းဖက်မှု ရည်ရွယ်ချက်ရှိရှိဖြင့် သေလောက်သောဖြစ်ရပ်၊ ဒုက္ခတဖြစ်သောဖြစ်ရပ်၊ ဒဏ်ရာ အနာတရ သို့မဟုတ် နာကျင်မှုဖြစ်စေသော ဖြစ်ရပ် ဖြစ်ပေါ်အောင် ရုပ်ပိုင်းဆိုင်ရာအင်အားသုံးခြင်း၊ ရုပ်ပိုင်းဆိုင်ရာအကြမ်းဖက်မှုတွင် ကုတ်ခြစ်ခြင်း၊ တွန်းချခြင်း၊ လှည့်ပစ်ခြင်း၊ ဆွဲဆောင်ခြင်း၊ ပါးစပ် ဖြင့်ကိုက်ခြင်း၊ စိတ်ဆင်းရဲမျှ က်ရည်ကျအောင်လုပ်ခြင်း၊ လှုပ်ရှားခြင်း၊ ပုတ်ခြင်း၊ ဆံပင်ဆွဲခြင်း၊ ပါးရိုက်ခြင်း၊ လက်သီးဖြင့်ထိုးခြင်း၊ ရိုက်ခြင်း၊ မီးလောင်အောင်လုပ်ခြင်း၊ အကျယ်ချုပ်ထားခြင်း သို့မဟုတ် ချွန်ထားသော အရာကိုအသုံးပြုခြင်းတို့ပါဝင်သည်။
Rape Rape is defined as “forced or coerced sex; the use of force, coercion or psychological intimidation by one person that requires another person to engage in a sex act against her or his will, whether or not the act is completed” (Fulu et al, 2013).	မုဒိမ်းမှု လိင်ဆက်ဆံခြင်းကိစ္စပြီးသည်ဖြစ်စေ၊ မပြီးသည်ဖြစ်စေ အလိုဆန္ဒမပါဘဲ အင်အားသုံးပြီးဖြစ်စေ၊ အတင်းအကျပ်ဖြစ်စေ၊ စိတ်ပိုင်းဆိုင်ရာအရ အနှောင့်အယှက်ပြုပြီးဖြစ်စေ အတင်းအကျပ်လိင်ဆက်ဆံခြင်း
Sex Sex refers to the biological differences between men and women. In Myanmar, the terms for male (pho) and female (ma) are used to describe biological sex and are used for all animals, including human beings.	လိင် လိင်ဆိုသည်မှာယောက်ျားနှင့်မိန်းမ ဇီဝဗေဒအရ ကွဲပြားခြားနားခြင်းကိုဆိုလိုသည်။ မြန်မာနိုင်ငံတွင် ယောက်ျားအားဖိုး၊ မိန်းမအားမဟု ဇီဝဗေဒကွဲပြားမှုကို ဖော်ပြပြောဆိုကြသည်။ ဖိုး၊ မ ဆိုသည် အသုံးအနှုန်းကို လူအပါအဝင် တခြား တိရစ္ဆာန်များတွင်လည်းအသုံးပြုသည်။
Sexuality Sexuality refers to a range of feelings, experiences, practices, meanings and identities related to sex, desire and pleasure.	Sexuality Sexuality ဆိုသည်မှာကာမဆန္ဒ၊ ရမက်အပါအဝင် လိင်ပိုင်းဆိုင်ရာခံစားချက်များ၊ အတွေ့အကြုံများ၊ ကျင့်သုံးမှုများ၊ နားလည်သဘောပေါက်မှု များနှင့် အမှတ်သကေတများ။

Sexual Desire	ကာမစိတ်ဆန္ဒ
<p>Sexual violence</p> <p>Sexual violence is defined as “any act in which one person in a power relationship uses force, coercion or psychological intimidation to force another to carry out a sexual act against her or his will or participate in unwanted sexual relations from which the offender obtains gratification” (Fulu et al. 2013). Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work, in school and in families (such as incest). Other manifestations include undesired touching, the oral, anal or vaginal penetration of a penis or objects and obligatory exposure to pornographic material (WHO, 2004).</p>	<p>လိင်ပိုင်းဆိုင်ရာအကြမ်းဖက်ခြင်း</p> <p>လိင်ပိုင်းဆိုင်ရာအကြမ်းဖက်ခြင်းဆိုသည်မှာ - တစ်စုံတယောက်၏ အလိုဆန္ဒမပါဘဲ အင်အားကြီးသူမှ သူ၏စိတ်ဆန္ဒပြည့်ဝအောင် အင်အားသုံးကာ လိင်ဆက်ဆံစေခြင်းဖြစ်သည်။ အကြမ်းဖက် လိင်ဆက်ဆံထိတွေ့စေခြင်းသည် လင်မယားကြား၊ သမီးရည်းစားချိန်းတွေ့ချိန်၊ အလုပ်ခွင်၊ ကျောင်း၊ မိသားစုအတွင်းတွင် ဖြစ်ပွားသည်။ တခြားအပြုအမူများတွင် အလိုဆန္ဒမပါဘဲ ထိတွေ့ခြင်း၊ ပါးစပ် သို့မဟုတ် စအို သို့မဟုတ် အမျိုးသမီးအင်္ဂါသို့ လိင်တံထိုးသွင်းခြင်း သို့မဟုတ် အရာဝတ္ထုဖြင့် ထိုးသွင်းခြင်း၊ ညစ်ညမ်းရုပ်ပုံများအား ကြည့်ရှုခိုင်းခြင်းတို့ဖြစ်သည်။</p>
<p>Violence against Women</p> <p>Violence against women is defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations 2006).</p>	<p>အမျိုးသမီးများအပေါ်အကြမ်းဖက်ခြင်း</p> <p>အမျိုးသမီးများအပေါ်အကြမ်းဖက်ခြင်းဆိုသည်မှာ- ကျား၊ မဖြစ်တည်မှုအပေါ်မှာ အခြေပြုပြီးအကြမ်းဖက်ခံရမှု သို့မဟုတ် အမျိုးသမီးများအပေါ် ရုပ်ပိုင်းဆိုင်ရာ၊ လိင်ပိုင်းဆိုင်ရာ၊ စိတ်ပိုင်းဆိုင်ရာနာကျင်ထိခိုက်စေမှု၊ ထိုသို့အကြမ်းဖက်ခံရရန် အကြမ်းဖက်ခံရမှု၊ အင်အားသုံးပြီးဖြစ်စေ၊ အခြေအနေကိုလိုက်ပြီးဖြစ်စေ လွတ်လပ်မှုမရှိခြင်းတို့သည် ကိုယ့်အိမ် တွင်းမှာဖြစ်စေ၊ အိမ်အပြင်မှာဖြစ်စေ ဖြစ်နိုင်သည်။</p>



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