

SAFE HAVEN

Sheltering Displaced Persons from Sexual and Gender-Based Violence



CASE STUDY: THAILAND

MAY 2013

HUMAN RIGHTS CENTER | SEXUAL VIOLENCE PROGRAM

University of California, Berkeley, School of Law

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This four-country study was conducted as part of the Sexual Violence Program at the Human Rights Center, University of California, Berkeley, School of Law. It was written by Julie Freccero.

The Human Rights Center at the University of California, Berkeley, School of Law conducts research on war crimes and other serious violations of international humanitarian law and human rights. Using evidence-based methods and innovative technologies, we support efforts to hold perpetrators accountable and to protect vulnerable populations. We also train students and advocates to document human rights violations and turn this information into effective action. More information about our projects can be found at <http://hrc.berkeley.edu>

The Sexual Violence Program seeks to improve protection of and support for survivors of conflict-related sexual violence by providing policymakers and practitioners with evidence-based recommendations about accountability and protection mechanisms. This study aims to initiate discussion about the kinds of temporary harbor available to individuals fleeing sexual and gender-based violence in forced displacement settings such as refugee camps and internally displaced communities. The four case-study locations are Kenya, Haiti, Colombia, and Thailand. All fieldwork occurred in 2012.

This report was made possible by grants from the United States Department of State Bureau of Population, Refugees, and Migration, as well as the International Women's Program of the Open Society Foundations and the John D. and Catherine T. MacArthur Foundation. The information provided and views expressed herein do not necessarily reflect the views of these funding agencies.

Other reports in this series include:

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence: Case Study: Colombia, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Haiti, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Kenya, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. A Comparative Report, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

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ACRONYMS AND ABBREVIATIONS

AMI	Aide Médicale Internationale
APSW	Association for the Promotion of the Status of Women
ARC	American Refugee Committee
ARCM	Asian Research Center on Migration
ARVs	Antiretroviral medications
BATWC	Bureau of Anti-Trafficking in Women and Children
BRC	Bangkok Refugee Center
BWU	Burmese Women’s Union
CBO	Community-based organization
CCSDPT	Committee for Coordination of Services to Displaced Persons in Thailand
COERR	Catholic Office for Emergency Relief and Refugees
GBV	Gender-based violence
HRC	Human Rights Center
IDP	Internally displaced persons
IGA	Income-generating activities
ILO	International Labour Organization
INGO	International nongovernmental organization
IOM	International Organization for Migration
IRC	International Rescue Committee
KnHD	Karenni Health Department
KnRC	Karenni Refugee Committee
KNWO	Karenni National Women’s Organization
KRC	Karen Refugee Committee
KWAT	Kachin Women’s Association of Thailand
KWO	Karen Women Organisation
LAC	Legal Assistance Center Project (IRC)
LGBT	Lesbian, gay, bisexual, and transgender
MI	Malteser International
MOI	Ministry of the Interior
MTC	Mae Tao Clinic
MWA	Muslim Women’s Association
NGO	Nongovernmental organization
NLD	National League for Democracy

OIA	Overseas Irawaddy Association
OSCC	One-Stop Crisis Center
PAB	Provincial Admissions Board
PCB	Protection Coordination at the Border
PEP	Postexposure prophylaxis (for HIV)
PLE	Project for Leadership and Empowerment (IRC)
PSAE	Prevention of Sexual Abuse and Exploitation Project
PVA	People Volunteers' Association
PWG	Protection Working Group
RTG	Royal Thai Government
SAW	Social Action for Women
SGBV	Sexual and gender-based violence
TBC	The Border Consortium
UNHCR	United Nations High Commissioner for Refugees
WCC	Women's Community Center
WLB	Women's League of Burma
WPE	Women's Protection and Empowerment (IRC)

A Note about Terminology in These Reports

The Human Rights Center has done its best to reconcile sensitivity, clarity, and efficiency in its word choice.

These reports are concerned with the protection of various groups of forcibly displaced individuals in Colombia, Haiti, Kenya, and Thailand. In these countries, we find the following categories of displaced persons:

- **Refugees**, defined in the 1951 Refugee Convention as a person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” In summary, a refugee is a person in a foreign land who cannot return to his/her home country for fear of persecution on account of certain characteristics of identity or belief.
- **Internally displaced persons**, defined in the Guiding Principles on Internal Displacement (2004) as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” The movement is (1) coercive or involuntary, and (2) within national borders. It is not a formal legal status, as refugee status is.
- **Other forced migrants**, defined according to local context in the relevant case study report.

In the Thailand case study, however, we use the terms *migrant* and *refugee* to ensure the utility and comprehensibility of this report, as these terms are commonly used among local stakeholders. We use the term *refugee* to refer to both the registered and the unregistered populations residing within the nine camps along the border. We use the term *migrant* broadly to refer to the displaced Burmese population in Thailand, with and without legal documentation, residing outside the camps.

We use the name Burma rather than Myanmar in this report. It is our intention that this report will be as resonant as possible with local stakeholders, many of which are community-based organizations from Burma and prefer the use of the former name. Burma continues to be the name preferred by the leaders of the pro-democracy movement, despite recent political reforms toward a civilian government and increasing diplomatic acknowledgment by the U.S. government.

We use the term *Burmese* to refer to all individuals from Burma, regardless of ethnicity. We acknowledge that there are over 135 officially recognized ethnic groups in Burma, most of which do not wish to be confused with the Burman majority. However, this term is used for brevity in referring to the multiple groups discussed in this report and intended to be interpreted inclusively.

We refer to *sexual and gender-based violence* (SGBV) instead of simply *gender-based violence* (GBV) to include those rare occasions when sexual harm is not necessarily gender-motivated.

We first draw from the World Health Organization's gender-neutral definition of sexual violence alone: "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work."¹

The broader concept of *sexual and gender-based violence* also incorporates the definition of gender-based violence offered in Recommendation 19 by the Committee on the Elimination of Discrimination against Women: "Violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." However, we know from increased reporting and empirical data that men and boys all over the world also suffer harm on account of their gender.

When referring to individuals who have sought shelter from such violence, we refer to "survivors" and "shelter-seekers" and "shelter residents" more often than to "victims" to mark more forward-focused aspects of their experiences. In local language versions of this report, we take our cues for appropriate terminology from the local practitioners who serve shelter-seekers in their communities.

In light of the fact that the majority of cases handled by the shelter programs we studied involved a female survivor or shelter seeker, we have opted for feminine pronouns when generally or hypothetically referring to survivors or shelter residents.

With respect to members of sexual minorities, such as gays, lesbians, bisexuals, and transgender or intersex individuals, we have opted to the simpler, more familiar acronym of LGBT, instead of LGBTQI or LGBTI. This is not meant as any disrespect to individuals who identify as queer or intersex. Rather, the Human Rights Center has decided to use the term LGBT to ensure the comprehensibility of this report, and thus to increase its impact and utility among policymakers, shelter providers, and

others on the ground. It is our hope that queer and intersex persons will benefit from any increased awareness of the shelter needs of sexual minorities in general.

Finally, by *shelter* or *safe shelter*, we are not necessarily referring to a single physical structure or traditional safe house model. We use the term conceptually; in the context of this study, it refers to any physical space or network of spaces that exclusively or incidentally offers temporary safety to individuals. Among these, we focus on those that are available to individuals fleeing sexual and gender-based violence, particularly displaced persons such as migrants and refugees.

EXECUTIVE SUMMARY

With one of the longest-running civil wars in history, Burma has been plagued by internal conflict between a military-backed government and many ethnic minority insurgent groups for over six decades. Widespread human rights abuses, the confiscation of land, the destruction of villages, and livelihood vulnerability have forcibly displaced millions of people in Eastern Burma, primarily ethnic minorities. Many flee to neighboring Thailand, where an estimated 142,000 Burmese refugees reside in camps along the border and over two million Burmese migrants live throughout Thailand as a whole.²

Without access to official refugee status in Thailand, Burmese asylum seekers are allowed to temporarily reside in one of the nine camps along the Thailand-Burma border. If they leave the camps without proper documentation, however, they are generally regarded as illegal migrants and are subject to arrest, detention, and deportation by Thai authorities.

In the refugee camps, it is believed that insufficient resources, protracted confinement, and high rates of alcohol use contribute, to a high incidence of domestic violence. Service providers have also documented rape, sexual exploitation, and trafficking as significant problems.³ Outside the camps, local women's groups have identified domestic violence, rape, and trafficking as significant problems in migrant communities. Reporting of this violence is rare, however, as it exposes undocumented migrants to arrest and deportation.⁴ Additionally, limited economic opportunity and the undocumented or temporary legal status of migrants leave many vulnerable to sexual exploitation and abuse by employers, Thai authorities, and others in their communities.⁵

In an era of increased attention to conflict-related violence, we are now beginning to understand the continuum of sexual and gender-based harm that men, women, and children can suffer during armed conflict, in flight, and while temporarily resettled in refugee or internal displacement camps. Violence such as rape, gang rape, sexual torture, and sexual slavery can occur during periods of armed conflict, perpetrated by different actors for different reasons. Those fleeing a conflict may still be susceptible to rape, sexual exploitation, or trafficking while attempting to secure transport, cross borders, and find lodging. Finally, even after flight—whether to refugee or internal displacement camps or within urban centers—vulnerability to harm persists, perhaps due to a lack of protective networks, immigration status, or basic resources. In fact, displacement is believed to increase vulnerability through new and exacerbating conditions, such as the breakdown of family and community ties, collapsed gender roles, limited access to resources, insufficient security, and inadequate housing in camp settings.

When refugees or internally displaced persons experience sexual and gender-based violence, their needs can be particularly urgent and complex. Survivors may experience compounded levels of physical or psychological distress resulting from individual and collective harms suffered. Unfortunately, multisectoral service options are often scarce in forced displacement settings.

It is important to better understand the options for immediate physical shelter that exist in these contexts. In addition to providing immediate physical protection, programs that provide shelter to displaced persons fleeing sexual and gender-based violence may help to facilitate access to other critical services in resource-constrained settings.

However, data about shelter-providing programs in such contexts is extremely limited. Evidence-based information about shelter models, client and staff needs, service challenges, and strategies is urgently required to inform policy, programming, and implementation guidance for international, national, and local entities that design or oversee these protection programs.

Research Aims and Objectives

As part of its Sexual Violence Program, the Human Rights Center conducted a one-year study in 2012 to explore and improve understanding of the options for immediate, temporary shelter for refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence in countries affected by conflict or natural disaster. We define *shelter* flexibly. For example, it may come in the form of a traditional safe house, a network of community members' homes, or other safe spaces coordinated by a base organization.

Our aim was to generate research-based evidence to inform donors, policymakers, and international and local actors about types of relevant models, priority challenges, and promising practices.⁶ The study focused on three key objectives:

1. Identify and describe shelter models available to refugees, the internally displaced, and migrants fleeing sexual and gender-based violence.
2. Identify unique challenges experienced by staff and residents in these settings and explore strategies to respond to these challenges.
3. Explore protection needs and options for particularly marginalized victim groups, such as male survivors, sexual minorities, sex workers, and people with disabilities.

The aim and objectives were the same across each of the studies, carried out in Colombia, Haiti, Kenya, and Thailand. The research focused primarily on programs that served communities of refugees, migrants, and internally displaced persons, including those operating in a camp setting. We also studied mainstream shelters to identify protection options and innovations in urban settings.

Study outputs include four country-specific reports and one comparative assessment, which contain guiding considerations for the UNHCR and other stakeholders involved in the provision of protection to these populations.

Project Methods

Human Rights Center researchers conducted a review of scholarly, NGO-authored, and primary source literature on shelter services in Thailand and on sexual and gender-based violence response both generally and specific to the displaced Burmese community. This review provided information on the context of sexual and gender-based violence among Burmese refugees and migrants in Thailand, key actors, and available protection mechanisms.

Fieldwork occurred during seven weeks in June and July 2012. In-depth, semi-structured qualitative interviews were conducted with twenty-seven shelter staff and six shelter residents from a total of fifteen shelters serving Burmese refugees and migrants. Shelter locations included Ban Mai Nai Soi, Mae Ra Ma Luang, Umpiem Mai, Mae Sot, Chiang Mai, Tak, and Bangkok. Interviews were audio-recorded and files were translated, transcribed, and coded with qualitative data analysis software (Deedose).

Human Rights Center researchers also carried out semi-structured key informant interviews with thirty-one representatives from government, community-based organizations (CBOs), NGOs, and UN agencies involved in the provision of protection and services to Burmese refugees and migrants in Thailand. Key informant interviews aimed to provide formative and contextual information.

Key limitations included the limited number of total resident interviews and the fact that no residents of refugee camp-based shelters were interviewed, due to access restrictions. Also, recruitment of shelter staff and resident interviewees often relied on shelter director facilitation.

Findings

Shelter Models

Human Rights Center researchers conducted interviews with staff and residents in three types of shelter programs available to displaced Burmese survivors of sexual and gender-based violence in Thailand:

- refugee camp-based shelters in Ban Mai Nai Soi (two), Mae Ra Ma Luang (one), and Umpiem Mai (one);
- shelters designed for migrants in Mae Sot (seven) and Chiang Mai (one); and
- mainstream shelters in Tak (one) and Bangkok (two) that are open to serving migrants.

All shelter programs visited were traditional safe house models.⁷

Human Rights Center researchers interviewed staff from three refugee camps. In Ban Mai Nai Soi, two shelters are jointly operated through a partnership between a community-based organization and an international nongovernmental organization (INGO). In Mae Ra Ma Luang and Umpiem Mai camps, community-based organizations operate safe houses, one of which has been adapted to address the specific needs of the Muslim community. All camp-based shelters are bamboo housing enclosed by a bamboo fence. Each offers counseling, case management, accompaniment to medical and legal services, and recreational activities.

Human Rights Center researchers also visited seven shelters for migrants operated by Burmese CBOs and one short-term emergency shelter for migrant women and girls with protection needs op-

erated by a Thai NGO. These programs, in Mae Sot and Chiang Mai, range from minimal one-room centers offering food, basic needs, and protection to migrant workers to shelter houses offering comprehensive services designed specifically for sexual and gender-based violence survivors.

Mainstream shelters visited included the largest private shelter in Bangkok and the main government shelter for non-Thai survivors of sexual violence and trafficking. Researchers also visited the only government-run shelter for sexual and gender-based violence survivors in Tak Province, which is also the one nearest the large migrant population in Mae Sot. Mainstream shelters, designed to serve 50 to 150 residents, are significantly larger than refugee and migrant shelters. They offer comprehensive services, with an emphasis on vocational training.

Challenges and Strategies

Shelter staff in all of the sites visited exhibited courage, resourcefulness, and dedication to their work as they strove to provide critical protection services with minimal resources and security infrastructure. The majority of providers were Burmese community-based organizations committed to keeping shelters open by stretching resources, relying on volunteers, and developing income-generating activities to fund their programs.

Due to the distinction between the Burmese refugee and migrant populations in Thailand, as well as specialization by service providers in the groups they aim to assist, shelters serving the two populations are generally separate. Therefore, data analysis and the report discussion reflect this divide. Shelter staff, residents, and key informants identified a variety of cross-cutting challenges, as well as key strategies used to address some of these difficulties. In addition, a number of challenges and strategies were context-specific.

Cross-Cutting Challenges and Strategies

The following challenges and emerging strategies were identified across both refugee and migrant contexts.

I. Security

Shelter staff spoke of concerns for their personal safety, having experienced threats of harm and dangerous encounters both within and outside shelters. Security breaches at shelters included perpetrators coming to the shelter with weapons, shouting, throwing objects, attempting to kick down fencing, and making threats at staff members' homes.

In the refugee camps, key challenges included awareness by most community members of the shelter location, insufficient training and equipment for camp security, and inadequate, unstable shelter infrastructure and fencing. Strategies to improve security included hiring a full-time safe house security guard, locating the shelter near camp leadership, and using a "bamboo alarm system" which entails striking a hollow bamboo pole and blowing a whistle to alert security to a perpetrator's presence.

No migrant shelters had security staff, and shelter providers expressed fear of perpetrators, especially at night. Many staff did not feel comfortable contacting the police due to their own

undocumented status or that of the organization. Migrant residents, however, generally felt safe in shelters, as they felt the shelters provided a sense of “family” and protected them from both perpetrators and arrest by Thai police based on their legal status.

2. *Community Perceptions and Engagement*

Local community perceptions that appeared to influence survivors’ use of shelter services include the belief that shelters promote the break-up of families, that residents who stay there are “bad” people, and that women who use them forsake their community leaders and systems to seek outside help.

In both Mae Ra Ma Luang and Ban Mai Nai Soi camps, poor understanding of safe house goals and the role of staff appeared to inhibit service utilization, increase stigma associated with shelter use, and create security risks for staff. In both camps, sexual and gender-based violence was not fully understood by community members and leaders, and camp leadership appeared to overlook domestic violence (except in the most severe cases), despite numerous awareness activities implemented by shelter providers and other organizations. In Ban Mai Nai Soi, where concerns were raised regarding the level of acceptance and support among camp leadership for the use of Women’s Community Centers (WCCs), the use of shelter was viewed by some as “an extreme step,” a perception that was reported to create barriers to service utilization.

Shelter programs were most effective where there was buy-in from camp leaders and where they were viewed as part of the camp community’s own mechanisms for addressing sexual and gender-based violence. Community engagement at a variety of levels thus seemed essential in obtaining community buy-in and developing locally relevant services, particularly with camp committee members, section leaders, section security, women’s groups, and community members. Strategies to improve community perceptions of shelters within the camps included training for camp leadership, partnerships between international and community-based organizations, and networking meetings to involve camp leaders, security, and sexual and gender-based violence actors in shelter-related decisions and procedures.

3. *Emotional Stress on Providers*

Shelter staff described the significant psychological and emotional burden of caring for survivors. They reported regularly feeling sadness, worry, and stress as they learn about the suffering of women in their communities. They also deal with the daily stress of fear for their personal safety, a demanding workload, and insufficient resources, including a lack of psychosocial support for staff.

Staff coping strategies included discussing work-related stress and engaging in after-work activities with coworkers, meditation, and shifting their approach from individual to shared responsibility with residents. Staff expressed appreciation for training, annual retreats, and recreational activities offered by organizations to promote psychological health.

4. *Stigma and Blame*

Providers described the stigma associated with shelter work and the negative way in which they are often perceived by community members. As they assist survivors, they are frequently blamed for separating women from their husbands, which compromises their own safety.

5. *Survivors' Role in Decision-Making*

Staff members from some CBOs, NGOs, and the government alike described an approach to service provision in which they make decisions in the theoretical best interest of the survivor, with limited input from the survivor herself. In particular, shelter staff indicated that they determine the timing of, or in some cases even prohibit, exit from shelter. They stated that a resident is not “allowed” to leave shelter if her case has not yet been resolved within the Thai or camp justice system or if staff members feel that it is not safe for her to return home.

6. *Funding*

Resource limitations affect the quality and range of services offered, particularly for Burmese CBOs serving migrants. Staff reported that donor funding has decreased in response to the changing political climate in Burma, and consequently shelters have been forced to operate with fewer staff members and minimal security infrastructure. Many CBOs have scaled back or cut basic services for residents, and in some cases they have closed down shelter programs entirely. Other challenges included a lack of alignment between donor interest and resident needs and funding conditions that restrict flexibility in service delivery. In addition, shelter programs’ designs and mandates are often dependent on and change according to available funding streams.

Strategies used to address shelter sustainability challenges include CBOs’ reliance on income-generating activities such as sewing products to sell, raising their own livestock and producing agriculture on-site. One migrant workers’ association operating a shelter benefits from monthly dues paid by its members.

7. *Access to Government Shelters*

Staff members reported that migrants are not comfortable accessing government shelters due to language barriers, fears of arrest or deportation, and the perception that government shelters are too restrictive. Providers at “mainstream” shelters in Tak and Bangkok, both private and government-run programs, stated that they were officially required to contact the police to report the presence of an undocumented migrant in their care or to gain permission to transport migrant survivors in need of assistance to the area. These policies likely make many migrant shelter-seekers reluctant to access government shelters.

Some providers stated that when they are unable to accommodate survivors, they do not refer them to government shelters because the government shelters are unwilling to accept or prioritize assistance to Burmese survivors. However, staff at government shelters reported that they occasionally serve Burmese migrants and refugees, have taken steps to make Burmese language assistance available, and are interested in increasing service provision to this population.

There is little coordination between providers of sexual and gender-based violence services in the refugee camps and government shelters. Barriers to collaboration include significant administrative challenges in obtaining approval for residents to leave camp, as well as the absence of a government shelter in the Mae Sariang area to which residents of Mae Ra Ma Luang camp can be referred.

Refugee Context: Challenges and Strategies

The following challenges and emerging strategies were identified specifically in the refugee camp context.

1. Confidentiality

Key informants and shelter staff reported that understanding of the principle and purpose of confidentiality is limited among the camp community, leadership, and sexual and gender-based violence service providers. This creates challenges in shelter provision and overall sexual and gender-based violence response. They described the difficulties of maintaining the confidentiality of case information in a small, closed camp setting where confidentiality is a relatively new concept to the local culture.

In Ban Mai Nai Soi, an agreed-upon interagency protocol that outlines procedures for sharing information and protecting the confidentiality of survivors has been developed and signed onto by all actors. However, disagreement between shelter providers and camp leadership regarding whether shelter staff are obligated to share case information with section leaders has created challenges to its implementation. Meanwhile, in Mae Ra Ma Luang and Umpiem Mai, staff indicated that they inform section leaders about the cases at the shelters. However, key informants expressed concern about the lack of clear protocols related to consent and the type of information that can be shared among those working with sexual and gender-based violence survivors. Additionally, some key informants expressed concerns that the limited options for reporting and case management available to survivors in Mae Ra Ma Luang may inhibit reporting and referrals to shelter.

Effective practices for protecting confidentiality include the use of a standard form for documenting case information and informed consent, such as the one used by providers in Ban Mai Nai Soi, which requires the survivor's signature to indicate her consent for each service referral. All camp-based shelters also kept confidential case information in locked areas.

2. Shelter Options for Ethnic and Religious Minority Groups

Despite the increasing diversity of some of the camp populations, findings suggest that shelter options for ethnic and religious minorities are limited within the camp setting. For example, in six refugee camps, the Karen Women Organisation (KWO) is the only provider of shelter. Shelter staff and key informants indicated that survivors from ethnic backgrounds other than Karen may not feel comfortable at KWO safe houses. In addition, shelter staff and key informants indicated that KWO safe houses generally do not meet the needs of Muslim survivors,

given their different dietary, religious, and cultural practices. Key informants identified a particularly urgent need for a shelter for Muslim women in Mae La camp.

As a model of good practice, the Muslim Women's Association (MWA), with support from KWO, operates a shelter designed specifically for the Muslim population in Umpiem Mai camp. It has adapted aspects of KWO's safe house program model to more effectively meet the needs of the Muslim community and increase service utilization. Such adaptations include more flexibility in visiting policies and the provision of halal food.

3. *Limited Exit Strategies*

Staff indicated that there are limited transition or relocation options for residents who have serious protection concerns. Many residents stay in shelter beyond the official limits on length of stay for this reason. Staff members rarely transfer survivors to other camps because of the administrative challenges involved in obtaining approval. Also, in the Karenni camps, residents neither feel safe in another Karenni camp, given the proximity of the only two Karenni camps, nor comfortable in Karen camps. Instead, resettlement is more often used as a protection strategy, one offered by staff as an option when a survivor does not feel she can safely return to the community. However, resettlement is available only to registered refugees, and the resettlement process can be very lengthy.

Resettlement of refugee shelter staff, security, and camp leaders creates frequent turnover in shelter operations and a need for continuous retraining. The development of formal shelter guidelines that clearly outline eligibility criteria and services was identified as a key strategy to address turnover at all levels. Such documentation can help to institutionalize shelters' operating procedures and related interagency protocols and can serve as an ongoing resource for those involved.

4. *Coordination and Stakeholder Relationships*

Sexual and gender-based violence response within the Karen camps is a contentious issue among key actors at the management level. Interagency tensions among various organizations involved in providing relevant services have inhibited the development of an optimal referral system to ensure that survivors of sexual and gender-based violence are informed of and referred to shelters.

At the camp level, improved communication and coordination are needed among camp leaders, security, the UNHCR, and providers of sexual and gender-based violence services. Trust and communication have eroded among key actors; this inhibits information sharing and improvements in sexual and gender-based violence response and referrals that could be beneficial to shelter residents and other survivors. For example, in Ban Mai Nai Soi refugee camp, key informants and providers indicated that improved communication and coordination between camp leaders, section leaders, and shelter providers are needed to improve referrals to shelters and support for their use. In Mae Ra Ma Luang refugee camp, strained relationships among sexual and gender-based violence actors seem to have inhibited the development of an optimal referral system that includes clearly defined roles for each actor.

Key informants and shelter staff recommended developing interagency protocols for sexual and gender-based violence response in the Karen camps and regularly convening a network of shelter staff, camp leadership, and service providers to discuss shelter-related issues and improvements.

Migrant Context: Challenges and Strategies

Within the migrant context specifically, the following challenges and emerging strategies were identified.

1. *Concerns about the Legal Status of Organizations*

Staff of Burmese CBOs stated that the undocumented legal status of their organizations and staff members is a primary challenge in their daily work. Staff members live in constant fear of the police because supporting and sheltering undocumented migrants places them at additional risk of arrest and deportation. As a result, providers hesitate to contact the police for help with security issues. Similarly, staff collaboration with government service providers is inhibited. Finally, staff advocacy for and accompaniment to services for residents in their care is also limited.

2. *Resource Constraints and Unmet Needs*

Resource constraints place a significant burden on the staff of migrant shelters. Shelter directors expressed constant worry about meeting basic operational costs. Shelter providers from Burmese CBOs identified the need for additional staffing to meet the needs of residents and described difficulties related to reductions in their salaries. Staff reported that due to budget constraints, they were unable to provide important services to residents, including vocational training, safe transport to services, and legal documentation. Staff at some CBO-run shelters reported that they have contributed their own money to pay for residents' food and medical expenses when they did not have adequate funds in program budgets, while residents reported insufficient access to food and psychosocial support.

Staff identified effective, low-resource forms of psychosocial support, including support groups, training long-term residents to provide peer counseling to other residents, yoga, meditation, art therapy, and recreational activities. Staff also emphasized the need to establish networks among government, NGOs, and CBOs across sectors to better meet the needs of residents.

3. *Access to Mainstream Services*

Participants described the general separation of systems serving the Burmese migrant and Thai populations and noted that barriers exist on both sides. Staff reported that intimidation, anticipated and experienced discrimination from Thai providers, language barriers, and fears of arrest and deportation inhibit migrants from accessing government and NGO services. On the other side, Thai government and NGO providers are reluctant to reach out to migrants due to language barriers, limited information about their service needs, fear of legal repercussions if they serve undocumented individuals, and resource constraints.

Some shelter providers reported experiencing discriminatory treatment by Thai providers in hospitals and by Thai police, including service delays and insults, when accompanying residents to services. Constantly changing labor policies and costs sometimes preclude shelters from obtaining legal documentation which would enable residents to access low-cost health services.

Strategies for reducing barriers to services included arranging safe transport, providing accompaniment and Thai language assistance for residents seeking health and legal services, negotiating lower medical fees at hospitals for residents, and assisting residents in obtaining legal documentation. Strategies to link migrants to mainstream services include having both Burmese and Thai providers on staff to provide case management to residents and to facilitate their access to Thai hospital and justice services, and developing local sexual and gender-based violence referral networks that foster collaboration between Burmese CBOs and mainstream Thai services.

4. *Limited Income-Generating Activities*

All migrant residents interviewed discussed the inability to work or earn income as one of the most difficult aspects of living in shelter. Some residents reported that vocational training and income-generating activities at shelters were limited and insufficient. Staff and residents emphasized the importance of vocational training, such as sewing and weaving, which serves a therapeutic as well as a professional skill-development purpose.

Helpful strategies used by staff include offering income-generating opportunities on-site so residents can earn money without fear of the police or further workplace exploitation. Also, some shelter programs assist exiting residents to identify jobs at safe work sites.

Protection for Marginalized Victim Groups

Shelter options for marginalized victim groups such as LGBT individuals, people living with HIV/AIDS, people with disabilities, and men and boys were extremely limited. Human Rights Center researchers identified the following options and service-related challenges and strategies specific to each group.

1. *LGBT Individuals*

LGBT individuals are stigmatized within the Burmese refugee and migrant communities, and survivors encounter heightened barriers to services, particularly within the camp context. Shelter staff in some of the refugee camps denied the existence of LGBT persons within their communities. Others explicitly stated that they would not admit LGBT survivors into the shelter. No shelter services tailored to meet the needs of the LGBT population were identified in study locations; however, Rainbow, an LGBT rights group in Mae La camp, is advocating for two safe houses in the camp specifically for LGBT survivors in response to increased violence against the LGBT community. Migrant shelter staff often refer LGBT survivors to LGBT organizations (in Chiang Mai) or specific individuals (in Mae Sot) rather than integrating support services for this community into shelter program design.

2. *People Living with HIV/AIDS*

Researchers documented a lack of shelter options for HIV-positive migrant survivors. The majority of providers stated that they generally do not serve people with HIV due to their lack of skills and capacity to handle these cases. Misunderstanding of the nature and transmission of HIV by shelter staff and the general community creates stigma and barriers to services for survivors. Key challenges noted by shelter staff serving this population included obtaining a regular supply of antiretroviral medications (ARVs) for residents and ensuring client adherence to medication after their departure from shelter, given the instability in the lifestyle of migrant workers. This situation is different from the refugee camp context, where shelter staff reported serving HIV-positive survivors. They had received training to care for HIV-positive residents and obtained medication for residents from camp clinics.

Researchers identified two shelters serving HIV-positive survivors in Mae Sot. Key strategies for serving this population in the Mae Sot area included establishing shelter programs specifically for people living with HIV/AIDS to foster comfort among residents, keeping the purpose of HIV shelters confidential to avoid stigmatization by the community, and providing long-term shelter and guaranteed access to ARVs.

3. *People with Disabilities*

All providers reported that they serve sexual and gender-based violence survivors with physical disabilities, though some staff at migrant shelters stated that they are unable to admit survivors with mental disabilities due to a lack of capacity to provide them with appropriate care. Those that do serve survivors with serious mental health issues, including the staff at all the refugee camp-based providers and some migrant shelters, reported significant challenges, such as concern for other residents' sense of safety, lack of adequate information about these survivors' situation, and few transition options for them. As a key strategy, one CBO asks that people with severe disabilities bring a caretaker with them to the safe house, as it does not have the capacity to provide adequate supervision and individualized care.

4. *Men and Teenaged Boys*

Shelter services for migrant men and adolescent boys are extremely limited. Researchers identified only two migrant workers' associations operating shelters available to men who have experienced sexual exploitation or abuse by employers. Staff reported that male survivors are often unaware that they can report their cases or receive support. In the refugee context, there are no safe houses available to male survivors over age twelve in the Karen camps or to those over age eighteen in the Karenni camps. In both settings, a number of providers stated that men do not need shelter because sexual violence "happens only to women" or because men can "protect themselves." An independent living model, in which shelter programs rent small-scale individual housing for residents, may be a more culturally appropriate model for men and adolescent boys outside of the camp context, given gender norms and perceptions.

Conclusion: Observations and Recommendations

Based on study findings, the Human Rights Center offers the following recommendations to strengthen shelter services for Burmese refugees and migrants in Thailand.

Protection Rights

Recommendation to the Royal Thai Government

- Ratify the 1951 Refugee Convention and its 1967 Protocol, establish a law in which refugee status is recognized, and work with the UNHCR and relevant organizations to ensure access to fair procedures for determining refugee status. At a minimum, we urge discretion and restraint in the enforcement of immigration penalties against undocumented Burmese migrants. Establish an institutional body responsible for coordinating and ensuring the provision of protection and social welfare services to the refugee population, and allocate sufficient resources to meet service needs.

Funding for Shelters

Recommendations to Donors

- Enable shelter programs to operate with adequate staffing, security infrastructure, supplies, and basic and supportive services for residents by increasing funding for Burmese CBOs operating shelters in Thailand.
- Increase access to shelters outside Mae Sot by providing funding to Burmese CBOs to establish shelters in other areas with substantial Burmese migrant populations, such as Bangkok, Chiang Mai, Mae Sariang, and other towns along the border.

Access to Government Shelters and Services

Recommendation to the Ministry of Social Development and Human Security and Thai NGOs

Operating Shelters

- Increase outreach to the Burmese community to educate them about available services and to counter negative perceptions of government shelters. Educate shelter staff about legal issues related to sheltering undocumented migrants. This may include reviewing and exploring any possible flexibility within policy barriers that currently inhibit shelter access.

Recommendation to the Ministry of Labour and Migrant Shelter Providers

- Make updated information about the migrant registration process available to both community-based organizations operating shelters and communities. Shelter providers should assist eligible migrant residents in obtaining legal documentation (work permits, passports, etc.) where possible to reduce fears about leaving shelter and to facilitate access to services.

Recommendation to the Ministry of the Interior, the UNHCR, and Camp-Based Providers of Sexual and Gender-Based Violence Services

- Develop or strengthen existing partnerships with government-, NGO-, and CBO-run shelters operating outside the camps to provide safe, temporary referral options for high-security resi-

dents who can no longer reside within the camps. Streamline Ministry of the Interior (MOI) approval of such transfers for sexual and gender-based violence survivors to expedite the process and reduce administrative challenges. Ensure that refugees have adequate case management, translation, and emotional support when they must reside in shelters outside camps to access Thai hospital and justice services.

Safety and Security

Recommendation to Shelter-Providing Organizations and Donors

- Hire a twenty-four-hour security guard to provide security at the shelter and to accompany staff and residents outside the shelter whenever needed. In the refugee camp context, strengthen the physical infrastructure of shelters and surrounding fences within the camps to make safe houses more secure, and involve section leaders and section security in the transition and follow-up process to monitor residents in the community. In the migrant context, establish partnerships with local law enforcement and community leaders in the area in which the shelter is located to improve staff and resident safety and to prevent the arrest of undocumented shelter staff and residents.

Staff Emotional Well-Being

Recommendation to Shelter-Providing Organizations and Donors

- Offer culturally appropriate psychosocial support, education on coping strategies, staff appreciation activities, and team-building opportunities to promote emotional health. Hire adequate staff support to reduce caseloads and prevent burnout.

Protection for Marginalized Victim Groups

Recommendation to the UNHCR, NGOs, CBOs, Research Institutes, and Donors

- Conduct research to assess the protection needs and integration preferences of specific groups including LGBT individuals, people living with HIV/AIDS, people with physical or mental disabilities, male survivors, and ethnic and religious minorities in the camps.

Recommendations to Donors and Providers of Sexual and Gender-Based Violence Services

- Based on findings of the above-mentioned assessments, develop appropriate shelter services tailored to meet the needs of specific groups to increase their available shelter options. Consider either mainstreaming specific services into existing shelters or establishing specialized shelter programs designed to meet the needs of marginalized groups. Specific possibilities may reflect some of the examples uncovered in this research:
 - Establish shelter options for LGBT individuals, particularly within Mae La refugee camp where there were increased reports of violence.
 - Consider independent living models for men and adolescent boys.

- Establish shelters designed to serve Muslim survivors of sexual and gender-based violence in the camps where they are needed. For example, support the Muslim Women’s Organization (MWO), in collaboration with MWA, to establish a shelter for Muslim women in Mae La camp.
- Assess the extent to which available safe houses within the refugee camps meet the needs of ethnic and religious minority groups, and establish additional options where needed.
- Partner with NGOs or CBOs that focus on serving and advocating for marginalized victim groups to implement awareness-raising activities that improve community understanding of HIV/AIDS, LGBT rights, and sexual and gender-based violence against men and boys to reduce stigma and increase utilization of shelter and other sexual and gender-based violence services.
- With support from the appropriate organizations, train and build the capacity of shelter staff to provide effective care to survivors of sexual and gender-based violence with HIV/AIDS, physical disabilities, and mental health issues. Establish protocols to assess whether a survivor can safely live in a shelter setting or should be referred to a medical facility instead.

Prevention and Awareness Raising

Recommendation to Donors and Providers of Sexual and Gender-Based Violence Services

- Implement evidence-based interventions to increase awareness of sexual and gender-based violence and to change the attitudes and social norms that tolerate violence against women within Burmese migrant and refugee communities. Conduct rigorous monitoring and evaluation of these programs.⁸

Recommendation to Shelter-Providing Organizations

- Implement activities to improve understanding among community members about shelter goals and services that staff make available to the community. These efforts can help to reduce stigma, increase service utilization, and improve staff safety. Within the refugee camp context, it is particularly important to educate camp leadership and other service providers about the goals and available services within shelters to minimize misunderstandings and increase referrals and support for their use.

Collaboration, Referral, and Confidentiality

Recommendation to All Actors Involved in Sexual and Gender-Based Violence Response within Refugee Camps

- Within the Karen camps, establish camp-specific protocols for sexual and gender-based violence response in which survivors are informed of all service options, informed consent is obtained before information referrals are made and information is shared, and confidentiality is protected by all actors. (The interagency protocol referred to as the “Standard Operating Procedures” or “SOPs” for responding to gender-based violence in Ban Mai Nai Soi is an example.) Convene camp-level meetings with sexual and gender-based violence service providers, camp

leadership, and camp security to develop a common understanding of confidentiality by all actors to enhance implementation of agreed-upon protocols. To protect confidentiality, establish guidelines for discussing cases during protection-related dialogue forums.

Recommendation to Shelter-Providing Organizations

- Involve camp committee members, section leaders, and camp security in the decision-making processes and operation of shelters offering protection from sexual and gender-based violence. Hold regular dialogue forums, such as KWO's Safe House Support Network Workshops, with all key actors to obtain support from camp leaders and to review shelter programs and receive feedback on improving services.

Recommendation to the Ministry of Social Development and Human Security, the Ministry of Public Health, Thai NGOs, and Burmese CBOs

- Establish or strengthen local sexual and gender-based violence referral networks in towns along the border. Convene regular meetings to strengthen collaboration among Thai NGOs, Burmese CBO shelter providers, and government systems (shelters, hospitals, and law enforcement); to improve service coordination; and to reduce barriers to mainstream services for Burmese survivors of sexual and gender-based violence in Thailand. Where possible, build upon the efforts of hospital-based One-Stop Crisis Centers (OSCCs), such as the one based at Mae Sot General Hospital, to establish and coordinate these networks.

Empowerment through Decision-Making and Economic Opportunity

Recommendation to Shelter-Providing Organizations

- Ensure that residents are informed of all shelter options and can exercise preference and choice when multiple options are available. Ensure that residents have maximum control and agency in decision-making regarding their admission to and exit from shelter. Promote empowerment and confidence in residents by seeking input and feedback at every level of decision-making throughout their stay.

Recommendation to Shelter-Providing Organizations and Donors

- Provide residents with access to a range of vocational training and income-generating activities, either on-site or through referral. Consider providing migrant residents with education on labor and women's rights, access to microcredit programs, and guidance in identifying safe work sites to aid in the transition process.

Community-Based Protection Options

Recommendation to International and Thai Organizations

- Partner with Burmese CBOs to strengthen community mechanisms of protection from sexual and gender-based violence and develop culturally appropriate shelter models. Regularly communicate and coordinate with camp or community leaders about the operation of shelters. Where needed, provide technical assistance to CBOs to assist in formalizing shelter operating procedures.

I. STUDY INTRODUCTION

Background

Individuals fleeing sexual and gender-based violence often have few options for protection. These options can be even more limited in humanitarian settings. At the same time, displacement is believed to increase vulnerability by exacerbating existing, and creating new, conditions that perpetuate sexual and gender-based violence.

Women's vulnerability increases dramatically in refugee camp settings, where the breakdown of family and community ties, limited access to resources, insufficient security measures, and inadequate housing place them at heightened risk.⁹ Literature also suggests that domestic violence in particular increases in displacement contexts.¹⁰ It is theorized that psychological strains for men unable to assume normal social, economic, and cultural roles can result in aggressive behavior toward women and children.¹¹ Women and girls who are forced migrants are believed to experience a disproportionate amount of sexual and gender-based violence compared to men and boys.¹²

Where individuals have been displaced by conflict or natural disaster, the needs of those who also experience sexual and gender-based violence are likely to be urgent and complex. Elevated rates of mental distress, such as post-traumatic stress disorder (PTSD) and depression, have been recorded among diverse groups of refugees and internally displaced persons.¹³ Survivors of sexual and gender-based violence are also at risk for a range of physical, psychological, and social consequences, including STIs, HIV, unintended pregnancy, unsafe abortion, trauma to the reproductive system, PTSD, depression, social stigma, and rejection by family or community; yet even a minimum level of services is rarely accessible.¹⁴ Since displaced survivors of sexual and gender-based violence have often experienced multiple traumatic events, they may be at greater risk for adverse psychosocial outcomes.¹⁵

Programs that provide temporary emergency shelter to individuals with complex vulnerabilities, such as refugees, internally displaced persons, or forced migrants who have been subjected to sexual and gender-based violence, may also serve to increase their access to support services. As such, these programs may facilitate multisectoral approaches that address these survivors' special needs. Yet, despite this population's enormous vulnerability to harm and significant need for support, surprisingly little is known about emergency shelters available to survivors in refugee or other displacement settings, either globally or within Thailand specifically.

Literature Review

Although information is limited, anecdotal evidence and various studies indicate that domestic violence, rape, sexual assault, sexual exploitation, and trafficking are pervasive within Burmese refugee camps and migrant communities in Thailand.¹⁶ However, a review of peer-reviewed and gray literature

reveals that research and guidance on the provision of temporary shelter from sexual and gender-based violence in Thailand are sparse, both for displaced populations and more generally. The majority of the literature on temporary shelter from sexual and gender-based violence in Thailand comes from the international NGO community and focuses primarily on shelter for two groups: survivors of sexual and gender-based violence among the displaced Burmese population and survivors of international trafficking. Literature offering information about the situation in the past few years is especially limited.

Several reports briefly address shelter issues for refugees in Thailand in the context of camp-based sexual and gender-based violence response activities. A reproductive health assessment by the Women's Refugee Commission describes a few local organizations that provide safe haven for young women along the Thailand-Burma border, and notes that one shelter for migrant survivors of sexual and gender-based violence is regularly filled to capacity.¹⁷ A gap analysis of refugee protection capacity published in 2006 by UNHCR found that shelters within the camps "generally lack capacity" and that the protection needs of especially vulnerable groups, such as those with physical and mental disabilities, are largely neglected.¹⁸ A human security assessment by the Asian Research Center for Migration, completed in 2011, underscores the inadequate security and legal protection available to sexual and gender-based violence survivors and to the general population within the camps, and notes challenges in accessing the Thai justice system.¹⁹ Survivors in Karenni camps, for example, are hesitant to access the shelter due to cultural taboos and social stigma associated with domestic violence.²⁰ A report from the American Refugee Committee (ARC) provides a focused assessment of sexual and gender-based violence programming in five refugee camps. In this report, key actors express dissatisfaction with shelter services and report that there are weaknesses within safe houses related to residents' security and respect for confidentiality.²¹ Further, a participatory assessment of the protection needs of women and girls in Mae La camp, completed by IRC in 2011, reports that the safe house is not an appropriate place for those who are not fleeing violence; nonetheless, camp leaders and community members often send any at-risk women or girls there. The report also identifies a need for long-term shelter with the camp.²² In addition to reports on the refugee context, one directory listing of shelters for migrant children in Mae Sot was developed by IRC's IMPACT Project in 2011.²³

There has also been some effort to document challenges in the provision of government shelter for survivors of trafficking. The U.S. Department of State's *Trafficking in Persons Reports* have identified ninety-seven mainstream government-operated shelters available to sexual and gender-based violence survivors and an additional nine shelters specifically for international victims of trafficking throughout Thailand.²⁴ These reports highlight the fact that the coverage of government shelters is uneven and that shelter services are inadequate. A Women's Refugee Commission report on the vulnerability of Burmese women and children to trafficking, published in 2006, describes a government-run shelter in Bangkok and highlights key service challenges such as a lack of resources, lack of interpretation services for the large population of Burmese residents, and policies that forcibly detain survivors of trafficking until criminal proceedings against the perpetrators have been completed.²⁵ A 2008 study from the Asia Regional Trafficking in Persons Project highlights similar challenges with a government shelter in Bangkok, reporting that survivors of trafficking are detained against their consent and

subject to deportation if they refuse to testify, and that survivors complain of patronizing staff and a strict rules-based environment.²⁶

The relevant literature does offer some very limited information about a few select shelter programs serving the displaced Burmese population and survivors of trafficking more broadly in Thailand. A significant portion of this literature is relatively out of date. Despite the ongoing need for shelter care for survivors of sexual and gender-based violence, there is limited research-based evidence about program models, challenges, or strategies for shelter provision in Thailand.

Study Objectives

This report on safe shelter for displaced Burmese survivors of sexual and gender-based violence in Thailand is one of a four-country study undertaken by the Human Rights Center, University of California, Berkeley, School of Law. It is part of the Human Rights Center's Sexual Violence Program. The study aimed to improve understanding about the kinds of temporary shelter program models serving displaced individuals, such as refugees, migrants, and internally displaced persons seeking protection from sexual and gender-based violence, and to identify challenges and promising practices. Specifically, it explored the following key questions:

1. What are some models of temporary, physical protection serving individuals who are forcibly displaced (e.g., refugees or internally displaced persons) and are fleeing sexual or gender-based violence?
2. What are the particular challenges and strategies associated with providing temporary shelter in displacement contexts?
3. What are the protection options and challenges for particularly marginalized sexual and gender-based violence survivors in forced displacement settings?

Based on formative research on shelter models and fieldwork in three prior case studies, Colombia, Haiti, and Kenya, Human Rights Center researchers developed a loose categorization of *types* of shelter programs in order to provide a conceptual framework that can both serve as a theoretical list and enable comparison across case studies.

The six types of shelter programs that the Human Rights Center conceptualized are:

1. *Traditional safe houses*: Survivors live together in a common structure, with staff overseeing operation of the accommodation.
2. *Independent living arrangements*: Staff arrange for survivors to be housed in separate accommodations (e.g., independent flats or hotel rooms) that were not built especially for safe shelter purposes. This is also known as “scattered site housing” in some contexts.
3. *Community host systems*: Survivors temporarily live in the homes of selected community members.

4. *Protected areas*: Survivors live in their own homes in a protected, enclosed subsection of a refugee or internally displaced persons camp.
5. *Alternative purpose entities*: Survivors stay in a setting designed to provide services unrelated to safe shelter (e.g., a police station, hospital clinic, or church).
6. *Hybrid models*: Programs that combine some elements of the above models.

This report presents the Human Rights Center’s findings about forms of immediate, temporary shelter for Burmese refugees and migrants fleeing sexual and gender-based violence in Thailand. It includes a review of camp-based shelter programs serving refugees and shelters designed to serve Burmese migrants, as well as some mainstream shelters that are open to serving the displaced Burmese community.

The other case study locations where research was conducted as part of this study are Colombia, Kenya, and Haiti. Separate reports document findings for each country.

Methods

Design

Ethical approval was provided by both the University of California at Berkeley’s Committee for the Protection of Human Subjects and a Thailand-based Community Consultation Team. The Community Consultation Team, composed of local experts actively involved in addressing sexual and gender-based violence issues among the migrant and refugee communities along the border, reviewed and approved all study materials and provided ongoing feedback and advice.

The Human Rights Center study team conducted a review of scholarly and NGO literature and primary-source documents (including NGO reports, assessments, program descriptions, and camp rules and procedures) both on shelter services in Thailand and on sexual and gender-based violence responses more broadly. This review provided information on the context of this violence in Thailand, the main actors, and current protection mechanisms for Burmese refugees and migrants. This review also informed shelter site selection.

Semi-structured study questionnaires used to interview shelter staff and shelter residents were developed by the Human Rights Center team. These instruments were translated into Thai, Burmese, and Karen by experienced local translators. Interviews were conducted by three study team members (two Human Rights Center researchers and one local research assistant), with interpretation into Burmese, Thai, and Karen from English as needed. Key topics explored include shelter services, security, transitions, shelter rules and procedures, services for marginalized populations, community perceptions, personal challenges experienced, and advice or lessons learned.²⁷

Site Selection and Sample

Researchers conducted interviews in three types of shelter programs serving adult survivors of sexual and gender-based violence, either exclusively or in addition to children: (1) camp-based shelters serving refugees; (2) shelters designed to serve the migrant population; and (3) mainstream shelters that primarily serve the Thai population but are also open to displaced Burmese.

1. *Camp-based shelters*: Interviews were conducted with shelter providers from three refugee camps: Ban Mai Nai Soi (Site 1), Mae Ra Ma Luang, and Umpiem Mai. These sites were selected purposively to be geographically and ethnically diverse; they included three different shelter providers.
2. *Migrant shelters*: Interviews were conducted with staff and residents from eight shelters designed to serve Burmese migrants outside a camp setting. These included seven in Mae Sot and one in Chiang Mai. Mae Sot was selected as an area of focus because it is the major crossing point between Thailand and Burma, a large and diverse population of undocumented economic migrants resides there, and a strong network of community-based organizations there provides shelters and other social services to this population.
3. *Mainstream shelters*: Interviews were conducted in three mainstream shelters that are options for displaced Burmese in Thailand. These included the main government shelter for non-Thai survivors of rape, sexual assault, and trafficking in Bangkok; the largest private shelter in Bangkok; and the only government shelter for sexual and gender-based violence survivors in Tak Province, near Mae Sot.

Over the course of seven weeks, Human Rights Center researchers conducted interviews with study participants from fifteen shelter sites. Twenty-seven shelter staff members (twenty-four women and three men) were interviewed, including shelter directors, managers, social workers, psychologists, and caretakers. All shelter directors were invited to participate, and in some cases shelter directors recruited additional staff or residents to participate in the interview. The majority of interviews were conducted one to one (i.e., with only one study participant present); however, during six interviews with staff, two to four shelter staff members were present.

We interviewed six shelter residents: five Burmese migrants in shelters in Mae Sot and one Thai resident of a mainstream shelter in Bangkok. Residents were all women between the ages of twenty-three and forty-one. Among the Burmese residents, individuals identified their ethnic backgrounds as Karen, Mon, Burman, and Dawai. Reasons for seeking shelter included flight from rape, domestic violence, physical violence and exploitation by employers, as well as the need for a safe space during pregnancy or recovery from illness.

All participants were eighteen years or older. Researchers obtained verbal informed consent from all study participants. All interviews were audiorecorded, transcribed, and translated into English for analysis.

Our team also conducted thirty-one key informant interviews. Members of various local organizations and agencies were interviewed informally to gain a broader understanding of laws, referral mechanisms, and the social and political context and to flag priority issues to include in interviews with shelter staff and residents. Key informants included government representatives and stakeholders from Burmese CBOs, Thai and international NGOs, UNHCR field offices, and research institutes involved in the provision of protection and support to Burmese refugee and migrant populations in Thailand. In addition, key informants from three refugee camps (Ban Mai Nai Soi, Mae Ra Ma Luang, and Mae La) included camp committee members, section leaders, sexual and gender-based violence service providers, and LGBT rights activists.²⁸ Shelters included in this study do not constitute a complete list of available shelters in Thailand, but were selected to reflect a range of shelter program models serving displaced Burmese survivors of sexual and gender-based violence in Thailand.

Analysis and Interpretation

A team of five researchers based at UC Berkeley coded the transcripts using Dedoose, a qualitative coding software. Two of these researchers had conducted the interviews. The team carried out thematic coding of the transcripts, which included a series of deductive codes developed to reflect key questions in the interview instruments. In addition, researchers employed an inductive approach to identify patterns in respondent experience. Select transcripts were double-coded to check for intercoder reliability among the researchers.

Limitations

Resource and time constraints limited both the number of shelter site visits and interviews that could be conducted. In some cases, shelter policies prohibited interviews with residents, which meant that only six residents were interviewed—none of whom were from safe houses operating within the camps. Findings and recommendations related to the refugee camp context are therefore based primarily on information from shelter providers; however, additional information was garnered from discussions with key informants in the refugee camp settings. The recruitment of study participants by shelter directors may be an important limitation of this study, as not all staff and residents at shelters had the opportunity to participate. However, as many shelter residents had experienced recent trauma, Human Rights Center researchers prioritized the well-being of participants and therefore relied on shelter staff to identify residents who were emotionally able to share their experiences. Nevertheless, the inherent bias of this sampling of study participants must be acknowledged.

We did not explicitly seek out *former* shelter residents who had transitioned back into the outside community, to avoid risk of exposing them. However, this restriction limited our ability to learn more about the experience of transition and longer-term reflections on the shelter stay. This is an area in need of more exploration, if possible.

In two shelter sites, researchers relied on program staff to provide interpretation.²⁹ It is not clear in what ways (if any) this may have influenced residents' disclosures. In addition, skill levels varied among the Thai, Burmese, and Karen interpreters who provided translation during interviews and transcription, and the meaning of statements may have been altered in translation. However, the majority of transcripts were checked against audio files by a local research assistant fluent in Burmese and English for completeness and accuracy of translation.

Further, possible research fatigue among certain participants, resulting from numerous studies conducted in the region and negative experiences with recent research on related topics, may have influenced the willingness of some key informants and providers to share information. Time and privacy policies also precluded visits by Human Rights Center researchers to view four of the shelters included in this study; however, shelter staff were interviewed off-site. In these instances, photos, sketches, or detailed physical descriptions of the shelters were provided.

While data interpretation may have been affected by the cultural perspectives of researchers who were not from the study communities, local partners (Community Consultation Team members, our local research partner assisting in data collection, and sexual and gender-based violence stakeholders) reviewed initial drafts of the report, and their comments on it were incorporated.

II. BACKGROUND

Conflict and Displacement in Burma

Burma is home to one of the longest-running civil wars in history. Since gaining its independence from Britain in 1948, the country has been plagued by internal conflict between over thirty ethnic-minority insurgent groups and the central military government, which represents the Burman ethnic majority.³⁰ In 1963, a military junta gained power through a coup and implemented a series of oppressive policies aimed at stamping out resistance to the regime. Many areas occupied by ethnic resistance groups, particularly in the eastern region of the country, were burned, raided, or forcibly evacuated, and turned into free-fire zones in which soldiers were allowed to abuse or kill residents with impunity.

In 1988, the National League for Democracy (NLD), a coalition of insurgent groups united in their opposition to military rule, led mass pro-democracy demonstrations. In the resulting military crackdown, thousands of civilians were killed or imprisoned, and over ten thousand students and political activists fled across the border to seek refuge in Thailand.³¹ When parliamentary elections were held in 1990, the NLD won by a landslide, but the junta refused to cede power and placed leader Daw Aung San Suu Kyi under house arrest for fifteen years. Since then, the military regime has been responsible for systematic human rights violations against ethnic minority groups, subjecting them to torture, imprisonment, forced labor, extrajudicial killings, and the destruction of their food supplies and villages. The Burmese military's widespread use of sexual violence against ethnic minority women during flight has been documented in several reports.³²

In March 2011, the former military general U Thein Sein took office as president, marking a formal transition to a civilian government for the first time in decades. Despite the institution of several subsequent political and economic reforms, human rights organizations assert that local repressive governance continues throughout the country.³³ Human rights violations and violence in ethnic minority areas even increased during 2011,³⁴ and violence continues to displace populations in some areas.

The election of Daw Aung San Suu Kyi and many other NLD members to Parliament in April 2012 engendered great hopes of rapid and substantial change in Burma. However, Parliament is still controlled by the military-backed ruling party, reforms to military policy have yet to be made, and sporadic fighting and human rights violations persist in several areas of the country.

As a result of the persistent conflict, millions of people in eastern Burma, primarily ethnic minorities from Karen, Shan, Karenni, and Mon states, have been forced to migrate to remote, rural areas of Burma or to neighboring countries.³⁵ Although the extent of displacement in Burma is difficult to assess, The Border Consortium (TBC) and local CBOs have documented the abandonment, destruction, or forced relocation of over 3,700 civilian settlements in southeastern Burma alone since 1996.³⁶ Displacement has continued on a large scale. An assessment conducted from August 2010 through July

2011 in southeastern Burma estimated that 112,000 people were forced to leave their homes during the assessment period, the highest number in over a decade.³⁷ Areas with the highest rates of displacement in that timeframe were northern Karen state, central Karen state's border with Thailand, and central Shan state.³⁸

There are several causes of forced migration in Burma: armed conflict and its effects on human and food security, military occupation or confiscation of land by armed groups for the control of natural resources or the development of infrastructure projects, and livelihood vulnerability—lack of access to adequate land, food, education, and health-care services.³⁹ Many Burmese who have fled their homes were forced to do so for a combination of these reasons.

Large numbers of people displaced in Burma flee to Thailand, where they reside in one of the nine refugee camps along the border, in towns and settlements in the Thailand-Burma border area, or in urban areas such as Bangkok or Chiang Mai. As of June 2012, TBC estimated that there were over 142,000 Burmese refugees in the camps along the border and over two million Burmese migrants in Thailand as a whole.⁴⁰

Situation of Displaced Burmese in Thailand

The Royal Thai Government is not party to the 1951 Convention Relating to the Status of Refugees or its 1967 Protocol and does not officially recognize the Burmese as refugees. According to the nation's 1979 Immigrant Act, those who enter the country without a visa, work permit, or other official authorization are subject to arrest, detention, and deportation.⁴¹ However, under Section 17 of this law, displaced Burmese individuals have been granted an exemption to reside within one of the nine refugee camps along the Thailand-Burma border.⁴² Those who reside within the camps are considered “temporarily displaced.” Anyone who leaves the camps without documentation to do so, however, regardless of their camp registration status, is regarded as an irregular or illegal migrant. In this respect, refugee status, in the view of Thai authorities, is based more on an individual's physical location in Thailand than on the circumstances that motivated the individual's departure from Burma.⁴³

Thailand is party to several international human rights instruments offering protections to displaced Burmese individuals regardless of their legal status, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Thailand lacks specific legislation governing refugee affairs and an administrative body to address refugee issues. Policies related to refugees are developed on an ad hoc basis through executive bodies responsible for national security, such as the National Security Council and the Ministry of the Interior (MOI). For migrants, the Labour Protection Act of 1998 and its 2008 amendments provide important labor and other legal protections to both registered and unregistered migrants in Thailand, including protection from sexual abuse and harassment.⁴⁴

Various stakeholders provide protection and support services for refugees within the camps and for migrants residing outside them. Refugees are almost entirely reliant on international nongovernmental organizations (INGOs), which coordinate with camp leadership, UNHCR, and CBOs to provide them with essential goods and services.⁴⁵ Outside the camps, government-provided health care,

shelters, and justice services are theoretically available to the Burmese migrant population. However, because numerous barriers prevent optimal utilization of these services, several Burmese CBOs and a handful of Thai and international NGOs have developed separate programs specifically for the migrant population.

Given the distinction between the refugee and migrant Burmese populations in Thailand, as well as specialization by various aid agencies and service providers in the groups they aim to assist, discussions of the refugee and migrant contexts are provided separately in this report. Furthermore, while some of the research findings and recommendations provided cut across both settings, others are context specific.

Refugee Context

The Royal Thai Government has historically addressed the situation of Burmese refugees through a hands-off approach that assumes self-reliance and minimal intervention. The first large waves of Burmese refugees fled to Thailand in 1984. Approximately ten thousand people arrived at that time and established themselves in communities around their village leaders.⁴⁶ International NGOs provided coordinated support to refugee committees through the Committee for Coordination of Service to Displaced Populations in Thailand (CCSDPT).⁴⁷ By 1994, the population of refugees along the border had increased eightfold, to about eighty thousand.⁴⁸

In response to a series of Burmese military cross-border attacks, the Thai government consolidated the settlements into nine secure camps. In 1999, the MOI established Provincial Admissions Boards



Ban Mai Nai Soi refugee camp. Photo credit: Julie Freccero

to screen and register new camp arrivals. However, the process has been inadequate and inconsistent, and the vast majority of refugees arriving at the camps after 2006 have not been registered.⁴⁹ According to the TBC's verified caseload, the total camp population as of June 2012 was 142,194, 47 percent of whom were unregistered.⁵⁰ The majority of refugees are Karen (79 percent), followed by Karenni (10 percent) and a diversity of other groups.⁵¹

Protracted confinement has created negative social and psychological consequences for the camp refugee populations and almost complete reliance on international assistance. Insufficient services and resources within the camps continue to drive refugees to join the migrant work force outside the camps, where they risk arrest and, given their illegal status, employment under particularly exploitive conditions. Key informants described camp environments as characterized by heightened anxiety, frustration, and tension resulting from various factors such as insufficient food rations and supplies for camp infrastructure,⁵² ongoing cuts to health and education services, and fear and uncertainty related to repatriation.

The refugee resettlement program was introduced in 2005. However, only officially registered refugees are eligible to apply for resettlement to third countries. To date, over seventy-five thousand refugees have been resettled.⁵³ With fewer registered refugees remaining in the camps and the United States set to close its resettlement program in June 2013, the number of individuals resettled is expected to continue to decline.⁵⁴

Key Actors in Displacement Response

The MOI has the ultimate authority over the nine refugee camps along the Thailand-Burma border. The ministry implements the policies developed by the National Security Council of Thailand through provincial and district authorities and collaborates with refugee committees to carry out daily camp operations. While a range of Thai authorities provide security along the border and around the camps, MOI's commander (Palad) for each camp and its Volunteer Defense Corps (Or Sor) regulate perimeter security and entry to and exit from the camps.⁵⁵

Despite lack of official recognition of refugees in Thailand, the UNHCR has a mandate for protection and monitoring within the camps under an agreement negotiated in 1998 with the Thai government.⁵⁶ This includes addressing cases with serious protection concerns, chairing provincial protection working groups, and collaborating with the Thai government on refugee registration and resettlement processes. The International Organization for Migration (IOM) provides assistance and logistical coordination for refugees departing from the camps for resettlement.

The CCSDPT, noted earlier, is a network of eighteen NGOs providing services to individuals in the camps. It serves as the main coordinating body to improve collaboration and reduce gaps in and duplication of services. TBC provides food, shelter materials, and other nonfood items to all camps along the border.⁵⁷

The nine refugee camps along the Thailand-Burma border operate under a unique system of community-based camp management that generally corresponds to each camp's majority ethnic group.⁵⁸ Seven camps are managed by the Karen Refugee Committee (KRC); the other two are managed by the

Karenni Refugee Committee (KnRC). Through the camp committees, these governing bodies oversee the daily management and operations of the camps, including the camp justice system and refugee security, and they liaise with the Thai government, donors, UNHCR, and NGOs. In addition, a variety of NGOs and CBOs implement programs and provide services within the camps.⁵⁹

Sexual and Gender-Based Violence in Refugee Communities

Sexual and gender-based violence is commonplace in the camps.⁶⁰ Multiple organizations keep records of instances of sexual and gender-based violence that come to their attention, but unfortunately their information has not been coordinated.⁶¹ According to an International Rescue Committee (IRC) assessment of the protection needs of women and girls conducted in two camps in 2011, domestic violence is the most common form of sexual and gender-based violence. Sexual assault, sexual exploitation, and trafficking were also singled out in the IRC assessment as important problems that women face within the camps.⁶² Cases of domestic violence within the camps are often related to high rates of alcohol abuse.⁶³ A 2002 study of 549 randomly selected married women in three Karen camps found that 20 percent have suffered domestic violence, including sexual, physical, and verbal abuse.⁶⁴ A report on the nine camps surveyed in 2006 identified 35 cases of rape, 122 cases of domestic violence, 7 cases of attempted rape, 1 case of sexual exploitation, 2 cases of trafficking, 16 cases of other sexual assault, 9 cases of pre-asylum sexual and gender-based violence, and 7 cases of “other” (i.e., forced marriage, attempted forced marriage, the threat of execution based on gender status, and trespass).⁶⁵ It was reported that Thai villagers and Thai authorities committed some of these offenses, though the majority of perpetrators were Burmese camp residents.⁶⁶ According to a 2010 study, one in three refugee youth thinks that forced sex is acceptable.⁶⁷

These statistics likely underestimate actual sexual and gender-based violence prevalence, as the majority of incidents within the refugee camps go unreported. Research indicates that reporting such incidents is inhibited by concern over breaches in confidentiality by actors at various stages in the reporting process, desire to preserve family dignity, fear of negative perceptions on the part of community members,⁶⁸ personal shame, and fear of retribution.⁶⁹ Social norms that blame survivors also inhibit reporting: according to a 2012 Human Rights Watch report, women pursuing justice for sexual and gender-based violence must deal with “stigma that portrays them as promiscuous and deserving of abuse.”⁷⁰ Domestic violence in particular is often not reported, as reporting on a spouse is taboo and domestic violence is rarely considered a crime by camp authorities, the refugee community, or even the survivor.⁷¹

Sexual and Gender-Based Violence Response: Refugee Context

Responses to sexual and gender-based violence vary within the camps. In the Karenni camps, an interagency protocol outlining sexual and gender-based violence reporting and referral procedures was developed in 2005 and signed onto by key actors within each camp; it is regularly reviewed and updated.⁷² In the Karen camps, responsibility for case management and referrals among various agencies

remains unclear. It has become a contentious issue. However, attempts are being made to improve coordination and develop standard procedures for response to incidents of sexual violence.⁷³

Key Actors

According to key informants and recent studies, individuals who choose to report an incident of sexual and gender-based violence most often report to section leaders.⁷⁴ Survivors also report to women's organizations, section security, family members, SGBV Committees (where present), and health staff at the camp medical facility.⁷⁵

The Karen Women Organisation (KWO) and the Karenni National Women's Organization (KNWO), which works in collaboration with IRC, are the primary providers of counseling, referrals, and overall case management to survivors of sexual and gender-based violence. In Umpiem Mai camp, the Muslim Women's Association (MWA) provides these services to survivors in the Muslim sections of the camp. These organizations also operate shelters and implement training and advocacy activities to increase awareness of sexual and gender-based violence issues among camp administration and the community.

The UNHCR provides counseling and case management to survivors who report cases to them directly, and to those sexual and gender-based violence survivors who have serious security concerns. The UNHCR facilitates referrals to and coordination for survivors in the camps when they travel outside camp to access Thai hospital and justice systems. It also provides legal assistance in four camps (Ban Don Yang, Tham Hin, Mae Ra Ma Luang, and Mae La Oon.)

The Catholic Office for Emergency Relief and Refugees (COERR) is the main child protection agency in all nine camps. It provides psychosocial support and case management for child survivors of sexual and gender-based violence, as well as limited assistance to vulnerable groups of adults such as the elderly or people with disabilities.

Committees of male and female refugees, referred to as SGBV Committees in five camps⁷⁶ and Community Peace Teams in two camps,⁷⁷ provide mediation in disputes, counseling, and case management to survivors of sexual and gender-based violence. They also implement prevention and awareness-raising activities.

The Karenni Health Department, supported by IRC, provides medical services to sexual and gender-based violence survivors in the Karenni camps. In the Karen camps, providers of medical services to survivors include Aide Médicale Internationale, Malteser International, IRC, and the American Refugee Committee (ARC).⁷⁸ Those in need of secondary or tertiary care for injuries are referred to the nearest district or provincial hospital.

Survivors of sexual and gender-based violence within the refugee camps have the option to have their cases adjudicated through either camp (community) justice mechanisms or the Thai justice system, with certain restrictions. Camps are governed by their own set of rules or customary law.⁷⁹ The vast majority of cases are resolved at the camp level, often through an agreement that the perpetrator signs in which he pledges not to commit future acts of violence. According to key informants at IRC's Legal Assistance Center (LAC) project, eight categories of serious crimes, including serious bodily

harm and rape, must be automatically referred to the Thai justice system.⁸⁰ The extent to which these cases are actually referred to the Thai justice system, as well as the outcomes of cases and benefits to survivors choosing to go through the Thai system, though, is not clear.

The IRC operates Legal Assistance Centers in five camps: Ban Mai Nai Soi, Ban Mae Surin, Mae La, Umpiem Mai, and Nu Po. LAC program staff provide legal aid to sexual and gender-based violence survivors on decisions to access the camp justice or Thai justice systems. The IRC-LAC project has undertaken an initiative in recent years to work with refugee committee and camp committee leaders to align camp rules with Thai law and international standards.

Security within the camps is provided by camp security guards who are residents of the refugee community. Camp committees operate their own detention centers, and the detention of perpetrators of sexual and gender-based violence is often used as a key protection mechanism.⁸¹

The ARC's Gender-Based Violence program provides training and stipends to SGBV Committees and Community Peace Teams in five camps. The ARC focuses on prevention by providing training to camp leaders, youth in schools, and the community on the issue of sexual and gender-based violence. The IRC-WPE program also implements prevention and awareness-raising activities in Mae La and Tham Hin camps.

Coordination Mechanisms

Dialogue forums to coordinate sexual and gender-based violence response and address protection issues are held at various levels. The CCSDPT Protection Sub-Committee aims to coordinate NGO efforts within the area of protection, and it has focused recent efforts on improving camp-based justice mechanisms and strengthening their link to the Thai justice system.⁸²

UNHCR facilitates Protection Working Group (PWG) meetings at the provincial level in Mae Hong Son, Mae Sot, and Kanchanaburi in which agencies provide updates on key protection issues and identify solutions to emerging security concerns. In addition, UNHCR convenes Protection Coordination at the Border (PCB) meetings once every two months to coordinate border-wide protection activities within the camps and to incorporate measures to improve protection into all sectors, agencies, and activities. Camp-level protection meetings are also held regularly within each camp.

At the time of research, UNHCR had initiated specific SGBV Working Groups within the Mae Sot, Mae Sariang, Mae Hong Son, and Kanchanaburi areas. These meetings are attended by providers of sexual and gender-based violence services within the camps and aim to address emerging issues and improve coordination specifically in response to cases of sexual and gender-based violence.

The Prevention of Sexual Abuse and Exploitation (PSAE) Project, an interagency effort facilitated by CCSDPT in Bangkok, aims to prevent, address, and raise awareness of sexual violence and exploitation of the refugee community perpetrated by staff of humanitarian agencies.

Migrant Context

There are between 1.8 and 3 million migrants from neighboring countries in Thailand, and many of them are from Burma.⁸³ Demographic data on this population are limited, as nearly all migration across

the Thailand-Burma border is undocumented. The 2010 Thai census, which included only those registered as migrants, revealed a slight majority of females within the migrant population. However, this is likely an underestimate, as women more often work in informal sectors, such as domestic work, that are not included in registration.⁸⁴ Migrants who are employed are generally between fourteen and forty years old.⁸⁵ Studies attempting to profile the Burmese migrant population have found that migrants generally have low levels of education;⁸⁶ are concentrated in the border provinces, Bangkok, and coastal areas with large fishing industries; and reside in Thailand for at least three years.⁸⁷ A Human Rights Watch report found that these laborers frequently work in fishing, agriculture, construction, domestic service, and garment industries.⁸⁸

The migrant registration process was first established in 1992, and related policies are updated annually.⁸⁹ Registration provides migrant workers with authorization to live in Thailand, to work in certain low-wage, labor-intensive industries for a specific employer and length of time, and to access health care and other social services at a reduced cost.⁹⁰ However, the process is known for being complex, expensive, and bureaucratic. In 2011, the entire application process for undocumented migrants cost between US\$100 and US\$130—approximately one month's income at the rate of minimum wage, which is often higher than the wages that migrants actually receive.⁹¹ Even after registration, the legal status of migrant workers is precarious: it can be revoked if they travel outside their registered province, if they change or lose their jobs, or if they do not have a quarterly status report from their employer.⁹²

In 2009, the Thai government implemented a policy requiring all Burmese migrants to go through a nationality verification process in which they must obtain a temporary passport from the government of Burma in order to obtain or maintain their registration. Due to numerous problems with this process, including denial of citizenship to certain groups by the Burmese government and fears of the legal repercussions of returning to Burma without appropriate documentation,⁹³ less than half of registered Burmese migrants had undergone nationality verification by February 2011.⁹⁴ The complexities of the registration process, restrictions on movement, and language barriers also force many migrant workers to rely on brokers, agents, or employers who may charge exorbitant rates to assist in obtaining a work permit.⁹⁵

Violations of the rights of both registered and unregistered migrants in Thailand appear to be widespread. Migrants often work and live at their job site in dangerous and unhealthy conditions without adequate sanitation or ventilation or access to clean drinking water. They often earn below minimum wage, are forced to work excessive hours without overtime pay, and may receive arbitrary reductions in their wages.⁹⁶ The constant fear of arrest and deportation, language barriers, and threats of retribution by employers often keep migrant workers in exploitive conditions. Forms of employer exploitation include confinement to work sites, coercion through the retention of personal identification papers, and physical or verbal abuse.⁹⁷ The temporary, semi-legal status of migrants leaves them particularly vulnerable to abuse and extortion by police and immigration authorities. Migrants are often restricted in their ability to travel outside their work area. They are frequently stopped by the police, asked for their registration cards, and forced to pay large bribes or hand over valuables in order to avoid arbitrary

arrest.⁹⁸ Migrants also face violence, abuse, and harassment by authorities during regular police raids of work sites and stays in immigration detention centers.⁹⁹

Key Actors in Migration Response

The Ministry of Labour is responsible for the protection of the rights of migrant workers and the development of policies and regulations related to migrant registration. The Department of Labour Protection and Welfare, through its provincial offices, conducts work-site inspections and enforces Thai labor laws and occupational health and welfare standards. District-level Labour Protection Offices receive complaints from workers and mediate conflicts between employers and migrants. Other government ministries involved in the welfare of migrants include the Ministry of Foreign Affairs, Ministry of Social Development and Human Security, Ministry of Public Health, and Ministry of Education.

The IOM implements programs to improve Burmese migrants' access to health and social services, develops anti-trafficking strategies, provides assistance to survivors, and provides disaster relief support to migrant communities. The International Labour Organization (ILO) in Thailand provides training and technical assistance to the Ministry of Labour to align Thai labor laws and policies with international standards. In addition, the UN Thematic Working Group on Migration, chaired by IOM, provides a forum for agencies to strengthen coordination, share information, and improve understanding of migration issues.

A variety of NGOs, CBOS, workers' associations, and unions have been established to protect the rights of migrants in Thailand and provide health and social services to the Burmese community. Those involved in sexual and gender-based violence response are discussed in subsequent sections of this report.

Sexual and Gender-Based Violence in Migrant Communities

Data on the nature and prevalence of sexual and gender-based violence among Burmese migrants in Thailand are extremely limited. However, anecdotal evidence and the little research that has been conducted, primarily in Mae Sot, show that rape, domestic violence, trafficking, and exploitation are significant problems within migrant communities.

According to a report by the Women's League of Burma, "rape of migrant workers in Thailand by Thai authorities, including police, immigration officials, and various branches of army officials, is common."¹⁰⁰ Given the undocumented status of many migrants, charges against Thai authorities are rare since they expose survivors to arrest and deportation, which reinforces an attitude that rape of migrant women is not considered a crime.¹⁰¹ Migrant women and girls in ten locations along the Thailand-Burma border who participated in a monthly exchange forum set up by the MAP Foundation identified sexual and physical violence as one of their major concerns.¹⁰²

A 1998 study reported high rates of domestic violence among migrants in Thailand.¹⁰³ Additionally, in a recent IOM assessment, approximately half of the Muslim migrant women interviewed in Mae Sot said they had experienced domestic violence at the hands of their husbands, and 16 percent



Thai-Burma Friendship Bridge over the Moei River, connecting Mae Sot to Myawaddy, Karen State. Photo credit: Julie Freccero



Market area in Mae Sot. Photo credit: Julie Freccero

said their child had been a victim.¹⁰⁴ Among those who reported abuse, 64 percent had taken no action, 24 percent protected themselves, and 12 percent reported it to relatives or community leaders.¹⁰⁵

In 2005, researchers estimated that some forty thousand Burmese women are trafficked into Thailand's factories, brothels, and domestic sphere per year.¹⁰⁶ An estimated 70 to 80 percent of the children trafficked across the border are female, with little access to education or economic resources.¹⁰⁷ Mae Sot is considered a center for trafficking and exploitation given its sixteen brothels and extensive textile industry.¹⁰⁸

Given the limited options for employment of undocumented migrants, a large number of Burmese migrants earn a living through sex work. In 2006, there were an estimated 200,000 to 325,000 sex

workers in Thailand, of whom an estimated 30,000 to 80,000 were undocumented migrants, the majority of them from Burma.¹⁰⁹ It has also been estimated that 80 percent of commercial sex workers in northern Thailand are Burmese.¹¹⁰

Sexual and Gender-Based Violence Response: Migrant Context

Government systems in place to address sexual and gender-based violence are technically available to migrants regardless of legal status. The 2007 Constitution outlines the universal right to access public health-care services, including the provision of free health-care services to the indigent.¹¹¹ Registered migrant workers can purchase a health card for 1,900 *baht* (approximately US\$65) per year, as part of a government health insurance scheme that enables migrants to access both preventive services and treatment at a cost similar to that paid by the Thai population.¹¹² In addition, the One-Stop Crisis Centers (OSCCs) located in most government hospitals offer free and comprehensive services, including medical care, trauma counseling, and referrals, to all survivors of sexual and gender-based violence.¹¹³ The OSCC at Mae Sot General Hospital in particular has taken a number of steps to make services more accessible to Burmese survivors.

Two categories of government shelters are available to survivors of sexual and gender-based violence in Thailand: emergency homes for families and children and welfare protection and development centers. The shelters are intended to provide protection for both Thai and non-Thai residents entitled to protection and services under the following Thai laws: the Prevention and Suppression of Prostitution Act B.E. 2539 (1996), the Child Protection Act B.E. 2546 (2003), the Domestic Violence Victims Protection Act B.E. 2550 (2007), and the Anti-Trafficking in Persons Act 2551 (2008).¹¹⁴ Emergency shelters for families and children are located in every province and are designed to provide immediate, temporary assistance to women, children, and families facing a range of social problems, including domestic violence, sexual abuse, and unwanted pregnancy. In addition, eight welfare protection and development centers are designed to provide shelter to Thai and non-Thai survivors of trafficking and other harms who require high security, such as survivors of forced labor, sex and labor exploitation, and sexual violence by a perpetrator in a position of authority. They allow long-term stays and focus on vocational skills training. All government shelters for survivors of sexual and gender-based violence operate under the supervision of the Bureau of Anti-Trafficking in Women and Children and are technically open to migrants.¹¹⁵

In practice, however, Burmese migrants encounter several barriers in gaining access to mainstream services. A study published in 2004 found that language barriers, illegal migrant status, and financial constraints are the primary obstacles.¹¹⁶ In addition to these barriers, low literacy, poor health knowledge, restrictions on movement, and fear of arrest and deportation often prevent even registered migrants from using health services at Thai facilities.¹¹⁷ Furthermore, the majority of migrants do not have any form of identification, which is often required to access services in government facilities.¹¹⁸

Key Actors in Response to Sexual and Gender-Based Violence

In recognition of these barriers, a system of services has developed over time to address the specific needs of Burmese migrants along the border, particularly in the Mae Sot area, where a large concentration of the population resides. A network of NGOs, CBOs, migrant workers' associations, and unions form a social safety net offering many Burmese migrants protection, health care, legal assistance, and other social services.

Notably, the Mae Tao Clinic in Mae Sot provides free and comprehensive health care services to approximately 150,000 displaced Burmese people along the border. Reproductive Health Department staff there are trained in the clinical management of rape, and an on-site counseling center offers psychosocial support to survivors of sexual and gender-based violence. The MAP Foundation provides legal advice and representation in cases of labor exploitation and sexual and gender-based violence to Burmese migrants in the Chiang Mai and Mae Sot areas. MAP also implements awareness campaigns and holds monthly dialogue forums in ten locations along the border for migrant women to discuss women's rights and sexual and gender-based violence issues. Through these discussions, an Automatic Response Mechanism was developed, a ten-step guide for migrant and refugee women who have experienced sexual violence.¹¹⁹ In addition, IRC's IMPACT program, in collaboration with the Mae Tao Clinic coordinates the Child Protection Response System, which aims to identify and assist migrant children who have experienced violence or have other protection needs in the Mae Sot area.

Several well-established women's CBOs from Burma act as first responders for migrant women who experience sexual and gender-based violence along the border by providing counseling, legal aid, and, in some cases, shelter. Such organizations include the Burmese Women's Union (BWU), Social Action for Women (SAW), the Shan Women's Action Network (SWAN), the Tavoyan Women's Union (TWU), and the Kachin Women's Association of Thailand (KWAT). In Mae Sot, migrant workers' associations, such as the Overseas Irawaddy Association (OIA) and the People Volunteers's Association (PVA), established to promote workers' rights, also play a broader protection role in the community, responding to members' security issues, counseling perpetrators, and mediating domestic disputes.

IV. FINDINGS

The following research findings regarding the provision of safe shelter for Burmese survivors of sexual and gender-based violence in Thailand are derived from interviews with shelter staff, shelter residents, and key informants.

Shelter Programs in Thailand

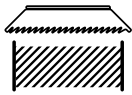
Human Rights Center researchers aimed to identify forms of immediate, temporary shelter available to refugees fleeing sexual and gender-based violence in three ethnically and geographically distinct refugee camp settings: Ban Mai Nai Soi, Mae Ra Ma Luang, and Umpiem Mai. Researchers also aimed to identify shelters available to Burmese migrants residing outside camp settings, mainly in Mae Sot, the primary hub of migration and a major center of employment for migrants from Burma. In addition, researchers conducted site visits to Chiang Mai, Tak, and Bangkok to examine migrant-specific and mainstream shelters serving the Thai population that were also open to serving Burmese refugees or migrants.

Each of the shelter programs that our team visited in Thailand were traditional safe houses serving the displaced Burmese population. In variation of this model, however, three of the shelters run by community-based organizations served a dual purpose as community centers, with a communal library and gathering space located either next to or within the shelter buildings. These spaces were available to members of the women's organizations and community members who have not experienced sexual and gender-based violence, but who could use the space to read, socialize, and attend trainings or events.

During our fieldwork in Thailand in June and July 2012, Human Rights Center researchers examined the shelter programs serving displaced Burmese individuals fleeing sexual and gender-based violence listed on the following two pages.

SHELTERS STUDIED IN THAILAND

SHELTER TYPES

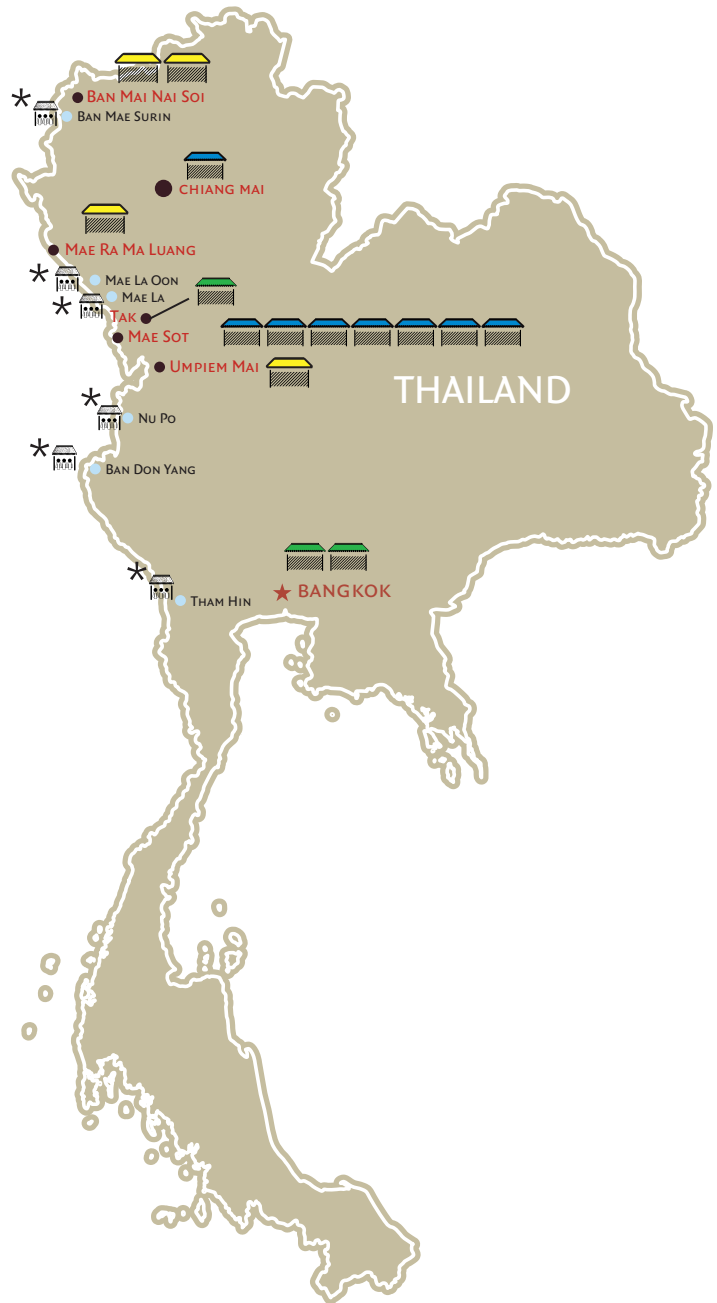


• TRADITIONAL SAFE HOUSES

POPULATION SERVED

- REFUGEE POPULATION
- MAINSTREAM POPULATION
- MIGRANT POPULATION

* OTHER REFUGEE CAMPS, NOT VISITED.



Shelter Site Index

<i>Shelter Name</i>	<i>Organization</i>	<i>Location</i>	<i>Type</i>
Women's Community Centers	Karen National Women's Organization/ International Rescue Committee	Ban Mai Nai Soi	*Refugee
Safe House	Karen Women Organisation	Mae Ra Ma Luang	Refugee
Safe House	Muslim Women's Association	Umpiem Mai	Refugee
Women's Empowerment Resource Center (now closed)	Burmese Women's Union	Mae Sot	*Migrant
Emergency Shelter	Compasio	Mae Sot	Migrant
OIA Shelter	Overseas Irawaddy Association	Mae Sot	Migrant
Safe House	People Volunteers' Association	Mae Sot	Migrant
Women's Crisis Center/Green Hope Center	Social Action for Women	Mae Sot	Migrant
Health Care House	Social Action for Women	Mae Sot	Migrant
Violence against Women Safe House	Women's League of Burma	Mae Sot	Migrant
Unidentified	An ethnic women's organization from Burma operating in Northern Thailand	Chiang Mai	*Migrant
Tak Emergency Shelter for Families and Children	Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security	Tak	Mainstream
Emergency Home	Association for the Promotion of the Status of Women	Bangkok	Mainstream
Kredtrakarn Protection and Occupational Development Center	Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security	Bangkok	Mainstream

* The shelter is located alongside or attached to a community center.

Context of Shelter Sites in Thailand

In this section, we introduce each geographic context, then present an overview of the shelter programs visited in that region.

Ban Mai Nai Soi Refugee Camp

This refugee camp, also known as Site 1, was established in 1996 when the original Ban Tractor and Ban Kwai Karenni camps were consolidated by the Thai government. An additional camp, Nai Soi, was incorporated into this camp in 2002.¹²⁰ The camp is located in Mae Hong Son Province, only four kilometers from Burma's Karenni state border. According to TBC's verified caseload, the camp has a total population of 13,833 residents.¹²¹ Karenni compose 93.4 percent of the total population, with the remainder primarily Shan, Karen, and Burman refugees.¹²² Approximately half (48.9 percent) of the population are animist, 37.6 percent are Christian, and 13.6 percent are Buddhist.¹²³

According to key informants, domestic violence is the most prevalent form of sexual and gender-based violence within Ban Mai Nai Soi camp; it is reportedly associated with high rates of alcoholism. Rape and sexual violence are reportedly also common, often perpetrated by people of authority within the community such as teachers or other community leaders. Recently, there has reportedly been an increase in sexual violence against girls ages fifteen or younger. Rape survivors under age eighteen are often pressured by family or community members to marry their perpetrators, resulting in cases of forced marriage within the camp. Sexual exploitation and trafficking are also serious problems.

Through a formal partnership, the Karenni National Women's Organization (KNWO) and the International Rescue Committee (IRC) jointly operate two shelters, referred to as Women's Community



Ban Mai Nai Soi
refugee camp. Photo
credit: Julie Freccero

Centers (WCCs) for women and children seeking protection from sexual and gender-based violence. The WCCs are divided into two sections: an upstairs that houses women and child survivors of sexual and gender-based violence seeking temporary shelter, and a downstairs area that serves as a community center where women in the general community socialize, read from the library, and participate in activities. Human Rights Center researchers conducted interviews with IRC and KNWO staff from both the Ban Tractor and Ban Kwai locations.

Mae Ra Ma Luang Refugee Camp

This refugee camp was established in 1995 when the Burmese army took control of Manerplaw, the previous headquarters of the Karen resistance, located just across the border, which caused many Burmese to flee to Thailand. In 1998, the camp expanded past the Tak Province boundary, and the population has continued to grow, with a steady flow of new arrivals.¹²⁴ According to TBC's verified caseload, as of June 2012 there were a total of 16,434 refugees in Mae Ra Ma Luang.¹²⁵ It is the most homogenous camp: 99.9 percent of the population are Karen and 72.8 percent are Christian.¹²⁶

The camp is located in a remote mountain setting approximately four hours by car in favorable weather from the town of Mae Sariang. Poor road conditions during the wet season isolate this camp and create challenges for survivors attempting to leave camp to access the Thai hospital or justice systems. According to key informants, the camp administration exerts more authority and control than in other camps due to a primarily Karen population, the remote location, the limited presence of the Thai camp commander, and the camp's few NGOs and CBOs.

According to key informants, domestic violence, often perpetrated by husbands using alcohol, is the most common form of sexual and gender-based violence in Mae Ra Ma Luang. Rape, particularly of



Bridge through Mae Ra Ma Luang refugee camp.

Photo credit: Sophia Naing

girls under eighteen, and trafficking are also problems, although they are said to occur less frequently than domestic violence. Perpetrators of sexual violence are most often members of the community who are known to the survivor, and trafficking often occurs through brokers from nearby towns who arrange to bring people out of the camp.

Human Rights Center researchers visited the Karen Women Organisation's (KWO) safe house in Mae Ra Ma Luang and interviewed its staff. The Safe House is a bamboo structure enclosed by a bamboo fence, where women and children (including boys ages twelve and under) who have experienced sexual and gender-based violence or are otherwise afraid to stay in their homes can seek temporary shelter and protection.

Umpiem Mai Refugee Camp

This refugee camp was established in 1999, when the Thai government decided to relocate two former camps, Wangka and Mawker, after attacks by the Burmese army. The camp is located approximately twelve kilometers from the border, an approximately one-and-a-half-hour drive south of Mae Sot in Tak Province. As of June 2012, there was a total population of 17,787 residents in the camp.¹²⁷ Although Karen refugees compose the majority (75 percent), Umpiem Mai is among the most ethnically diverse camps, with refugees from the Burman, Rakhine, Kachin, Mon, Chin, Shan, and several other ethnic groups. Umpiem also has the largest Muslim population of refugees—18.7 percent—of all of the camps (Buddhists compose 47.1 percent and Christians 34.2 percent of refugees in this camp).¹²⁸

Human Rights Center researchers interviewed staff of the Muslim Women's Association (MWA) Safe House in Umpiem Mai, which provides shelter and case management to women and children (boys ages twelve and under), primarily within the four Muslim sections of the camp, who have experienced sexual and gender-based violence, threats of violence, or are otherwise in need of protection. MWA receives financial and technical support from KWO to operate the shelter and has adapted the KWO Safe House program model to meet the specific needs of the Muslim community.

Mae Sot

The industrial border town of Mae Sot, located just four kilometers from the Friendship Bridge, which connects Mae Sot to the town of Myawaddy in Burma's Karen state, is the main point of entrance for Burmese migrants arriving in Thailand. Over the past thirty years, the Mae Sot area has developed into a central hub for trade and manufacturing, with an estimated three hundred factories.¹²⁹ It is estimated that sixty thousand to eighty thousand Burmese migrants are employed within the garment and textile factories alone. Over one hundred thousand additional migrants from Burma, it is estimated, are employed within other primary industries here, including agriculture, construction, bars and restaurants, shops, and domestic work.¹³⁰ In 2011, migrants in Mae Sot earned, on average, the equivalent of US\$2.70 per day, well below Thailand's minimum wage at the time of US\$5.30 per day.¹³¹ Roads in the area are tightly controlled, with numerous immigration checkpoints, and Burmese migrants are routinely stopped by Thai immigration and police officers. According to Human Rights Watch, they are asked to show documentation and, occasionally, to pay bribes to avoid arrest and deportation.¹³² The



Entryway to the shelter area of BWU's Women's Resource Empowerment Center.
Note: This program has closed.
Photo credit: Julie Freccero



Behind BWU's shelter, a separate community center included a library and gathering space for women to socialize, improve literacy skills, and participate in monthly discussions.
Photo credit: Julie Freccero

Mae Sot area also serves as the hub for organizations addressing displacement, with an estimated 180 NGOs and CBOs providing services within the camps or to migrants in the Mae Sot District.¹³³

As the majority of Burmese migrants are undocumented, data on the size and demographics of the population are limited. According to 2010 Thai census data, which include only registered migrants, the total population of the entire district of Mae Sot was approximately 118,000.¹³⁴ However, key informants involved in service provision to this population estimate that there are between 50,000 and 100,000 Burmese migrants in the urban Mae Sot area alone. The Burmese population is diverse, including people from the Karen, Mon, Burman, Rakhine, Chin, Shan, and various other ethnic groups. It is estimated that the Mae Sot area has a particularly higher number of female migrants, due to a predominantly female workforce within the garment and textile factories.¹³⁵

Key informants, particularly those from CBOs, reported that domestic violence and rape, especially of girls under age eighteen, are serious problems within the migrant communities in the Mae Sot area.

Sexual abuse and exploitation by employers, of both men and women, were also noted as problems in the factories and agricultural fields near Mae Sot. According to a report by the MAP Foundation, female migrants in Mae Sot are also exposed to sexual harassment from immigration and police officers when they are unable to produce legal documentation on-site.¹³⁶

Human Rights Center researchers visited seven shelters serving Burmese migrants in Mae Sot. These included shelters operated by the People Volunteers' Association (PVA) and the Overseas Irrawaddy Association (OIA) that serve migrant men, women, and children who have experienced violence or exploitation by employers or other community members. Other shelters included in this study were operated by women's CBOs, such as the Burmese Women's Union's (BWU) Women's Empowerment Resource Center, which included a community center where BWU members can read from the library and socialize, as well as a shelter for survivors of sexual and gender-based violence within the same compound. Researchers also visited two of Social Action for Women's (SAW) five shelter programs: the recently combined Women's Crisis Center and Green Hope Center, which provides shelter and support services to women and children who have experienced sexual and gender-based violence, particularly domestic and sexual violence and trafficking, and the Health Care House, which provides shelter and specialized support services for people living with HIV/AIDS, many of whom have suffered sexual and gender-based violence. Researchers also interviewed staff at the Violence against Women Safe House, operated by the Women's League of Burma (WLB), which aims to provide accommodation, basic needs, and crisis counseling to women and children who have experienced violence, particularly to those who do not fit the more narrow eligibility criteria of other shelters in the Mae Sot area.

Researchers also visited the Emergency Home, operated by Compasio, a faith-based NGO that provides short-term immediate shelter to migrant women and girls in need of protection.

Tak

The town of Tak, the capital of Tak Province, is approximately eighty-six kilometers from Mae Sot, a one-and-a-half-hour drive by car. It serves as the center of government services and administration for the province, including the Tak Department of Social Development and Human Security which is responsible for providing a range of social services to women, children, and families in need, including survivors of domestic and sexual violence.

Human Rights Center researchers visited the Tak Emergency Shelter for Families and Children, the government-run shelter nearest Mae Sot and the only public shelter in Tak Province. This mainstream shelter provides



On-site office space for government social workers, administrators, psychologist, and other staff at the Tak Emergency Shelter for Families and Children.

Photo Credit: Sophia Naing

protection and comprehensive services to men, women, and children who are experiencing a range of social problems, with a focus on those entitled to protection under the Prevention and Suppression of Prostitution Act (1996), the Child Protection Act (2003), the Domestic Violence Victim Protection Act (2007), and the Anti-Trafficking in Persons Act (2008). The new facility, which opened in April 2012, has large, separate sleeping areas for men and women, private rooms for pregnant or nursing women, and an on-site police investigation room.

Bangkok

The expansive Bangkok metropolitan area has an estimated population of 9.3 million.¹³⁷ The per capita income in Bangkok is almost triple the national average in Thailand,¹³⁸ and, as a result, the city draws a large number of Burmese migrants seeking economic opportunity. The Bangkok Refugee Center (BRC), supported by UNHCR, provides refugee and asylum seekers in Bangkok with social assistance, skills classes, and counseling.¹³⁹ However, surprisingly, no sexual and gender-based violence shelters designed specifically for the migrant population were identified, and key informants noted the lack of CBOs and services for Burmese migrants in Bangkok.

Researchers visited two mainstream Bangkok shelters serving the Thai population that are also accessible to Burmese migrants. The Association for the Promotion of the Status of Women (APSW) operates the largest private shelter (accommodating up to 150 residents) for women and children who suffer from sexual and gender-based violence, HIV/AIDS, unwanted pregnancy, abandonment, or financial hardship.

In addition, researchers visited the Kredtrakarn Protection and Occupational Development Center (Baan Kredtrakarn), a large government shelter serving both Thai and non-Thai survivors of traffick-



Front of the government-run Kredtrakarn Protection and Occupational Development Center on Koh Island, accessible only by boat. Photo credit: Kim Thuy Seelinger

ing, rape, sexual assault, and sexual or labor exploitation and other social problems. The majority are generally non-Thai survivors of trafficking from the greater Mekong sub-region. The large shelter complex is accessible only by boat and is on Koh Island in Nonthaburi Province, approximately an hour northwest of central Bangkok. Though Human Rights Center researchers were able to access only the administrative building in the front of the compound, Baan Kredtakarn appeared to be a vast complex with several interior buildings and courtyards. It had 118 residents and 50 staff members at the time of the site visit.

Chiang Mai

The largest city in northern Thailand, Chiang Mai has a significant population of Burmese migrants, primarily of Shan and Kachin ethnic backgrounds, as well as Karenni, Karen, and Burman. The majority of migrants work in the service sector, such as in restaurants, at night markets, or as domestic laborers.¹⁴⁰ As a diverse urban center and a hub of tourism, Chiang Mai has a more socially progressive climate than most other areas of Thailand. Accordingly, Human Rights Center researchers identified more services tailored to meet the needs of marginalized populations, including LGBT individuals, sex workers, and adolescent boys, than in other areas. These services did not include shelter for the Burmese population; however, they provide insight into strategies for service delivery for these populations, and are therefore discussed in the “Protection for Marginalized Victim Groups” section of this report.

According to key informants interviewed, there are numerous children’s homes and shelters in the Chiang Mai area, many of which are implemented by faith-based organizations, NGOs, or informally by individuals who move to Thailand from other countries and decide to establish programs. The vast majority are not registered with the Thai government, and key informants expressed concerns over the lack of regulation of shelters for children. Many of these programs serve children from the hill tribe communities of northern Thailand, who, lacking identification, face many of the same barriers as Burmese migrants do to accessing government services. Despite the proliferation of such programs for children, there appeared to be no safe houses in Chiang Mai for adult *Thai* survivors of sexual and gender-based violence. Two ethnic women’s organizations from Burma provide shelter to migrant survivors in Chiang Mai.

Human Rights Center researchers conducted interviews with staff of one ethnic women’s organization from Burma operating a shelter in Chiang Mai for migrant women and children who have experienced sexual and gender-based violence, violence by employers, or are in need of a safe place to stay while accessing hospital services in Chiang Mai. The organization provides shelter, accompaniment, and translation at the hospital. The shelter also serves individuals from five internally displaced person (IDP) camps just across the border who travel to Chiang Mai to access medical care.

Alternative Protection Mechanisms

During the course of fieldwork, researchers also learned of a few alternative protection mechanisms for those seeking immediate, temporary protection from sexual and gender-based violence:

7-Eleven Initiative

The Royal Thai Police recently collaborated with 7-Eleven, the Office of the Attorney General, the Foundation for Women, and the Hotline Center Foundation to launch the three-year “Stop Violence” program in July 2012. Through this initiative, over six thousand participating 7-Eleven stores throughout Thailand will receive reports of sexual and gender-based violence from community members, contact the police on their behalf, and lock their doors to provide a safe space for survivors to wait until the police arrive.¹⁴¹ According to key informants, 7-Eleven stores were selected because they are prevalent throughout the country, are generally open twenty-four hours a day, and serve as a natural social space for community members.

Women’s Exchange Program, MAP Foundation

The MAP Foundation holds monthly Women’s Exchange dialogue forums in ten locations along the border that bring migrant women together to discuss women’s rights and issues of violence against women. According to key informants, as migrant women relocate to new areas along the border to obtain jobs as domestic workers or in factories, they are connected to members of the Women’s Exchange group in their new areas and can stay at their houses when they are in need of protection. The social network thus occasionally serves as an informal community host system, particularly in the areas outside Mae Sot or Chiang Mai where there are few or no shelter options.

Shelter Program Profiles

Karenni National Women's Organization/International Rescue Committee—Women's Community Centers (WCCs), Ban Mai Nai Soi Refugee Camp

Note: This shelter was not visited by Human Rights Center researchers. Facilities were described by shelter staff.

Websites	www.rescue.org/irc-thailand, www.karenniwomen.org
Type	Two traditional safe houses with attached community centers
Location and context	Ban Kwai (BK) and Ban Tractor (BT) sections, Ban Mai Nai Soi refugee camp (Site 1)
Managing organization	IRC and KNWO operate the shelters jointly. An executive committee composed of staff from IRC's Women's Protection and Empowerment Program and KNWO develop shelter guidelines, manage community relations, and support shelter staff in their work. IRC plans to eventually transition full management responsibility to KNWO.
History	KNWO established the first safe house in Ban Mai Nai Soi (BK section) in 2004 after an incident in which a rape survivor seeking care at the IRC health clinic did not have a place to turn to for immediate protection. In 2005, the IRC-GBV program worked with KNWO staff to develop the safe house into a center offering women comprehensive services. In 2007, IRC and KNWO established a second WCC in BT section. KNWO and IRC formalized their partnership in 2009.
Mandate	To serve as a place for women to gather, access the library, build skills, or seek temporary safety and protection from SGBV. WCC staff provide counseling, information, and referrals to other SGBV services, with the consent of the survivor.
Funding	IRC
Housing description	Bamboo buildings with two floors in a compound enclosed by a fence. The shelter (upstairs) includes a counseling room and seven private rooms that each can house up to four people; each has mats, blankets, pillows, and mosquito nets. Families room together when possible; unaccompanied boys and girls sleep in separate rooms. Downstairs is a community center and library where women can obtain information and participate in group activities.
Capacity	Each WCC can accommodate up to twenty-three residents. At the time of the interview, there were four residents (one woman with three children) in BT and thirteen residents (five women and eight children) in BK.
Eligibility criteria	Women and children under age eighteen at risk of or who have suffered SGBV or who have other unmet protection needs. According to program policy, WCCs serve all survivors regardless of ethnicity, sexual orientation, HIV/AIDS status, or physical or psychological abilities.
Harms fled	Domestic violence (primarily physical abuse) is the most common; also rape, sexual assault, and forced marriage. Approximately 30 percent of all SGBV cases from January through June 2012 were rape cases (primarily young girls), a percentage that has been increasing each year. The majority of perpetrators are husbands, neighbors, relatives, or other members of the same community.

Refugees and migrants housed?	Yes (refugees); no (migrants)
Children housed?	Yes
Staff	Each WCC has a team leader who manages the shelter, a caretaker, two caseworkers, and a security guard. The caretaker lives on-site, provides basic counseling, cares for the children, and coordinates cooking and housekeeping.
Length of stay	Official length of stay is ten days. Residents may stay longer if the case is yet to be resolved in the justice system, if service provision is delayed, or if the survivor does not yet feel safe returning home. Most clients stay for one to three months.
Services— in-house	Basic needs such as food (camp rations), clothing, and personal hygiene items; counseling; education on health and psychosocial impacts of SGBV; case management; action planning to address health, safety, psychosocial, and legal needs; and weaving, group discussions on women’s topics, and other activities.
Services— by referral	Serious medical or mental health care; medical examinations in rape cases; legal assistance; vocational training (sewing, candle-making); and adult literacy courses. Children may continue to attend school, depending on their security situation.
Code of conduct and rules	There are ten rules for residents: (1) do not leave the compound without permission; (2) keep all information about residents confidential; (3) assist with cooking and cleaning; (4) live peacefully; (5) do not leave the compound between 6 PM and 6 AM; (6) do not travel far from the compound unaccompanied by staff; (7) no alcohol; (8) do not gossip about one another; (9) respect staff and residents; and (10) attend all meals. Visits from outsiders must be approved by the WCC team leader.
Security	Staff use hand-held radios (there is no phone reception) to call team leaders or camp security for assistance. A security guard is on duty at all times. Guards accompany clients to outside services in high-security cases. The door is locked at night.
Transition planning	In cases of domestic violence, staff help clients develop safety plans before leaving the WCC. Staff also help those interested in resettlement with their applications. Staff do not assist with reintegration if a survivor returns home: they have a strict policy against staff contact with perpetrators.
Tracking and monitoring	If a survivor returns home, WCC staff request that the section leader and camp security monitor the safety of the client.
Notes	At the time of fieldwork, KNWO also operated a safe house in Ban Mae Surin (Site 2) with technical support from IRC. However, the safe house burned down in the large-scale fire that broke out on March 22, 2013. ¹⁴²

Karen Women Organisation—Safe House, Mae Ra Ma Luang Refugee Camp

Website	www.karenwomen.org
Type	Traditional safe house
Location and context	Mae Ra Ma Luang refugee camp
Managing organization	KWO. A Safe House Committee composed of KWO camp leaders and experienced staff meet to coordinate activities, discuss cases, and identify strategies to improve services.
History	KWO launched the Safe House Project in 2001 in response to numerous requests for assistance and protection KWO received from women suffering from SGBV. Prior to the establishment of formal safe houses, KWO leaders within the camps sheltered survivors in their own homes and at the KWO office. Eleven safe houses have been established so far within the seven Karen refugee camps. The Safe House in Mae Ra Ma Luang camp was established in 2002.
Mandate	To assist women in freeing themselves from oppression; to promote and empower women in all spheres of life and to encourage them to participate in the struggle for freedom, democracy, and equality; to develop women’s political and organizational knowledge and skills; to promote gender equality and women’s rights; to promote Karen culture and tradition; and to improve the health, education, and well-being of women and children
Funding	Planet Wheeler Foundation
Housing description	A bamboo building with three private rooms shared among residents and staff, a dining room, kitchen, bathroom, and toilet. Safe House caretakers sleep in the hallways when the safe house is crowded. Rooms have woven plastic sleeping mats, blankets, and mosquito nets.
Capacity	Maximum capacity of ten residents. Staff preferred not to disclose information about the current number of residents.
Eligibility criteria	Women and girls at risk of or who have suffered SGBV, abandoned pregnant women, people with mental or physical disabilities who are vulnerable to abuse, and women and girls who are afraid to stay in their homes for any reason. Boys twelve and under who have experienced SGBV or are accompanying their mothers may also stay. Both LGBT individuals and people living with HIV/AIDS are permitted according to KWO nondiscrimination guidelines.
Harms fled	Domestic violence is most common, often perpetrated by husbands; there are a limited number of cases of rape, the perpetrators of which are usually known.
Refugees and migrants housed?	Yes (refugees); no (migrants)

Children housed?	Yes (girls of all ages and boys twelve years old and under)
Staff	One field coordinator and two safe house caretakers who manage all daily operations; one caretaker must be present twenty-four hours a day.
Length of stay	Official maximum is three months; some residents stay longer if they do not feel safe returning home or if their case has not yet been resolved. Actual length of stay ranges from a few days to one year.
Services— in-house	Food (camp rations) and basic needs (clothing, shoes, personal hygiene items); basic health care; doctor or nurse visits the safe house as needed; daily counseling and emotional support; education for survivors about SGBV; accompaniment to services within and outside camp; client advocacy in the case resolution process; activities (e.g., weaving and sewing); social events and celebrations; facilitation of the children’s access to education.
Services— by referral	Medical exam and evidence collection in cases of sexual violence; child protection services; legal assistance on case resolution
Code of conduct and rules	Residents must ask permission to go outside the Safe House; keep information about other residents confidential; help to cook and clean; live together peacefully; respect the property of others; and seek approval from the field coordinator for visits. Large livestock are not permitted; small animals kept as pets or food are permitted, and those raised for food or profit must be shared. Visitors must be accompanied by a KWO staff member.
Security	The Safe House is encircled by a five-foot-tall bamboo fence. The section security guard is stationed nearby during the day and sleeps in a dormitory behind the Safe House at night. A bamboo alarm (a hollow pole that makes a loud noise when struck) and whistle are centrally located inside for staff to alert security and camp leaders of the presence of perpetrators. Staff have walkie-talkies to communicate with security when needed. The respect for and reputation of KWO within the community deters perpetrators from entering.
Transition planning	Once a case is resolved and staff have assessed the survivor’s safety, a letter is provided to the resident permitting her to return home. Prior to departure, staff alert the section leader and security guard and counsel the survivor on strategies to remain safe at home. Staff also provide counseling and education to perpetrators and mediate disputes between husbands and wives. Assistance in applying for resettlement is offered to those who do not feel safe returning home.
Tracking and monitoring	The KWO section leader, camp section leader, and section security guard monitor the safety of residents in the community.
Notes	KWO provides counseling and support services to survivors who prefer to stay in their homes rather than at the Safe House.

Muslim Women's Association—Safe House, Umpiem Mai Refugee Camp

Note: This shelter was not visited by Human Rights Center researchers. Facilities were described by shelter staff.

Website	None
Type	Traditional safe house
Location and context	Umpiem Mai refugee camp
Managing organization	MWA, with advice from the Safe House Committee, composed of KWO camp leaders, Camp Committee members, and camp security
History	MWA in Umpiem Mai refugee camp was established in November 2008 when members of the KWO Committee, the Camp Committee, and leaders of the Muslim community collectively identified the need for a Muslim organization to provide effective protection for and support to Muslim women. KWO handed over one of its two safe houses to MWA that same year. MWA has adapted the safe house program to meet the specific needs of Muslim survivors of SGBV.
Mandate	Three primary objectives: to develop the knowledge and skills of Muslim women in the areas of health, education, and social issues; to enable Muslim women to work together with other ethnic nationalities and women's organizations; and to promote unity among Muslim women by advocating for women's affairs and social issues
Funding	KWO
Housing description	One of the largest camp-based shelters, the building has one spacious floor with four bedrooms, a living room, a storage room, a kitchen with cement floor, and an indoor toilet and bathroom. The safe house is enclosed within a large fenced compound.
Capacity	Maximum capacity of eleven residents. At the time of the interview, there were no residents.
Eligibility criteria	Refugee women and children living within the four Muslim sections of Umpiem Mai Refugee Camp who are at risk of or have experienced SGBV, threats of violence, other forms of abuse, or who are afraid, for any reason, to stay in their own homes. Boys ages twelve and under who are SGBV survivors or are accompanying their mothers are permitted. Abandoned pregnant women, women and girls with physical and mental disabilities, LGBT individuals, and people living with HIV/AIDS are accepted. The program is designed to meet the needs of the Muslim community, but survivors of all ethnicities are accepted.
Harms fled	Domestic violence, marital rape, rape by neighbors, and sexual violence by the employers of women who leave the camp to work are common. Among children, sexual and physical abuse by family members are the most common.
Refugees and migrants housed?	Yes (refugees); no (migrants)

Children housed?	Yes (girls of all ages and boys twelve years old and under)
Staff	Two caretakers manage daily activities, counsel survivors, accompany survivors to outside services, and provide vocational training. One field coordinator provides case management services.
Length of stay	The official maximum is three months. Some stay longer if the judicial or case resolution process extends beyond that period.
Services— in-house	Halal food, clothing, personal hygiene items, and other basic needs; case management, counseling, and emotional support; basic medical care and in-house doctor visits if a survivor is unable to travel to the clinic; and vocational training (e.g., sewing, embroidery). Staff accompany survivors to outside services and bring children to and from school.
Services— by referral	Legal assistance; medical and mental health care; hospital referral; and child case management and protection services
Code of conduct and rules	Thirteen rules are outlined in KWO's Safe House Guidelines; residents may not leave the compound without permission or use personal cell phones and must keep information about other residents confidential. They can arrange visits through staff, but no male visitors are permitted.
Security	Camp Committee and Camp Security offices are nearby, enabling security to provide immediate assistance. The fence around the compound is locked at all times. The shelter is equipped with a bamboo alarm system in which staff alert security by blowing a whistle and hitting a hollow bamboo pole when a perpetrator tries to enter.
Transition planning	Once the judicial or case resolution process has concluded, the survivor is able to return to the community. If she would like to leave beforehand, staff must assess her safety before providing permission to leave. Prior to departure, staff discuss safety planning with the client. In cases of domestic violence, staff bring the perpetrator to the community leader for counseling. If a survivor does not feel safe returning home, staff assist with resettlement if desired.
Tracking and monitoring	Staff follow up on cases in the community once a week for one to two months.
Notes	This is the only safe house for Muslim women within the nine refugee camps. MWA plans to assist Muslim women in Mae La and Nu Po camps to advocate for the establishment of safe houses for their communities.

Burmese Women's Union—Women's Empowerment Resource Center (WERC), Mae Sot

Note: This shelter program has closed.

Website	www.burmesewomensunion.org
Type	Traditional safe house with attached community center
Location and context	Mae Sot
Managing organization	BWU
History	BWU is a member-based association formed in 1995 by a group of female students who fled to Thailand after the Burmese military crackdown on pro-democracy activists in 1988. The organization was formed to protect the rights of women in the refugee camps in Thailand and has since expanded to include activities in five regional offices: three on the Thailand-Burma border, one on the China-Burma border, and one on the India-Burma border. BWU brings Burmese women of different ethnic backgrounds together to identify common goals, educate members about their rights, and respond to social welfare needs. The WERC was established by BWU in 2004 in response to numerous requests for shelter and assistance by women in Mae Sot who had experienced violence and abuse.
Mandate	To work toward empowering the women of Burma as active forces in the movement to build a society based on peace and sustainable development. Key objectives include increasing the contribution of women in the struggle for democracy and human rights and advocating for women's rights in Burma to be aligned with international standards.
Funding	The Lillian Foundation (primary) with additional support from the Open Society Institute. Medical supplies for the clinic are provided by Mae Tao Clinic.
Housing description	Two buildings enclosed in a fenced compound that includes an outdoor bathroom and a small field. The shelter has an office space, a kitchen, a living room, a health clinic room, and two bedrooms. Women with young children and survivors of sexual violence are given a private room whenever possible. The second building has a large room used as a library and community center and a smaller room with sewing machines for vocational training.
Capacity	Maximum capacity is fifteen residents. At the time of HRC's visit, there was one woman residing at the shelter.
Eligibility criteria	Open to women and girls who have experienced SGBV or are in need of temporary shelter between jobs or while recovering from illness, and abandoned pregnant women. Women may bring their children, with the exception of boys over age fourteen. People with HIV/AIDS are not permitted and are referred to Mae Tao Clinic. An LGBT staff member at BWU manages the cases of LGBT survivors, provides counseling, and offers shelter in her home to those who prefer not to stay at the WERC.
Harms fled	Domestic violence is most common. The shelter also takes in survivors of rape, child trafficking, and workplace violence or abuse.

Refugees and migrants housed?	Yes (refugees); yes (migrants)
Children housed?	Yes (girls as primary applicants and accompanied boys ages fourteen and under)
Staff	Three staff members: one coordinator, two assistants (who live on-site)
Length of stay	According to official guidelines, domestic violence survivors are allowed to stay at the shelter for up to ten days, although longer stays are often permitted. Pregnant women are allowed to stay for the duration of their pregnancy. The average length of stay is ten to fifteen days.
Services— in-house	Meals and personal hygiene items; health education; basic health care; psychosocial support for residents; counseling and education for perpetrators of domestic violence; sewing training; and help in obtaining work in nearby factories. The library is used as a community center for shelter clients and BWU members to improve literacy skills, socialize, and engage in monthly discussions on topics such as women's rights and domestic violence.
Services— by referral	Medical care and legal aid. Children are referred to the Child Protection Referral System network and the Child Development Center, a boarding school for migrant youth in Mae Sot.
Code of conduct and rules	Residents may leave the shelter between 9 AM and 6 PM with staff permission. Residents are instructed not to share the details of their personal situations with others. Visits may only take place in the library.
Security	The location is not confidential, but its distance from the town center and the constant presence of staff and BWU members at the library deter perpetrators. Shelter doors are locked at all times. Staff have strong relationships with Thai community leaders and a police officer who lives next door, whom they call on for help when perpetrators try to enter the building.
Transition planning	Before a survivor of domestic violence returns home, staff provide mediation and ask the husband to sign an agreement stating he will not abuse his wife again. For those who want to return to Burma or work in another location, staff make the arrangements and provide money for transportation. For child trafficking cases, staff meet with parents and ensure the environment is safe before sending the child home.
Tracking and monitoring	Staff monitor cases of domestic violence by asking neighbors and community members about the situation after a survivor returns home. Staff also follow up with clients when they return to the clinic for family planning services.
Notes	At the time of the interview, the shelter was not operating at capacity due to funding issues. However, it was still accepting survivors in need of emergency shelter and providing them with meals, with the support of staff donations.

Compasio—Emergency Shelter, Mae Sot

Website	www.compasio.org
Type	Traditional safe house
Location and context	Mae Sot
Managing organization	Compasio is a registered faith-based organization in Thailand and a registered nonprofit organization in the United States and Canada.
History	Compasio was established in 2006 to address the needs of displaced Burmese in Thailand with a focus on protecting vulnerable women and children. It operates three homes for migrant children in Mae Sot: the Infant Home for abandoned babies, the Safe House for street children, and the Grace Home for children born or brought into prison with their mothers. Compasio established the Emergency Shelter in 2011 due to a lack of shelter referral options for survivors calling its crisis hotline.
Mandate	To protect, advocate for, and empower those most vulnerable to abuse and exploitation along the Thailand-Burma border area
Funding	International Organization for Migration (IOM)
Housing description	The Emergency Shelter is located on a quiet street surrounded by open fields where residents can take walks and relax. The building has two floors: downstairs is the kitchen, bathroom, and living room, and upstairs are three bedrooms. Girls and boys sleep in separate rooms, and families are provided with their own room when possible.
Capacity	Seven residents can be comfortably accommodated. At the time of the researchers' visit, there were seven residents: two teenaged girls and one adult woman with four children.
Eligibility criteria	Open to displaced Burmese women and girls who have experienced trafficking, domestic violence, or sexual abuse or other trauma, and abandoned pregnant women. Accompanied male children under age fifteen are allowed, but unaccompanied boys are not. All ethnic groups, people with physical disabilities, mental health issues, and LGBT individuals are welcome. The shelter lacks capacity to accommodate people living with HIV.
Harms fled	Sexual abuse of girls by family members or neighbors is most common.
Refugees and migrants housed?	Yes (refugees), the shelter recently accepted its first two refugee cases from nearby camps and will continue to serve as a referral site for high-security cases. Yes (migrants)
Children housed?	Yes, except for unaccompanied boys

Staff	Two full-time caretakers live at the shelter and manage daily activities, provide counseling and vocational training, and accompany survivors to community-based services. Compasio has one Thai clinical social worker on staff who advises shelter staff, provides case management, communicates in Thai with other service providers and police on behalf of residents, and conducts home visits to assist in the transition process and follow up on cases in the community.
Length of stay	Up to six months. Then residents return to the community or are referred to a nearby CBO or government shelter.
Services— in-house	Counseling, emotional support, and case management. Food is provided; residents prepare their own meals according to cultural practices, such as halal food for Muslim residents. A volunteer nurse from the United States provides basic health care during certain periods of the year. Basic education for children is provided on-site. Training in sewing, crocheting, and making necklaces serves vocational and therapeutic purposes. Staff provide residents with Thai language assistance when needed.
Services— by referral	Health care for serious medical issues. Staff accompany clients to the hospital and police as needed.
Code of conduct and rules	A code of conduct applies to staff and volunteers regarding the care and treatment of residents, confidentiality, and disciplinary procedures. Rules for residents include: do not leave the shelter without accompaniment by staff; personal cell phones not allowed; visits must take place off-site at Compasio’s office; and keep the shelter location confidential. Residents are also encouraged to develop their own house rules to promote a sense of responsibility and community.
Security	Compasio has an established relationship with the local police, and a red box is located outside the shelter, making it part of the regular police patrol route. There is a large guard dog in the front yard to help alert staff and residents to intruders. The location of the shelter is not well known by the community.
Transition planning	Staff help residents plan for a safe return to the community. They help residents identify protection strategies in case of future violence. They assist them in enrolling in education or training programs or obtaining a job. Before a resident departs, staff inform community leaders about the status of cases and assess residents’ safety in their community and family.
Tracking and monitoring	The staff social worker follows up with clients transferred to CBO-run shelters and continues to help them access police and hospital services. Staff follow up with clients who have transitioned back home once or twice per month for three months.
Notes	With both Burmese and Thai speakers on staff, Compasio can facilitate access for the Burmese migrant population to the Thai police, hospital, and government shelters. They provide technical support to Burmese CBOs, where they sometimes refer transitioning residents, to build capacity in counseling and case management. Compasio’s community-based program also includes a crisis hotline, drop-in center, mobile medical care, and outreach to Burmese migrants, with a focus on Muslim communities living in and around the Mae Sot garbage dump.

Overseas Irawaddy Association—OIA Shelter, Mae Sot

Type	Traditional safe house
Location and context	Mae Sot
Managing organization	OIA
History	The OIA is a member-based association for migrant workers established in 2005. It established a shelter in 2009 in response to requests for protection during periods between employment, when members often slept outside on farms, under trees, or in damaged tents awaiting their next work assignment.
Mandate	Primary goals are to protect workers' rights, promote health, and protect women and children in the migrant communities of Mae Sot.
Funding	Primarily from income-generating activities, including sewing training, production of mosquito nets, clothing, small-scale agriculture projects, and raising livestock. IOM provides support for trafficking cases who meet specific criteria.
Housing description	A two-story bamboo building located within a compound that includes a small field for farming and an area for livestock. Downstairs is an open room with a kitchen and an area where men sleep. Upstairs is a room with sewing machines for vocational training and an adjacent large room where women and children sleep. The bathroom is outside.
Capacity	Designed to house twenty residents, but accommodates up to fifty during emergencies or police raids of factories. At the time of the visit, eighteen people were staying at the shelter: thirteen children (four girls and nine boys) and five adults (three women and two men).
Eligibility criteria	Open to all Burmese migrants, regardless of ethnic group or religion, who meet one or more of the following criteria: (1) men and women who have experienced workplace abuse or exploitation or have been dismissed from their job by their employers; (2) women and children who have experienced domestic or sexual violence; and (3) orphans. Due to limited capacity, OIA does not serve people with mental health issues, pregnant women, or people with HIV/AIDS, but refers them to organizations in the area. Gay and lesbian individuals would be accepted, but transgender individuals are not permitted.
Harms fled	Sexual and physical abuse of workers by employers at nearby factories and farms, domestic violence, and child sexual or physical abuse by a relative
Refugees and migrants housed?	No (refugees); yes (migrants)
Children housed?	Yes

Staff	Three staff (two males, one female) with separate responsibilities: one cooks meals and conducts sewing training, one takes care of housekeeping, and one manages the shelter and reports serious issues to the association director.
Length of stay	For adults, the maximum stay is one month. In certain circumstances, such as when a resident has a labor-related court case in process, they may stay for up to six months. Most adults stay from one week to one month. Children may stay until they are eighteen years old.
Services— in-house	Three meals per day (rice, curry, and fish paste); counseling, including specialized counseling for children; mediation between spouses in domestic disputes; counseling for perpetrators of domestic violence in the community; sewing; and educational sessions on topics such as labor rights, children’s rights, trafficking, occupational health, family planning, and HIV/AIDS
Services— by referral	Specialized medical care; counseling for serious mental health issues; legal aid related to employment issues; and arrangements for children to attend the local Thai school
Code of conduct and rules	Rules for staff and residents include the following: participate in the shelter’s agricultural or animal farm income-generating projects; do not leave the shelter without staff permission; turn off lights and go to bed at 10 PM; do not gossip, shout, or behave in a way that disrupts unity among residents; talk politely to one another; no alcohol or gambling; women and men must sleep in separate designated areas; no special or intimate relationships are allowed between residents, staff, and association leaders; do not ask other residents why they are staying at the shelter; and only female staff can counsel female residents on sensitive issues.
Security	No specific security measures. The OIA has an established relationship with the police, the district and municipal office, and the Thai village leader, and as a result Thai authorities do not enter the compound to make arrests. The large size and strong reputation of OIA deters perpetrators from coming to the shelter.
Transition planning	When residents would like to return to Burma or go to another factory, OIA recommends safe work sites and arranges transport. In cases of domestic violence, staff provide counseling to the survivor and husband and ask the husband to sign an agreement stating he will not abuse his wife again. If he breaks the agreement, OIA will refer him to the Thai police.
Tracking and monitoring	Staff do not proactively monitor cases, but ask residents to call them when they arrive safely at their next work site and to update them when possible about their situation.
Notes	OIA operates one of only two shelters identified by HRC researchers in Mae Sot that serve adult male survivors of SGBV. A range of income-generating activities provides a sustainable funding source for the shelter program.

People Volunteers' Association—Safe House, Mae Sot

Website	www.pvamaseng.blogspot.ca/
Type	Traditional safe house
Location and context	Mae Sot
Managing organization	PVA
History	In 2005, a former commander of the All Burma Students' Democratic Front formed a group of volunteers dedicated to protecting and providing a safety net for people from Burma living along the border in Thailand. By 2009, the group had developed into the PVA, with over seven hundred members and ten branches in the Mae Sot, Pho Phra, and Mae Ra Mat areas. PVA assists migrants with the daily challenges of living in Thailand without legal documentation, including exploitation and unfair treatment by employers, fear of authorities, language barriers, and a lack of understanding of Thai law. PVA once provided temporary shelter and protection to migrants in its office, but the group established its own safe house in March 2012 when the office became overcrowded.
Mandate	To promote the well-being of the community; to encourage the development of knowledge among community members; to defend the dignity of the people; and to create a peaceful and prosperous community
Funding	Primary: monthly membership dues from association members. Other sources: agricultural income-generating activities and occasional private donors
Housing description	A fenced compound with two buildings and a small field for growing vegetables. The concrete safe house contains one large room with bamboo mats where residents sleep. The other wooden building has two floors, with a kitchen and meeting area downstairs and a room upstairs where staff sleep.
Capacity	Although the shelter space is not large, staff allow a maximum of one hundred people to sleep there. At the researchers' visit, there were twelve adults (six male and six female) and seventeen children (seven boys and ten girls) ranging from three months to fifteen years old.
Eligibility criteria	No formal eligibility criteria. Available to all Burmese migrants in need of temporary shelter or protection
Harms fled	Domestic violence, pregnant women who have been abandoned, and exploitation by employers such as sexual harassment, physical violence, and rape (though rape cases are rare)
Refugees and migrants housed?	Yes (refugees); yes (migrants)
Children housed?	Yes, boys and girls as primary applicants

Staff	Six staff members (two females and four males): a safe house manager, who oversees all operations, and a housekeeper, a cook, and three staff who manage the income-generating programs and maintain agricultural projects
Length of stay	The length of stay is officially seven days, but residents typically stay three to six months.
Services— in-house	Three meals per day for children and two meals per day for adults ages twenty and over; clothing, when available; weekly group counseling; individual counseling upon request; on-site medical care as needed; agricultural projects; and income-generating activities. Staff accompany residents to the police station to make reports, make arrangements for children to attend the nearby migrant school, and accompany residents in need of serious medical care to the hospital, as well as advocate for their timely treatment.
Services— by referral	Legal assistance and medical care for serious conditions
Code of conduct and rules	No alcohol or drug use. All residents must seek permission from staff to leave the shelter compound.
Security	PVA staff have a strong relationship with nearby Thai police, whom they contact for assistance in the case of a security breach. Safe house staff have a partnership with the Thai village leader and report to him regularly on the number of cases at the shelter as well as any new arrivals or departures.
Transition planning	When residents would like to return to the community, staff assess the safety of the environment and help residents find their next job. In domestic violence cases, staff provide counseling to perpetrators.
Tracking and monitoring	No formal process for monitoring or follow-up with clients. Former residents are encouraged to contact PVA for assistance with any future problems or concerns.
Notes	PVA strives to meet the broad and changing needs of the Burmese community and provides a social safety net for its members. PVA operates a primary school for migrant children and assists migrants in accessing health care, legal aid, shelter, emergency financial assistance, language assistance, and other urgent needs.

Social Action for Women—Women’s Crisis Center/Green Hope Center, Mae Sot

Websites	www.sawburma.net/category/aids/green-hope-center/ ; www.sawburma.net/2008/08/13/womens-crisis-center/
Type	Traditional safe house
Location and context	Mae Sot
Managing organization	SAW
History	SAW was established in 2000 to provide assistance to displaced women in crisis who had arrived in Mae Sot from Burma. Initially, SAW operated one shelter that offered education on women’s rights and health, counseling, and vocational training. Over time, the organization’s work expanded to include the operation of five shelters in Mae Sot. In 2005, SAW established the Women’s Crisis Center for abandoned pregnant women, women who have experienced violence, and others in need of emergency assistance. In 2008, it established the Green Hope Center for women and child survivors of trafficking. The two centers were recently consolidated for financial reasons.
Mandate	To assist displaced women and children along the Thailand-Burma border by providing health, education, and shelter services; to provide counseling and training to vulnerable women and children; and to promote health education among migrant workers
Funding	The Green Hope Center is funded by Johns Hopkins University (primary), with limited support from IRC. At the time of HRC’s research, there was no outside funding for the Women’s Crisis Center; it was supported through residents’ income-generating activities, such as making handbags and blankets that are sold abroad. Green Hospital in Korea provides medical supplies.
Housing description	There is a kitchen, a bathroom, a living room, three bedrooms, and a hallway that is also used as sleeping space. Women and children sleep in separate areas.
Capacity	The maximum capacity is fifty people. There were twenty residents at the time of the researchers’ visit (four adults and sixteen children).
Eligibility criteria	Green Hope Center: available to women and children (girls and boys twelve and under) who have experienced sex or labor trafficking. Women’s Crisis Center: accepts women ages eighteen and older who have experienced any form of violence and pregnant women who have been abandoned. The shelter is available to LGBT clients and people of all ethnic groups. People with mental health issues can stay; however, if staff are unable to handle specific cases, they will refer them to Mae Sot Hospital.
Harms fled	Rape is most common among adult residents, often perpetrated by police or employers. Physical or sexual abuse by a parent is common among children. SAW has seen an increase in girls under ten who have been raped.

Refugees and migrants housed?	No (refugees); yes (migrants)
Children housed?	Yes
Staff	Eight staff, including social workers, counselors, vocational trainers, and people who assist in reintegration
Length of stay	Green Hope Center: no official limit; clients stay until staff make contact with their family members and are able to send them home. Women's Crisis Center: three-month maximum length of stay; most stay two to three months.
Services— in-house	Three meals a day; weekly counseling; and basic health care. All children attend a SAW-run school for migrant children (attendance compulsory). There is vocational training in sewing and weaving (products are sold as an IGA to cover program costs); information about work permits; and assistance in finding employment.
Services— by referral	Medical care for serious illnesses or injuries. Shelter staff negotiate with the hospital for reduced medical fees for residents and provide payment for medical costs. When funds are available, residents can choose to live and train in an off-site vocational placement, such as the local hairdressing shop, if they so choose.
Code of conduct and rules	Shelter location must be kept confidential. Visits must be held at SAW's program office within the safe house for children. Children must obtain permission to leave the shelter and must be accompanied by staff. Residents must treat each other politely, respect elders, and support youth. No drugs or gambling.
Security	No security infrastructure exists at the shelters. High-security cases are often rotated among SAW's five shelters to keep their location hidden. SAW has developed a strong reputation for its services to the migrant community; it is part of the Tak Province Anti-Trafficking Network and has established a working relationship with the local police and its neighbors, which has helped to keep residents safe from both perpetrators and police arrest.
Transition planning	SAW focuses on family reunification and works to make contact with the families of survivors from the time of their arrival. Before residents leave, staff assess whether they have completed all necessary counseling and medical treatment and contact family members to confirm they will take responsibility for residents' care. Staff help survivors who do not want to return home or to their previous work site identify a vocational training program or different work placement. Staff also arrange for safe transportation.
Tracking and monitoring	Shelter staff follow up with former residents who live in the Mae Sot area and inform them of available work opportunities.
Notes	SAW implements a range of programs serving migrants, including Mobile Medical Teams that provide health education and medical care in over one hundred communities in the Pho Phra area; a Women Talk Program that holds monthly forums for discussing women's rights and Thai law; and a preschool and high school for migrant youth. SAW staff based in Myawaddy assist clients who are returning to Burma. SAW now also serves Burmese migrants who contact them for support from Malaysia, Indonesia, and other countries.

Social Action for Women—Health Care House, Mae Sot

Website	www.sawburma.net/category/aids/health-care-house
Type	Traditional safe house
Location and context	Mae Sot
Managing organization	SAW
History	Established in 2005 in response to the increase in Burmese migrant women and children living with HIV/AIDS in the Mae Sot area. Many had experienced sexual violence and exploitation. Program staff felt a separate shelter program designed exclusively for people living with HIV/AIDS would enable them to more effectively address the needs of this population.
Mandate	The Health Care House has three main objectives: to provide shelter, care, and support for women and girls living with HIV/AIDS in the migrant community; to stop progression of HIV among shelter clients through guaranteed provision of antiretroviral (ARV) medications; and to support clients through health education, women’s empowerment, and vocational training activities.
Funding	Union Aid Abroad of Australian People for Health, Education and Development Abroad
Housing description	Two buildings in a small fenced compound. The main house has two bedrooms, a living room with a TV and bamboo mats, a storage room, a bathroom, and an outdoor kitchen. A smaller building has a large open room used to house HIV-positive clients who have tuberculosis.
Capacity	Thirty-five residents. At the time of the researchers’ visit, there were twenty-three residents (fourteen women and nine children).
Eligibility criteria	Burmese migrant women and girls living with HIV/AIDS who are abandoned, homeless, or cannot to return to Burma because of lack of access to appropriate medical care. HIV-negative children under age two years may stay with their mothers. Children over age two are referred to SAW’s Children’s Crisis Center or another children’s shelter. People with physical disabilities, mental health issues, lesbian women, and sex workers in need of temporary care and protection are accepted.
Harms fled	Domestic violence, marital rape, and rape by employers are common. There are also cases of sex workers fleeing abuse.
Refugees and migrants housed?	No (refugees); yes (migrants)
Children housed?	Yes (girls with HIV/AIDS; boys under age two with HIV-positive mothers)

Staff	Two shelter residents have been appointed as full-time staff to oversee daily operations and provide basic counseling. A health education program coordinator provides counseling, case management, and health education.
Length of stay	This is a long-term shelter with no limit on length of stay. Some stay for short periods of time until their health has stabilized, but the majority of clients live here for the rest of their lives.
Services— in-house	Food, clothing, and other basic needs; counseling and psychosocial support; twice-monthly support groups; basic medical check-ups every two weeks; free ARVs; and medical and case management. Residents can attend twelve one-day workshops on health education, women’s empowerment topics, and vocational training. Residents participate in the shelters’ income-generating activities and receive a percentage of the profit. SAW purchases work permits for eligible residents. A monthly stipend of 300 <i>bah</i> t is provided to all clients for additional food needed to manage their nutritional status.
Services— by referral	Health Care House receives referrals from Mae Tao Clinic and provides ARVs and health care during clients’ shelter stay. Serious medical cases are referred out (SAW pays all medical fees). Some residents are referred to local CBOs for vocational training. Children are sent to SAW’s school or a local school.
Code of conduct and rules	There are few rules. Residents cannot fight with housemates, marry, have boyfriends or other affairs with men, or use the phone.
Security system	The shelter is located in a close-knit community. The only form of security is the fenced compound. Staff monitor the shelter and respond immediately to security concerns; SAW has a relationship with the local police, who assist when needed.
Transition planning	Those wishing to return home must inform staff a month before the desired exit date. Clients referred from Mae Tao Clinic have health providers assess whether they are able to return to the community. Shelter staff contact family members to confirm that they are able to care for them. A plan is made to ensure clients will continue to obtain ARVs. If clients want to work, staff help them to find a job, often in a garment factory or as a domestic worker. Many clients spend the rest of their lives in the shelter.
Tracking and monitoring	Staff follow up with former residents in the Mae Sot area and monitor the health of former residents returning to receive ARVs.
Notes	The majority of residents are referred to the shelter by Mae Tao Clinic; other residents are referred by shelter providers with limited capacity to handle HIV/AIDS cases.

Women's League of Burma—Violence against Women (VAW) Safe House, Mae Sot Area

Note: This shelter was not visited by Human Rights Center researchers. Facilities were described by shelter staff.

Website	www.womenofburma.org/programmes/women-against-violence/
Type	Traditional safe house
Location and context	Mae Pa area, a few kilometers outside Mae Sot
Managing organization	WLB, an umbrella organization composed of thirteen women's organizations representing various cultural, religious, and ethnic backgrounds. Each year, a representative from a different member organization serves as the VAW Program Coordinator, who manages the safe house. At the time of the interview, the Tavoy Women's Union was responsible for the management of the safe house.
History	In 2005, the Women's League of Burma created the VAW Program to improve the capacity of women's organizations to work together for the elimination of violence against women and the empowerment of women inside Burma and along its borders. The VAW Safe House was established in 2011 due to a lack of shelters specifically for cases of SGBV. Program staff had been unable to refer survivors to existing shelters because they were full or had narrow eligibility criteria.
Mandate	Program objectives include providing assistance to women who have suffered from violence; documenting cases of violence against women; increasing awareness of the state of violence against women in Burma; and developing advocacy strategies at the local, national, and international levels.
Funding	Burma Relief Centre
Housing description	A concrete wall with a locked gate surrounds an unmarked concrete house with two bedrooms, a living room, a kitchen, and one bathroom. Neighbors are not aware that it is an SGBV shelter. Survivors sleep in the living room when space is limited.
Capacity	It comfortably accommodates three survivors, but space is always made available to a survivor of SGBV in need of assistance. At the time of the researchers' visit, there were three female residents.
Eligibility criteria	The shelter is open to women and girls of all ethnic backgrounds who have experienced physical, sexual, or emotional violence. Male children accompanied by their mothers are welcome. Women living with HIV/AIDS are accepted.
Harms fled	Domestic violence is most common. The shelter also receives cases of rape and sexual abuse as well as abandoned pregnant women.
Refugees and migrants housed?	No (refugees); yes (migrants)

Children housed?	Yes (girls as primary applicants and boys accompanied by their mothers)
Staff	One staff, the VAW program coordinator
Length of stay	No limit. The majority of residents stay for one week to one month.
Services— in-house	Food, clothing, and basic medications; crisis counseling; and case management. The coordinator arranges transportation and accompanies survivors to services in the community.
Services— by referral	Legal assistance and medical care
Code of conduct and rules	Rules are intended to maintain security. Residents may not go outside the shelter without staff permission; no visitors are allowed; and after 10 PM is quiet time.
Security	The safe house is in a confidential location, with a locked gate. There is no security guard. Staff do not contact the police with security issues as most residents are undocumented. If a survivor is from the immediate area or a perpetrator becomes aware of the shelter location, staff arrange for the survivor to stay in another shelter.
Transition planning	Most residents do not want to return home or to their community. Staff help residents move to another community or return to Burma. If residents would like to return home, staff provide counseling and mediation to abusive partners. Staff also meet with village leaders in the client's community to educate them about SGBV and ask them to monitor the safety of the survivor.
Tracking and monitoring	Program staff conduct home visits for those who stay in the Mae Sot area and follow up with cases once a week for a period of one to two months.
Notes	A primary focus of the VAW Program is educating communities about SGBV through community forums, events, reports, and TV shows. The VAW Program implements activities inside Burma and in communities along the borders in India, China, and Thailand. The WLB also operates a similar Safe House in New Delhi, India.

Ministry of Social Development and Human Security—Tak Emergency Shelter for Families and Children, Tak

Type	Traditional safe house
Location and context	Tak (city), Tak Province
Managing organization	The Tak shelter reports to the Bureau of Anti-Trafficking in Women and Children, under the Department of Social Development and Welfare within the Ministry of Social Development and Human Security.
History	The shelter was established in 2002 to provide temporary, immediate assistance to residents of Tak Province facing a range of social problems, including SGBV. There are seventy-six government-run shelters for families and children in Thailand, with one in every province.
Mandate	Three main objectives: to serve as a center that receives information and provides advice and counseling to women, children, and families experiencing social problems; to cooperate with and make appropriate referrals to other government shelters according to the needs of the client; and to investigate issues and provide services to improve residents' quality of life.
Funding	Government funded through the Ministry of Social Development and Human Security
Housing description	The Tak Emergency Shelter is housed in a new two-story building that opened in April 2012; it includes a large backyard with a playground and an area for religious practice. The first floor has an office, a police investigation room with a one-way mirror so that survivors can identify perpetrators without having to go to the police station, a kitchen, a dining room, a group activity room, and room for people with physical disabilities. Upstairs is a staff bedroom with two beds; two gender-segregated bedrooms, each with seven beds; gender-segregated bathrooms with showers, toilets, and lockers; and three private maternity rooms for women who are pregnant or have young children.
Capacity	Up to fifty residents at one time. There was only one woman with her newborn baby at the time of the researchers' visit.
Eligibility criteria	Open to all adults, children, and families facing social problems and in need of immediate shelter. Specific target groups include those entitled to protection and welfare services under the following laws: the Prevention and Suppression of Prostitution Act (1996), the Child Protection Act (2003), the Domestic Violence Victim Protection Act (2007), and the Anti-Trafficking in Persons Act (2008). People with mental health issues are not permitted due to a lack of adequate staff supervision. LGBT individuals, people with HIV/AIDS, and people of all ethnicities are accepted, including people from hill tribe communities and Burmese migrants.
Harms fled	Approximately 10 percent of shelter clients are fleeing SGBV. Among these, domestic violence is the most common form of harm, followed by rape or sexual abuse by a family member. The shelter receives few Burmese migrants from Mae Sot, but the majority are survivors of trafficking.
Refugees and migrants housed?	Yes (refugees), the shelter recently received its first referral of a refugee from Mae La camp. It plans to serve as a referral site for high-security cases in Umpiem, Mae La, and Nu Po camps in the future. Yes (migrants)

Children housed?	Yes
Staff	Ten staff: the director, two social workers, psychologist, data collector, social development officer, administrator, driver, cook, and supervisor of operations
Length of stay	Short-term, emergency assistance for a maximum of three months, after which residents return to the community or are referred to an appropriate long-term government shelter. Pregnant women can reside at the shelter until after they give birth. Exceptions are made for residents under the age of eighteen. The average length of stay for most residents is one to two months.
Services— in-house	Daily meals, and hygiene kits with a toothbrush, soap, and other personal items. Counseling is based on recommendations from a hospital mental health assessment, and the approach focuses on building trust, discussing problems, and identifying solutions so residents can reintegrate into their families. Children are transported to and from school each day; a teacher travels to the shelter to provide on-site lessons to children not ready to return to school. Vocational training and activities—life skills workshops, art, knitting, and crocheting—are provided; Burmese clients can receive language assistance over the phone.
Services— by referral	New clients are referred to the hospital for a physical, a mental health assessment, and development of a treatment plan. Depending on interest, clients may be referred for vocational training with outside organizations or participate in educational excursions.
Code of conduct and rules	Residents must adhere to a structured daily activity schedule that includes designated times for meals, exercise, group activities and workshops, reading, guidance counseling, community service, recreational activities, prayer and meditation, and scheduled breaks. Shelter rules forbid alcohol and visitors at the shelter; residents cannot leave the shelter without accompaniment by staff; and residents must help with household tasks.
Security	There was no security guard at time of our visit, but the shelter planned to hire one in its budget for 2013. Staff have a strong partnership with the local police, who respond immediately to calls for assistance in dealing with perpetrators.
Transition planning	The staff social worker meets with the client's family to investigate problems, assess safety, and support the client's reintegration home. The social worker also collaborates with religious leaders and NGOs to ensure community support is available. Staff help clients to find jobs and fund their travel home. Refugees from the camps are referred back to the UNHCR or other organization that sent the case for reintegration services.
Tracking and monitoring	Staff follow up on each case at least three times over a period of two months. If the client is a Burmese migrant from Mae Sot, they are referred to a relevant CBO or NGO, and staff follow up with the organization to monitor the status of the client.
Notes	This is the only government shelter in Tak Province and the closest public shelter to the large migrant population in Mae Sot. The shelter has not served many Burmese migrants, but is beginning to explore increasing service provision to this population.

Association for the Promotion of the Status of Women—Emergency Home, Bangkok Area

Website	www.apsw-thailand.org/intro.htm
Type	Traditional safe house
Location and context	Don Muang area, about thirty minutes outside Bangkok
Managing organization	APSW is a private, nonprofit organization. Administrative oversight and policy directives are provided by a committee of twenty-one members elected to serve a three-year term. The Emergency Home is managed by the organization’s Department of Social Work.
History	APSW was established in 1974 by a Thai nun who had studied law and education in the United States and returned to Thailand. The program’s shelter component has consisted of three separate structures, collectively referred to as the Emergency Home. Emergency Home 1 was opened in downtown Bangkok in 1980 and closed in 2003. Emergency Home 2 was established in the Don Muang compound in 1985. Emergency Home 3 was opened in this compound in 2003.
Mandate	APSW has three main objectives: to promote equal rights and social justice for women and children by providing shelter, moral support, and training to all disadvantaged people; to enhance women’s professional skills, enabling them to contribute to the economic and social development of Thailand; and to support the full and equal participation of women in power structures at all levels for the elimination of gender bias in laws, policies, and practices.
Funding	Primary funding from the Ministry of Social Development and Human Security; limited support from the Governor’s Office and the Bangkok Metro Administrative Office; additional assistance from individual donors; noncash items received in public donation boxes.
Housing description	The compound has several structures in the Emergency Home section: Emergency Home 2 houses new mothers and women living with HIV; Emergency Home 3 houses women with unwanted pregnancies, women with children, and women and teenagers fleeing SGBV. The Student Home houses children of primary-school age and others as needed. Infants, many of whom are abandoned, receive continual care in the on-site nursery in the Jimmy & Rosalynn Carter Women’s Clinic.
Capacity	Designed to house approximately 150 residents, it has housed up to 200 at one time and housed 85 at the time of the researcher’s visit.
Eligibility criteria	It is open to women and girls who have experienced domestic violence, rape, sexual abuse, threats of violence, unwanted pregnancy, HIV, abandonment during pregnancy, and unemployment or financial hardship. Elderly people and people with physical or mental disabilities can stay at the shelter for a limited time until they are referred to an appropriate shelter. LGBT individuals who identify as women (including “Katoeys” or “lady boys”) are accepted. Boys over age twelve are not permitted.
Harms fled	Many women and teens with unwanted pregnancies come to the shelter to hide their pregnancies from members of their family or community, thereby avoiding stigma. The shelter also receives cases of domestic violence and sexual abuse (at the time of the researcher’s visit, eight of the eighty-five residents had fled from SGBV). There are also a number of cases of abandoned children.

Refugees and migrants housed?	Yes (migrants); No (refugees)
Children housed?	Yes (girls as primary applicants and boys ages twelve and under)
Staff	Staff include the director of the Department of Social Work, four social workers, an assistant social worker, and a psychologist.
Length of stay	Determined on a case-by-case basis. Those with unwanted pregnancies typically stay for one year until they have delivered the baby and are able to return home. Survivors bringing cases through the Thai justice system stay for an average of two years until the court process has been completed. Some residents have stayed for ten to thirteen years.
Services— in-house	Food; clothing; and counseling. Maternal health services for pregnant women and medical care are available on-site at the Jimmy & Rosalynn Women’s Clinic. The clinic nursery can accommodate thirty newborn babies. Staff accompany survivors of sexual violence to court. There is on-site vocational training, through ASPW’s Women’s Education and Training Center, in sewing, hairdressing, cooking, housekeeping, and Thai massage; income-generating activities; and nonformal education at primary and secondary levels.
Services— by referral	Residents with intensive medical needs are referred to the hospital for health care. Children are sent to a public school located next to the shelter.
Code of conduct and rules	ASPW is in the process of developing guidelines for staff conduct and SOPs for the Emergency Home based on national standards for social work in Thailand. Residents must seek staff permission to leave the shelter. When permitted, adults can leave the shelter without accompaniment by staff and must sign a form to indicate when they will return. If they have not returned within twenty-four hours of the time provided, staff inform police.
Security	There are two entry gates: one is guarded at all times, and the other opens for two hours per day to allow the children to go to and from the school located next door and did not seem to be consistently guarded during our visit.
Transition planning	Staff meet with each resident to develop a plan for transitioning home. Staff determine when residents are ready to leave the shelter and provide them with counseling regarding this decision. If family members are ready to accept a survivor back into their home, residents are generally permitted to leave the shelter.
Notes	The program benefits from the patronage of Her Royal Highness Princess Soamsawali, who visits the program annually. Though it is primarily a symbolic association, APSW staff indicate that the endorsement gives them great morale and also lends the program some stature when fundraising and performing other activities. A unique feature of the APSW Emergency Home is a special interview room with a two-way mirror on the back wall. Behind the mirror, police, lawyers, and others may observe an interview between a survivor and staff members. APSW staff explain that this feature relieves a survivor from unnecessarily repeating details of her experience to different law enforcement actors. However, it was unclear to the HRC researcher whether, or how, consent is obtained for interview observation.

Ministry of Social Development and Human Security—Kedtrakarn Protection and Occupational Development Center (Baan Kredtrakarn), Bangkok Area

Website	www.kredtrakarnhome.com
Type	Traditional safe house
Location and context	Pakkred District, Nonthaburi Province (thirty minutes outside Bangkok)
Managing organization	Under the supervision of the Bureau of Anti-Trafficking in Women and Children within the Department of Social Development and Welfare, Ministry of Social Development and Human Security
History	Baan Kredtrakarn was initially established in 1960 to serve those entitled to protection under the former Prostitution Suppression Act of 1960. In 1996, the law was amended to provide protection and support to children under age eighteen through occupational development, psychosocial rehabilitation, and medical treatment. The mandate of the center was later expanded, and it became the first shelter in Thailand designed to meet the needs of survivors of trafficking. Baan Kredtrakarn is one of eight government-run welfare protection and occupational development centers.
Mandate	To provide protection and assistance to women and children, both Thai and non-Thai, who face a range of social problems such as forced labor, trafficking, sex and labor exploitation, rape, and sexual assault
Funding	Almost entirely government-funded, with limited contributions from individual donors
Housing description	On a small island accessible only by boat. There are five dormitories, each composed of one large room with many beds. By design, there are no private rooms to ensure that residents are in a lively social environment to reduce feelings of isolation and depression.
Capacity	At the time of the researcher’s visit, there were 118 people residing at the shelter.
Eligibility criteria	The center provides assistance to three target groups: (1) women and girls, both Thai and non-Thai, who are eligible for services under the Human Trafficking Prevention and Control Act B.E. 2551; (2) girls under age eighteen who are engaged in prostitution and women ages eighteen and over who are eligible to receive protection and vocational training under the Prostitution Prevention and Suppression Act B.E. 2539; and (3) women who face social problems such as rape or sexual assault, especially by a perpetrator within their community. People with physical or mental disabilities and people living with HIV/AIDS are accepted.
Harms fled	The majority of residents are survivors of trafficking, most of whom are non-Thai girls under age eighteen from the greater Mekong subregion, including Laos, Cambodia, Vietnam, Burma, and China. Others are survivors of rape unable to return home; perpetrators are mainly community members or persons of influence. There are also cases of Thai girls facing social problems, such as those who are disobedient to their parents, do not attend school, or abuse drugs and alcohol.

Refugees and migrants housed?	Yes (refugees); yes (migrants)
Children housed?	Yes (girls only)
Staff	Fifty staff, including eight in the Social Work section, ten in the Administrative section, fifteen in the Occupational and Educational Training section, four in the Rehabilitation and Nursing section, and domestic staff such as cooks, cleaners, gardeners, and drivers
Services— in-house	Three meals per day; clothing and personal hygiene items; and basic health care twenty-four hours a day. A physician visits monthly to provide medical check-ups. Counseling and psychosocial support, including psychosocial assessments, individual counseling, and art therapy; case management; social and recreational activities; and life-skills workshops. Education is available to residents of all ages after a placement exam to determine their grade level. Residents enroll in a vocational training program of their choice. Options include dressmaking, weaving, cooking, beauty treatment, and batik painting. The Early Children and Development Center provides childcare assistance to residents with children.
Services— by referral	Legal assistance and serious or emergency medical treatment
Code of conduct and rules	Staff must inform every survivor of the rights of human trafficking survivors and treat all residents equally regardless of race or nationality. Residents must attend an orientation that outlines the rules of the shelter and participate in an educational or vocational training program. Residents are not allowed to bring razor blades or other potentially dangerous items into the center. They are not allowed to contact anyone outside the shelter without permission. Residents cannot have visitors at the shelter, with the exception of facilitated meetings with family members for the purpose of counseling and reunification.
Security	The facility is on an island outside Bangkok and can be reached by a short boat ride. Incoming boats must dock at a small pier, which is directly connected to a security post staffed by guards employed by the Thai government. A code of conduct, in both Thai and English, is immediately visible to visitors approaching the security post. The facility appeared to have high security, and HRC's researcher was not permitted access beyond the initial administrative building.
Transition planning	Women and girls are prepared for reunification with their families through counseling and rehabilitative and life-skills training programs. For Burmese and other foreign cases, staff coordinate with organizations or government institutions in the country of origin to plan for reintegration. For Thai cases, staff assess whether the survivor is ready to return home or if she is at risk of being trafficked again, and identify local organizations to provide her with assistance once she has returned to the community.

Challenges and Strategies

Providers of shelter for refugee and migrant communities along the Thailand-Burma border encounter enormous challenges in their daily work. In the absence of a government framework for the protection of Burmese refugees and migrants, Burmese community-based organizations, which compose the majority of providers identified, have stepped in to fill this immense gap. As these organizations deliver critical services to survivors of sexual and gender-based violence with minimal resources, shelter staff sometimes encounter threats and attacks by perpetrators but have little or no security; they also shoulder the emotional burden of caring for survivors of trauma, and can be blamed and stigmatized by perpetrators and community members for their efforts.

Despite these circumstances, shelter staff interviewed spoke with courage, passion, and dedication about their work. They were extremely resourceful, committed to keeping shelter doors open by stretching their resources, volunteering their time, and developing income-generating activities for their programs.

Staff described their motivation as a desire to fulfill their obligations to their community, as the survivors in their care rely on them as mothers, sisters, and friends. They expressed the satisfaction and pride they feel in helping members of their communities.

“Factory workers arrive here because they are violated by their employers, managers, and their factory leaders. They don’t want to go back after they have arrived here. They work together and babysit together as at their own house. . . . [P]eople are happy here because we are running this shelter as family. When I see these conditions, I am really proud of my job.”

Moreover, a number of shelter residents interviewed expressed that the best aspect of the shelter was the genuine care, understanding, and support extended to them by case managers and other staff.

The following section summarizes the primary challenges reported by shelter staff and residents that cut across shelters operating in both migrant and refugee communities, and highlights

Cross-Cutting Challenges and Strategies

1. Security
2. Emotional Stress on Providers
3. Community Perceptions and Engagement
4. Stigma and Blame
5. Survivors’ Role in Decision-Making
6. Funding
7. Access to Government Shelters

Refugee Context Challenges and Strategies

1. Confidentiality
2. Shelter Options for Ethnic and Religious Minority Groups
3. Limited Exit Strategies
4. Coordination and Stakeholder Relationships

Migrant Context Challenges and Strategies

1. Concerns about the Legal Status of Organizations
2. Resource Constraints and Unmet Needs
3. Access to Mainstream Services
4. Limited Income-Generating Activities

challenges that are specific to each context. This section also discusses strategies that staff and residents use to address some of these challenges.

Cross-Cutting Challenges and Strategies

Human Rights Center researchers identified a number of common challenges experienced by staff and residents of both refugee camp-based shelters and shelters serving Burmese migrants outside a camp setting. Some strategies used to address these issues were also documented.

1. Security

Shelter staff feared for their personal safety, even while residents expressed feeling safe in the shelter. Several providers said that threats of harm and dangerous encounters with perpetrators were serious challenges in their daily work.

Providers in all three refugee camps stated that they are regularly concerned about violence or threats to their safety by perpetrators both within and outside the safe house. Despite their efforts to keep the shelter location secret, providers noted the challenge of doing so in a closed camp setting and acknowledged that most community members know the exact site or general area where the safe house is located. Perpetrators in some instances came to a safe house with knives or slingshots, threw stones, attempted to kick down the fence, and shouted at staff. In Ban Mai Nai Soi, for example, a provider noted that perpetrators had attacked the two shelters or residents residing in them over seventy times since 2009. Staff members had to be constantly alert and sometimes felt unable to travel through a camp alone. Some were even threatened at their own homes.

Some providers stated that they are even more fearful of perpetrators, both Thai citizens and other members of the refugee community, when they are required to travel outside the camps to accompany survivors to Thai medical or justice services, where they lack both camp security and effective police protection.

“No, we don’t feel safe. Sometimes we get threats; some of them may even threaten us at our homes and say things like, ‘Dare you come to Mae Sot, we will stab you with a knife.’ We also cannot go to and from freely, as some are waiting to harm us at the right place if we are not careful. Some of the family members of those who are sentenced to jail for rape want to blame us, as though it is our fault, and try to harass and threaten us. They will say, ‘Be careful, both husband and wife—we will stab you both,’ or ‘We will come to your house and stab you,’ et cetera. We do let the camp security know about this, of course, and we take caution when going to Mae Sot. In the camp, the camp security does protect us from dangers, but going out of camp, it’s dangerous.”

One safe house provider in the camps, who has been threatened and attacked on various occasions, explained the strong mindset and courage that is required to carry out her daily work:

“For doing the safe house work, you need to be strong. If you are not strong, there is no safety for you. If you have to be hard, you have to.”

Homes in Ban Mai Nai
Soi refugee camp. Photo
credit: Julie Freccero



Even when there was a designated safe house security guard or they were located in close proximity to camp security, providers explained that they often did not feel either the shelter staff or the residents were safe because the camp security staff lacked the necessary training and equipment to protect them.

According to providers, Thai government regulations prohibit camp security guards from carrying weapons. Perpetrators can thus come to the safe house with sticks, knives, or guns and security staff will be unable to defend the safe house. Shelter infrastructure and surrounding fences are also flimsy and unstable, as they are made from bamboo. Providers noted that improving the infrastructure of buildings would be a key way to improve staff and resident security; however, government regulations prohibit the use of stronger building materials in the camps. In both Ban Mai Nai Soi and Mae Ra Ma Luang, mobile phone coverage is lacking, which impedes communication with camp security.

Camp shelter providers have developed different strategies to deal with security threats. For example, one provider explained that her staff have strategically located the safe house near the home of the section security officer and the Camp Committee offices so that they might have regular monitoring. Another provider hired a camp security guard who resides in a security hut just outside the shelter and provides twenty-four-hour security, which they found to be effective. KWO and MWA safe house staff have developed their own bamboo alarm system in all of their shelters using available materials: a hollow bamboo pole in the center of the safe house makes loud noise when struck, and a whistle is used to alert camp security of a problem.

“Even if the perpetrator is in jail, some of their relatives would come and disturb us and we would use the bamboo alarm. We inform them [camp security] at the meetings and let them know that we will use the whistle and bamboo alarm whenever needed so those who are on camp security duty can come and help when we sound the alarm.”

In addition, the head of camp security in Ban Mai Nai Soi recommended hiring female camp security guards (there were no women in camp security at the time of our visit) so that survivors of sexual and gender-based violence can report incidents directly to a woman, which might make them more likely to report.

Among the shelters serving migrant communities, none had security guards on staff. Many providers did not feel comfortable seeking assistance from the police with security concerns, given their



Bedroom and communal kitchen in Compasio's short-term Emergency Shelter for migrant women and girls with protection needs. Photo credit: Julie Freccero

own undocumented status. One staff member who lives on-site at a shelter that serves migrants in Mae Sot explained that she and her co-worker often feel afraid, particularly at night:

“Abusers sometimes come here, and they are knocking and shouting. It’s not good for us or this community. And we cannot negotiate with these kinds of people. They come and bang on the door and make noise and shout. And we are also afraid sometimes when we sleep here because we think the men will come here and make some problems for us. . . . Sometimes at nighttime they come, and it’s so scary.”

A number of migrant shelter providers cited a key strategy in maintaining security: the formal and informal relationships they had established with the Thai police or local community leaders. One legally registered Thai NGO serving the migrant community, Compasio, had requested from the police that a red box be placed outside the shelter building, which, as the provider explained, makes the shelter a part of the regular police patrol route. A police officer must go to the shelter every two hours to monitor the security of the building and sign a notebook kept inside the box to track the time it was monitored and the security status.

Providers at Burmese CBOs that are not legally registered described the informal agreements they had developed with the local police. They call upon police officers who understand the services they are providing to women and children in the community, who do not report them to the Thai authorities, and who provide them with advance notice of police checks or raids by immigration so that residents may leave temporarily to avoid arrest. A few of the shelter organizations that are not legally registered and therefore do not feel comfortable contacting the police had developed strong relationships with Thai community leaders in the area who they felt they could contact instead.

To maintain the security of residents, two Burmese CBOs regularly change the location of their safe houses by renting short-term spaces. One director of an organization with many programs explained her strategy of rotating the location used to house survivors of sexual and gender-based violence:

“Other people get confused, as we have many shelters. They are unable to know what shelter is for whom and what shelter is doing what. Places with many children are only what they notice, so we mix those up.”

Conversely, shelter residents within and outside the camps generally expressed feeling safe at their shelter. Their feelings of safety could be attributed largely to their sense that the shelter staff and residents were a sort of “family” that gave them a strong sense of belonging. In the context of displacement, without their traditional community ties, the residents felt that the social support they received from staff and other residents both protected them from the perpetrators and gave them a sense of community.

Resident: “People alternate taking turns to take care of each other here. When she gets sick, I take care of her, whatever she needs, such as preparing soup. When there is my turn of being sick, they take care of me, like siblings.”

Interviewer: “It is like relying on each other, right?”

R: “We live here like siblings. I worry if I live outside alone, who will take care of me when I am sick?”

R: “Living here is like a family. Living here is safer than living outside.”

I: “Why?”

R: “Because [the shelter director] helps us with his generous mind. The boss [at the factory] can have us arrested anytime if we go out. It is part of the outside. Here we are living under the organization, so I feel like I am living in my family . . . parents’ home.”

Residents of shelters in rural settings outside the city commented that the peaceful and relaxing location of the shelter helped to bring them a sense of calm and safety. Migrant residents said they felt safe from the ever-present threat of arrest by the police, perpetrators of violence, and their employers. In addition, having their basic needs met, particularly not having to worry about meals each day, also contributed to residents’ general sense of security, as did the presence, when available, of a twenty-four-hour security guard.

Residents also reported that the arrangement of safe and trusted transport was important to maintain their security from both perpetrators and police arrest when accessing services or transitioning from the shelter to their next residence.

2. Emotional Stress on Providers

Staff of shelters serving both refugee and migrant survivors gave voice to the emotional and psychological stress associated with their work. They discussed the challenge of listening to difficult stories, worry (often after working hours) about the safety and future of their clients, and feelings of depression and sadness:

“As for me, when I see a woman suffering, I also feel that I am suffering like them. For example, if the woman was left by her husband with three children and she doesn’t know what to do, in that situation, I worry for her and the children’s future.”

“Previously I felt sorry and pity when I saw them. It was like I have this disease [HIV]. I cried when I saw them. . . . It happened when I saw their children.”



Bedroom at one of SAW's shelters serving migrant women and girls seeking protection from SGBV. Photo credit: Julie Freccero

"There are some cases that we are worried about a lot. So there are some times that we still worry about them even though we return home from work."

Some providers identified the desire for professional psychosocial support to cope with work-related emotional stress:

"There are a lot complicated things as we are working with many people. Sometimes what happens here is that we support many people, but how about for us? There is no one to support and provide counseling for us."

To cope with such stresses, some organizations arrange training and peer activities designed to promote the psychosocial well-being of their staff. Others organize annual retreats for staff that include group counseling and mental health components as well as recreational activities. A camp-based provider noted that a self-care training she had received was very helpful and would be offered again next year due to staff request.

Staff at Social Action for Women's Health Care House, for example, arrange monthly recreational trips with staff of organizations providing similar services to help them cope. One provider explained that she returns from these trips feeling happy and comforted and with a renewed sense of patience and motivation to continue with her work. Other shelters, such as the government-run Tak Emergency Shelter, incorporate stress release into their daily work:

"By the end of every day, all staff sit and talk together about the stress faced and we help each other out as a peer group. We consult each other through the work stress. We plan to initiate aerobic sessions or play badminton after work to release stress from work as well."

Personal strategies for coping with stress included talking about their work with others, meditation, trying to separate work-related stress from their personal lives, and shifting their approach to shelter operation from individual responsibility to shared responsibility with residents.

A number of providers recommended ongoing training and capacity building for staff, particularly in techniques for counseling survivors, as most reported that this training is either offered on a one-time basis or not provided at all. Providers also suggested that psychosocial support and empowerment activities be made available to staff.

“One thing I want to share is that a lot of people in the different organizations are going to the community and giving empowerment training, but they sometimes forget to empower themselves among their staff members in their own organizations. They blame each other when they make a mistake instead of encouraging and empowering [each other]. So I want them to empower each other in their own organizations so that they would be able to provide more effective messages to the community. . . . [W]e should also be provided with counseling and empowerment instead of blaming.”

3. Community Perceptions and Engagement

Women’s use of shelter services appear to be influenced to some extent by community perceptions. In some areas, many in the community believe that shelter services promote the break-up of families, that residents who stay there are “bad” people, or that women who use shelters forsake their community leaders and systems to seek outside help. Shelters in refugee camps generally benefited from local understanding of safe house goals, buy-in from camp leaders, and awareness of the value of shelters in the community’s system of response to sexual and gender-based violence.

In both camps, Mae Ra Ma Luang and Ban Mai Nai Soi, poor community understanding of the purpose of the safe house and staff roles appeared to dissuade service use and add to the providers’ security concerns. When asked about why survivors might not want to come to the safe house, one provider commented:

“Their relatives say that women who go and stay at the WCC are bad people—they say ‘Don’t go and stay there.’”

Another provider, in Mae Ra Ma Luang, explained that perpetrators think the safe house is her own house, and that she personally shelters and assists women with their children who want to run away from their husbands, which puts her personal safety at risk. In Ban Mai Nai Soi, staff reported that there was a strong resistance to the initial establishment of WCCs that created security risks for staff and residents, although this improved somewhat over time. Community volunteers stopped running support groups for residents of WCCs because they received threats from section leaders and did not feel safe enough to remain involved.

Community engagement at a variety of levels, particularly of camp leaders, in the establishment and ongoing operations of shelters proved essential in obtaining community buy-in and developing locally relevant services. A staff member from KWO explained the way in which their members sought input from a variety of community members in the establishment of their safe houses:

“[W]omen talked with the section leaders and security guys and the camp leaders to see how they could support the safe house and what was okay for them and not okay for them; they talked with women themselves—all of that fed into how they were set up initially.”

In addition, KWO facilitates Safe House Support Network Workshops that bring together camp leaders, security, and key sexual and gender-based violence actors to inform camp leadership and pro-

viders of safe house policies and to obtain their feedback on improving services. Community consultation in the shelter’s formation and ongoing engagement may help to explain what appeared to be a high level of support for the safe house among camp leadership in Mae Ra Ma Luang camp. Camp Committee members and providers reported that KWO’s safe houses are generally viewed positively by camp leadership, who see them as an important component of the community’s mechanisms for addressing sexual and gender-based violence. Similarly, staff from the safe house operated by MWA in Umpiem Mai reported that involving and educating Muslim camp leaders early on about the safe house were essential to its establishment and ongoing operation.

In Ban Mai Nai Soi refugee camp, the WCCs, which serve as shelters from sexual and gender-based violence and community gathering spaces, have benefited from an effective partnership between the IRC’s Women’s Protection and Empowerment Program and the Karenni National Women’s Organization (KNWO). Since 2005, IRC has provided technical support to KNWO to develop comprehensive services and standard operating procedures for their shelters. The partnership has enabled the organizations to develop culturally appropriate shelter services with the maximum input from women in the community. IRC plans to eventually transfer full management responsibility to KNWO. A local WCC staff member explained the benefits of this partnership:

“The most important thing that I see now is to work directly with local women, like me. . . . [W]orking with the international women to empower the local women is also seen as more positive. For instance, in this place, if we ask a foreigner to run it all the time, maybe sometimes the way they understand it can be different. So I think that to work closely with a partner, I mean especially to ask the local women to work with an international organization, is one way I can see [to improve shelters]. Understanding other women’s cultures, including the emotional, is very important.”

Discussions with shelter providers and key informants also underscored the importance of engaging a variety of segments of the community in the goals and operation of shelters in order to maximize program success. Despite effective engagement with women in the community by IRC and KNWO, interviews with camp leaders and key informants revealed varying levels of buy-in and acceptance of the use of WCCs among camp leadership that may inhibit survivors from seeking services. A survivor’s decision to seek assistance from the WCCs, rather than from her section leader, can be viewed as disrespectful or as a negative reflection on the section leader for not handling the issue at the section or neighborhood level. As a result, providers and key informants explained that choosing to stay at a WCC is often viewed as an “extreme” action by community members and therefore it is rarely pursued by survivors. Service utilization can be enhanced where there is buy-in from camp leaders and where shelters are viewed as part of the camp community’s own mechanisms for addressing sexual and gender-based violence.

Improving community awareness and understanding of sexual and gender-based violence is also essential to increasing support for and referrals to shelters. Despite numerous training efforts and activities by IRC, KNWO, KWO, and ARC to raise awareness among camp leaders and community members, in both Ban Mai Nai Soi and Mae Ra Ma Luang, sexual and gender-based violence is poorly



Bedroom and communal kitchen at BWU's Women's Resource and Empowerment Center for migrant women and girls seeking protection in Mae Sot. Photo credits: Julie Freccero

understood, and camp leaders and community members generally consider certain levels of domestic violence to be acceptable unless a survivor has been seriously physically injured. Because of the attitude that domestic violence is not a serious issue, section leaders in Ban Mai Nai Soi often try to mediate issues on their own rather than refer women to shelter or other services.¹⁴³

Camp Committee members and section leaders acknowledged the need for shelters in both camps. However, in Ban Mai Nai Soi, camp leaders justified the use of WCCs only in cases of severe physical violence in which survivors were “bleeding” or had “broken bones” or other “serious injuries.” They expressed their disapproval that women “run to the WCCs” for what they considered to be minor issues. In Mae Ra Ma Luang, however, camp leadership had significant concerns about adultery, which was viewed as a form of sexual and gender-based violence.

Among CBOs serving the migrant community, positive community perceptions served to improve security, foster residents' comfort in staying at the shelter, and motivate staff. Providers reported that a strong reputation and respect for their organization within the community were important deterrents to keep perpetrators from entering their shelters. Residents of shelters in Mae Sot, for example, reported that their families or community members generally viewed the shelters as positive resources in the community, in some cases even encouraging them to stay. This community acceptance seemed to ease survivors' decision to reside at the shelter.

I: “How do they feel about people coming to a shelter like this?”

R: “They thought it was a nice place for me and blame me because I went back to him. . . .”

I: “What would they [community members] expect someone in your situation to do?”

R: “They think that I am finding trouble for myself because I went back to him, and they want me to continue to stay in this shelter.”

Positive perceptions of migrant shelters and staff were also key motivating factors for staff to continue engaging in this difficult work:

“One thing that I heard from the community is that they think I am doing a really good thing and this is a thing that not a lot of people can do and they respect me. Hearing that and having the recognition from the people or the community makes me really pleased and gives me energy to carry on my work more.”

4. Stigma and Blame

Providers in and outside camp settings stated that there is significant stigma associated with shelter provision and negative perceptions of shelter staff among members of the community. As they assist survivors, they are frequently blamed for separating women from their husbands.

“We always help the victims when they come to us and request help, and the perpetrators always blame us like it is our fault.”

“The husbands of the survivors hate me a lot because they misunderstand that I am the one who is separating them, and it can affect my life and my own security. Actually, I try my best to negotiate with them and help as much as I can, but sometimes the husbands are really abusive and their wives don’t want to stay with them anymore, so we have to refer [the women] to another center according to their decision. But the husband thinks that I am the one who is separating them.”

5. Survivors’ Role in Decision-Making

Many shelter staff members described an approach to service provision in which the community advises and makes decisions that are theoretically in the best interest of the survivor, with limited input from the survivor herself. This approach was especially apparent in discussions about exiting the shelter. Providers from some shelters (across NGOs, CBOs, and government) stated that survivors are not allowed to leave the shelter unless their cases have been resolved within the justice system (in the camp setting) or the provider has determined that it is safe for them to return home.

“Also, when they [residents] want to go back, we ask them, like, are they secure, and do they already know how to protect themselves if something bad happens to them on the way. Then if she understands about it, we let her go back. That is when they go back home from [shelter name]. So if she is not secure, she doesn’t know how to protect herself, we don’t allow her to go back.” (NGO)

“If we try to explain that it’s not safe for them, most of the time they accept it. But in some cases where they insist they want to go home and we know it is not secure, we don’t allow them to return, but we explain patiently till they accept the situation.” (CBO)

“We use the counseling technique to convince them in case they want to go but they are, actually, they are not ready to go. We have to sit and discuss and they understand.” (Government)

These challenges align with findings of previous reports that criticize government trafficking shelters in Thailand serving the displaced Burmese population for detaining survivors until court proceedings have been completed, as well as for their patronizing approach to service provision.¹⁴⁴ Key informants also expressed concern over the lack of survivor choice and agency regarding decisions

to leave refugee camp-based shelters. They also noted that the limited options for reporting and case management within the camps may inhibit reporting and referrals to shelter. However, information on the way in which these issues were perceived or experienced by survivors was not obtained in the limited number of interviews conducted only with residents of shelters outside the camp setting.

6. Funding

Providers indicated that resource limitations affected the quality and range of services offered, particularly those of CBOs serving migrants. Staff expressed concern about a recent shift in donor interest toward funding activities inside Burma. This issue seemed to be most prominent and urgent for organizations serving migrants, rather than in the refugee camp settings. As one staff member expressed it:

“Now another challenge we’re facing is a funding crisis—the donors have stopped giving. That’s our main challenge here. Migration is increasing more and more—and these problems happen every day. Border-based organizations need to continue to get funding. We are the first line of defense for the community—for those whose lives have been impacted by the civil war. We are the first people who help them with basic health care, safe houses like this for them to stay in for a while; we offer all the basic services. . . .”

“The migration to Mae Sot is not slowing down. Things are changing politically in Burma toward democracy, but the people are not seeing or benefiting from these changes. Their lives are not changing yet. The law is not really . . . even the war is not over . . . even Aung San Suu Kyi—we don’t know how much authority she has and if she can do it. And the 2010 election is already over and we don’t see any new policy come out of there—nothing new yet. There’s nothing to protect basic human rights.”

Providers also commented that alignment between donor interest and actual community needs related to safe shelter can be lacking and that funding conditions can be restrictive:

“For example, if an NGO provides support for slippers, it helps only for slippers. But what we actually need is food. A person is dying at the farm because of nothing to eat for seven days. But if we ask this NGO, this NGO will help only for slippers, not food. When we write a proposal, things have to be done according to the proposal. We can’t override the proposal. So the rules of the proposal are so tight.”

Staff of CBOs sheltering migrants described the cuts they have had to make to services. One shelter in Mae Sot was forced to stop operations temporarily. Funding also had a significant impact on program design, including types of services offered and eligibility criteria, at some organizations. One organization director reported establishing various safe houses for different populations based on donor interest and then consolidating and closing safe houses according to short-term funding streams. The significant and, in some instances, negative impact of donor funding on program design was also documented in the refugee camp setting:

“[Organization name] is our supporting group and we are a branch of theirs, so we have their back-up support and we take all of their advice, guidance, and direction, whether it be good or bad.”



Sewing room at the Overseas Irrawaddy Association's shelter where residents produce mosquito nets and other items as income-generating activities for the shelter. Photo credit: Julie Freccero



Field next to the People Volunteers' Association's safe house where agriculture is produced on-site to support shelter residents. Photo credit: Julie Freccero

Some key informants noted that limited funding for sexual and gender-based violence services overall seemed to inhibit collaboration in the refugee camps and cause conflicts related to case management.

To address sustainability challenges, some migrant shelters relied heavily on income-generating activities, such as sewing and selling their products to the community or overseas, as is noted in the shelter program profiles above. For example, the Overseas Irrawaddy Association, supported almost entirely by their own income-generating activities, raises their own chickens and pigs and produces agriculture in a field on-site. They also have sewing training and several sewing machines on which residents sew products designed to meet the needs of the migrant community, such as thick cloth mosquito nets that also afford migrant workers privacy when they sleep in open factory rooms with many other people. Another member-based association for migrant workers, the People Volunteers' Association, relies on monthly membership dues to fund its shelter.

A number of key informants expressed concerns about the sustainability of the system of services that has developed along the border for Burmese migrants. As a long-term strategy, key informants emphasized the critical need to focus efforts on increasing migrants' access to Thai systems and services to ensure that the Burmese migrant population is not left without a safety net.

7. Access to Government Shelters

A key area of inquiry was the extent to which mainstream shelters, government and private, are accessible to the displaced Burmese population. Shelter staff reported that migrant survivors are often not comfortable seeking services from government shelters due to language barriers and fear of arrest or deportation, as noted earlier. Additionally, government-run shelters, with well-defined rules and highly structured schedules of activities, are often perceived by Burmese community members as restrictive and institutional, which can inhibit migrants from seeking shelter there.

According to government and NGO providers, government and legally registered organizations in Thailand are legally bound to contact the police to report the presence of an undocumented migrant



Women's bedroom and children's play room at the government-run Tak Emergency Shelter for Families and Children.
Photo credit: Sophia Naing

under their care. Restrictions on the movement of undocumented migrants also require government providers to obtain approval to transport some migrants in need of assistance to new areas, which can add a further challenge. A number of shelter providers also explained that when they are unable to accommodate individuals, they do not refer them to government shelters. Some perceived reluctance on the part of government shelter providers to serve the Burmese population.

"[I]t's too difficult to refer them [shelter residents] because actually, you know, they think they should help only Thai people. They have a lot of cases now. We need them to help Burmese people, and they say it's too difficult."

However, both government shelters included in this study reported that they do serve the Burmese migrant population. Baan Kredtrakarn, the primary shelter for non-Thai survivors of trafficking and sexual violence in the Bangkok area, serves a significant number of Burmese survivors. Providers at the Tak Emergency Shelter for Families and Children, the only government shelter in Tak Province and the one nearest the large migrant population in the town of Mae Sot, expressed an interest in increasing outreach and services to the Burmese population. Although they did not have any Burmese-speaking staff members and had not served many Burmese survivors, they had a list of Burmese interpreters that they call for assistance when they receive a Burmese client. They also plan to translate their activity schedule, rules, and other shelter-related materials into Burmese.

In the refugee context, there is also very little coordination between providers of sexual and gender-based violence service providers within the camps and government shelters. However, at the time of fieldwork, UNHCR and the Catholic Office for Emergency Relief and Refugees (COERR) had recently started to work with the Tak shelter as a site to temporarily refer high-security cases who are not able to remain within camps in the Tak Province area. In Ban Mai Nai Soi, the Mae Hong Son Shelter for Children and Families was not yet receiving referrals from the Karenni camps at the time of fieldwork. Shelter providers in Ban Mai Nai Soi explained the significant administrative challenges in obtaining approval for a resident to leave camp to reside at a government shelter. In Mae Ra Ma Luang camp, the primary challenge is that there are no shelters located within the Mae Sariang area to which residents who need to leave the camp can be referred.

When survivors leave the camp temporarily to access the Thai hospital and justice systems or in high-security cases, with the approval of Thai authorities, UNHCR coordinates protection and makes referrals to shelters operated by government or legally registered Thai NGOs. However, one shelter staff member noted some of the challenges encountered by survivors during their stay in shelters outside the camps:¹⁴⁵

“So they tell us that they were afraid. They had no one there speaking Karen, they didn’t know what was going on, they didn’t have enough information, no one came to visit them, they didn’t have enough food, Karen eat a lot of rice, so they got a little bit of rice, no one came to tell them what was happening next, et cetera, et cetera.”

Because of these challenges, at the time of fieldwork, KWO had requested that IRC and ARC take on the role of case management for refugee survivors residing in shelters outside the camps.¹⁴⁶

Some CBO-run shelters in Mae Sot also receive survivors with security concerns from the camps. However, these referrals happen through informal channels.

Refugee Context Challenges and Strategies

The following highlights the main challenges and strategies identified by shelter staff specifically within the refugee camp context.

1. Confidentiality

Camp-based shelter providers and key informants explained that poor understanding of the principle and purpose of confidentiality was common and created challenges in shelter provision and overall sexual and gender-based violence response. In both Karen and Karenni camps, providers explained that confidentiality was a relatively new concept, not previously practiced within their cultures. Maintaining confidentiality of case information in a crowded, closed camp setting was also difficult in practice. As one key informant noted, “Everyone sees the section leader go to the survivors’ house, and soon everyone is asking questions, trying to figure out what is going on.” One shelter provider explained this further:

“It’s very hard in a small community or a closed community—it’s not just small, but it’s closed. People are there all the time. It’s very hard for people not to know what’s going on. They know what’s going on. But you know, no one can control that, you can only do the best possible to limit that. . . . Anyone who has suffered violence herself understands it perfectly. But you know, it’s often not her. It’s other people. Oh, that happened to the neighbor. It’s not people trying to hurt people. They’re interested, they’re concerned, so they talk about it.”

In Ban Mai Nai Soi, an interagency protocol for sexual and gender-based violence response that outlines the referral system and procedures for maintaining confidentiality was developed and signed onto by key actors.¹⁴⁷ However, key informants and providers reported challenges in implementation of the protocol due to a lack of understanding of the need for and concept of confidentiality on the part of camp-based leaders and other local actors. The question of whether shelter staff are obligated to share case information with section leaders is a primary cause of dispute among shelter staff and camp lead-



Homes in Ban Mai Nai Soi refugee camp.
Photo credit: Julie Freccero

ership. Section leaders expressed that they would like WCC staff to inform them whenever they admit a survivor to their shelter; however, in the interest of confidentiality, this has not been made part of the shelter protocol followed by staff. Section leaders indicated that they were only willing to assist with the transition process and safety monitoring of shelter residents returning home to their sections if they were kept informed about cases from the beginning of the process.

Providers from Mae Ra Ma Luang and Umpiem Mai camps seemed to work very closely with section leaders and indicated that they notify section leaders about the residents in their care if the

leaders are not already aware of their presence. However, key informants raised concerns about the lack of clear protocols around consent and the type of information to be shared across actors. Additionally, key informants expressed concern over the absence of an independent entity to receive sexual and gender-based violence reports and manage cases in Mae Ra Ma Luang camp.

One strategy that may be useful in a closed camp setting with significant confidentiality challenges is to provide some counseling and psychosocial support through a friend of the survivor. For example, if a survivor does not want to report an incident of sexual and gender-based violence, KWO offers to indirectly and anonymously provide information about support services to the survivor's friend. The friend can then take on the role of a safe house "carer" or caretaker by providing psychosocial support, advice on options, and accompaniment to services.¹⁴⁸ This option might be particularly helpful in the Karen camps, where few or no options exist to obtain support outside KWO or the camp administrative structure. However, the extent to which survivors are aware of and utilize this option is unclear.

All three camp-based shelter providers used standard forms to document case information and kept confidential case files in locked spaces. In particular, IRC and KNWO shelter staff in Ban Mai Nai Soi use their "Immediate Action Points and Referral Checklist" to address the comprehensive service needs of survivors. The forms include an additional measure to protect confidentiality: requiring residents to sign a consent form before they are referred to services indicated on the checklist and before any case information is shared with other sexual and gender-based violence actors or camp leaders.

In addition, it should be noted that standard protocols beyond those implemented by shelter programs are needed to protect the confidentiality of survivors at the camp and management levels. Key informants expressed concern over the lack of confidentiality maintained at the levels of the camp committee, the camp commander (who must be informed and provide approval for survivors to leave camp to access the Thai hospital or justice systems), and service providers. Informants also expressed concerns about the level of confidentiality maintained during interagency protection dialogue forums, in which names and specific case details of survivors are often raised.

2. Shelter Options for Ethnic and Religious Minority Groups

A number of the refugee camps are becoming increasingly ethnically diverse. In six of the seven Karen camps, however, KWO is the only shelter provider. Some providers and key informants expressed concern that survivors who are not Karen may feel uncomfortable accessing services at a KWO safe house, despite the organization's policy to serve all survivors of sexual and gender-based violence regardless of ethnic background. One shelter provider, who had experienced sexual and gender-based violence while living in a camp, told of being turned away with the explanation that KWO was assisting only Karen women at the time. She explained that when there were many people seeking assistance in that camp, KWO staff prioritized Karen women because they simply did not have the resources to assist all those in need. Key informants and shelter providers within Umpiem Mai and Mae La camps said that it was particularly difficult for Muslim women to stay at the KWO safe house because of their different dietary practices, lifestyles, and other cultural traditions. A provider from MWA explained the situation:

"We are not the same religion, and so food is a problem. Some of our Muslim women are quite conservative. At KWO, we can't eat there. They don't want to go and stay there. In other camps where there aren't any MWA safe houses, there are a lot of Muslim women who are abused. I always ask in trainings what abused Muslim women do in those places. Some come to the safe houses, but it is very difficult for them because they can't eat the same food, and it becomes difficult both for the staff as well as for the victim, and so some just try to stay at home in spite of their difficulties. . . . KWO doesn't discriminate, but the victims just don't want to stay because it is not convenient for them."

In 2008, KWO handed over one of its two safe houses in Umpien Mai camp to MWA when it became apparent that a shelter for the Muslim population was critical given the high rates of violence within this community and the lack of culturally appropriate services available in the KWO shelter. MWA receives technical and financial support from KWO to implement its own model of shelter. MWA utilizes KWO's Safe House Guidelines but has adapted aspects of the program model, such as its visit policy and the provision of halal food, to respect the cultural practices of the Muslim community and more effectively meet their needs. Its program is an example of an important strategy: developing culturally relevant services in order to increase service utilization. However, MWA in Umpiem Mai is currently the only organization other than KWO operating a safe house within the Karen camps.

Key informants in Mae La camp, which has a significant Muslim population, expressed an urgent need for a similar safe house for the members of the Muslim community. They reported that some Muslim survivors who stayed at the KWO safe house had left before their cases were resolved to stay with a relative or neighbor because the shelter program was incompatible with fundamental aspects of the Muslim lifestyle.

3. Limited Exit Strategies

Camp providers also highlighted the limited transition or relocation options available for residents who have serious security concerns and do not want to return to their home or the general camp community. Many residents stay beyond the official length of stay for this reason, and often residents end up moving to the home of a relative.

According to providers and key informants, the transfer of a survivor to another camp is rare and involves significant administrative challenges, including obtaining approval from the Ministry of Interior, particularly in the case of a transfer to another province. In Ban Mai Nai Soi, providers and key informants indicated that most survivors who do not want to remain in the camp typically choose resettlement over a camp transfer because the other Karenni camp is in close enough proximity that perpetrators could find them. Staff reported that Karenni survivors also feel uncomfortable integrating into a Karen camp given the language barrier and lack of family and community support. In addition, survivors who are not registered refugees are unable to obtain the required camp pass and approval letter from the camp commander.¹⁴⁹

Resettlement is more often used as a protection strategy, offered as an option when a survivor no longer feels safe returning to the camp. As one shelter provider explained:

“[I]f someone feels totally unsafe and they want to leave, resettlement is the only solution—and they themselves also want to go to a third country.”

Although resettlement is an important protection option for those leaving a shelter, one key challenge is that it is also available only to registered refugees, which does not include the vast majority of camp residents who arrived after 2005. In addition, the resettlement process may be very lengthy in some camps. Furthermore, providers stated that their role in resettlement is viewed negatively by some men in the community, as they are accused of secretly “sending” their wives or children to a third country.

Staff turnover also appears to be a significant problem resulting from resettlement. Providers reported that the issue of resettlement more broadly creates challenges in the operation of safe shelter and sexual and gender-based violence response. Because the refugees seeking resettlement generally have higher levels of education and professional skills, there is frequent turnover among shelter staff, security, and camp leaders, which creates the need for continuous retraining. As one staff member explained:

“My main challenge is the matter of third country [resettlement]. There are so many changes from it, so it’s very difficult to get a qualified case worker. That’s one problem. Another problem is about our camp leaders. If a camp leader resettles to a third country, then for the new camp leaders, if they don’t understand about the case, they are very difficult to work with.”

To mitigate difficulties related to such high turnover at all levels, shelter staff suggested the development of formal shelter guidelines that outline shelter program eligibility criteria, services provided, and processes for referring residents. Formal shelter guidelines can serve to institutionalize operating procedures of shelters and related interagency protocols and serve as an ongoing resource for all actors involved.

4. Coordination and Stakeholder Relationships

Interviews indicated that response to sexual and gender-based cases within the seven Karen camps has become an increasingly contentious issue among the organizations involved, most notably between

UNHCR and KWO.¹⁵⁰ Since 2010, there has been an ongoing debate at the management level regarding making multiple channels for reporting and case management available to facilitate choice or making only one channel available to survivors so as to reduce duplicate or “parallel” services.

While key informants of some international agencies emphasize that survivors should have the option to report to an entity outside the camp administrative structure, others assert that such parallel services undermine community systems of response, create confusion, or even endanger survivors.¹⁵¹ Key informants noted that this interagency tension has hindered collaboration and the development of an effective referral system necessary to ensure that survivors of sexual and gender-based violence are informed of and referred to a shelter. It needs to be resolved.¹⁵²

At the camp level, shelter providers and key informants spoke about the need for improved coordination among camp administration, UNHCR, and service providers. In addition, trust and collaboration have eroded among key actors, leading some to take “ownership” of sexual and gender-based violence cases. This has also led to some degree of reluctance to share general information that could potentially benefit survivors. For example, one shelter staff member spoke of the difficulty in assisting residents when the referring organization does not share any information about the residents’ situation.

Poor communication also inhibited interagency dialogue needed to address structural problems within the system of SGBV response. Informants also expressed concern about survivors’ ability to access information. While survivors can technically request services from different agencies, informants said survivors are often not fully informed of the range of available options, including safe shelter.

In Ban Mai Nai Soi, IRC and KNWO work closely together to operate shelters; however, varying degrees of concern were raised over the level of communication and coordination between camp leadership and shelter providers. Interviews with camp leaders indicated that relationships were strained due to disagreement over the amount of information about the status of residents that shelter providers should share with section leaders; camp leaders felt there was a need for more communication (as is noted in the “Confidentiality” section). While some key informants and shelter staff indicated that there is room for improvement at the section level, others indicated that challenges have been primarily with the camp leader, and that coordination with section leaders has been generally effective. It was nonetheless clear that referrals to and utilization of shelters could benefit from improved communication.

In Mae Ra Ma Luang, camp administration and KWO safe house staff described strong working relationships. However, strained relationships among stakeholders, particularly between KWO and UNHCR, seems to have inhibited the development of an optimal referral system. Key informants noted that there remains a lack of clarity in the roles and responsibilities of each actor, and on protection options in different circumstances.

Key informants recommended that an interagency protocol for response in the Karen Camps, such as the Automatic Response Mechanism, be finalized to improve coordination and referral. However, they emphasized that such a protocol should be camp-specific and address all forms of sexual and gender-based violence. The “Manual for Interagency Procedures and Practices for Prevention and Response to GBV,” referred to as the Standard Operating Procedures (SOPs) in the Karenni camps, has

been effective in outlining the roles and responsibilities of each actor in the referral process. To ensure that those most in need of protection are referred to shelter services, key informants and shelter staff also recommended establishing formal shelter guidelines for use by shelter staff and to inform other actors in sexual and gender-based violence response and camp leadership about the purpose of shelters, their eligibility criteria, and the process for referring residents to them.

Another important strategy for improving both the quality of services and coordination is to establish a network for regular communication among shelter staff, camp leadership, and other providers of sexual and gender-based violence services within a camp, such as KWO's Safe House Support Network Workshops, noted earlier.

Migrant Context Challenges and Strategies

1. Concerns about the Legal Status of Organizations

Providers at CBOs said the undocumented legal status of both their organization and staff members was a significant, if not the primary, challenge they faced in their work. Staff live in constant fear of the police, as their work with undocumented migrants at the shelter places staff members at additional risk of arrest and deportation.

"I am worried that something will happen to them [shelter residents], when they talk a little bit louder, I have to tell them to keep their voice down a little bit, I have to be scared. If someone comes and asks me who is the owner of this house, I say the owner is not here, the owner is traveling and the owner asked me to look after the house. . . . I have to say that, as I also don't have the document."

"One thing we have to be careful about is we are not legally registered, we all don't have the complete documents, some clients don't have any documents at all, so even though we are helping them, if there is something that happens or if the police arrest, it will be more trouble. If there is something happening in our hands, it will be our responsibility. For example, if police arrest them at our house, what will we do? We also don't have the document."

The lack of legal status of Burmese staff members and organizations also inhibits providers from contacting the police for assistance with security issues and from collaborating with Thai service providers.

I: *"Why don't you call the police for help?"*

R: *"Because we are not legal. This organization is not legal. And we don't have permits, you know? So it's a very difficult security concern."*

"No, we don't normally work with government because our organization is not legal yet and for most of the cases we have, the people don't have legal documents. So if we refer to them, we might also get problems too. That's why we don't refer our cases to the government's shelters."

The undocumented status of providers also limits the level of advocacy and accompaniment to services staff can give shelter residents. A few staff members suggested it would be easy to obtain legal

documentation for their staff by paying brokers. However, they do not have sufficient resources to prioritize this expense.

Key strategies employed by CBO providers to deal with this challenge include establishing informal partnerships with the police or Thai village leaders (discussed in the “Security” section) and establishing local referral networks that bring together Burmese CBOs and Thai NGOs and government agencies (see the next section).

2. Resource Constraints and Unmet Needs

Resource constraints place a significant burden on providers of shelter for the Burmese migrant community in those shelters run by CBOs and NGOs. Some staff members responsible for case management indicated that it was difficult to manage their workload and having additional staff would help to meet residents’ various needs. Many of the CBO-run shelters compensate staff according to the available budget, which can fluctuate over time. One provider, who explained that her salary was recently reduced to 3,500 *baht* (approximately US\$119) per month,¹⁵³ explained that she can no longer afford to work at the shelter despite her love for the work:



Downstairs area of the Overseas Irrawaddy Association’s shelter serving migrants in Mae Sot where men sleep.
Photo credit: Julie Freccero

“As for me, it’s okay to work here short term, but it’s not okay for me to work here longer term. . . . I don’t get enough pay for my salary, and it’s not enough to support my family. So when I think of the future, I will not be able to do this long term even though I am really interested to work on it.”

The staff of shelters for Burmese migrants were deeply dedicated to serving their communities despite extremely limited budgets. Providers talked about pooling their personal money to pay for residents’ food and medical expenses, often prioritizing the needs of the community over their own:

*“Though we are telling them that we take responsibility for them, we can’t take responsibility even for ourselves in reality. That is it. If we do our work permits or resident cards or other kinds of legal documents, it costs between at least 5,000 *baht* to 10,000 *baht*. If we do this, there is nothing remaining for food for this house. We are not important. We always think about how to continue running our shelter. So running this house is always our first priority and we are always the last one.”*

Providers from CBOs explained that the frequent inability to meet the range of service needs of all of their residents was one of the most difficult aspects of working at the shelter. Some added that they continue to accept more residents than they are able to provide for in the budget. Shelter directors expressed constant worry about meeting the basic operational costs required to keep the shelter running:

“To be frank, CBOs are worrying to the end of the month. For example, we have to buy rice for over twenty people within one or two days in our shelter. We are not ready for this. We are worrying about this. While you are interviewing me now, I am worrying about that. . . . Don’t think about the cost of house rent, 3,500 baht; we don’t have even 800 baht for a package of rice now. We can’t think of other things to be a beautiful shelter. We are worrying about residents suffering from emergency health problems because we can’t afford any penny for them.”

Staff of migrant shelters discussed a number of services they are sometimes unable to provide due to budget constraints. These included vocational training, legal documentation for their residents and staff, and arranging for safe transportation to services and upon return to the community. Some residents also noted limited shelter resources, including inadequate food and access to psychosocial support:

“I wanted to stay in the shelter, but sometimes they cut down our rations and we have to eat fish paste, and my children didn’t want to eat that.”

“Actually, when she stays here she feels alone and she wants to talk to someone. And when I asked how often she prefers to have counseling or talk with the case manager, she said, ‘Much more often would be better.’ But she understands the limitations here. We have only a few case managers, and for many cases they may have not much time to talk with her.”

One resident told of her challenges in accessing safe abortion services. She provided a detailed account of her experience in seeking abortion services at a local home, in which the informal provider attempted to abort her pregnancy for fifteen days and eventually stopped trying when she recognized that further attempts would be dangerous.¹⁵⁴

When discussing counseling and psychosocial support, providers described a range of strategies they found effective and less resource intensive than individual therapy. These included peer counseling by training long-term residents to provide psychosocial support to other residents, support groups, art therapy, yoga, meditation, and activities such as weaving and knitting that served a therapeutic purpose.

When asked for advice or recommendations for improving shelter and protection for migrant survivors of sexual and gender-based violence, the most common response addressed the need to establish networks and the need for more collaboration among providers, both among government, Burmese CBOs, and Thai NGOs and across sectors, in order to more effectively meet the needs of shelter residents:

“We need to have a strong network with both government and nongovernment sectors. We need to have good relationships with each other in order to have better coordination, because we cannot work alone—we need good teamwork.”

3. Access to Mainstream Services

Shelter providers and key informants described the general separation of systems serving the Thai and Burmese migrant populations. Shelter providers and key informants noted, as highlighted in previous studies, that migrants are often inhibited from accessing government and NGO services because of intimidation, anticipated and actual discrimination by Thai service providers, language barriers, and fears of arrest. At the same time, it was noted that the Thai government and NGO providers are reluctant to reach out to the migrant population because of their limited knowledge about their service needs, fear of legal repercussions for serving the undocumented population, the language barriers, and financial and human resource constraints.¹⁵⁵

Some shelter staff members reported discriminatory treatment they encountered when accompanying residents to Thai hospitals or to Thai police, including delays in service provision and insults. One shelter worker serving Burmese migrants in northern Thailand reported the following:

“[W]hen we are communicating with authority or going to the hospital, . . . even though they want to help us—they just shout at us and they just tell us, ‘You are taking dirty people, infected people here. Why are there a lot of them? Take them back.’ . . . We said, ‘We are not people from the immigration office, how we can take them back?’”

Even migrants with work permits may face considerable difficulty gaining access to services. Although work permits enable clients to access health services at a lower cost, providers reported that employers often do not allow migrants to hold their own documents and survivors arrive at shelters without ID. One provider explained that they used to purchase work permits for each of their residents to assist them in accessing more affordable health care. However, a recent change in policy that requires migrants to obtain a passport in addition to a work permit has increased the cost so much that it is no longer affordable for their organization to obtain legal documentation for all residents. In this way, constantly changing labor policies serve as another barrier. Another provider in northern Thailand explained that although public hospitals are technically supposed to serve migrant patients who cannot afford services, in practice they charge them or leave them with large amounts of debt.

Obtaining legal aid for domestic violence issues was also noted as a serious challenge for shelter residents in Mae Sot, as the legal aid organizations there address only labor issues and sexual violence. In addition, key informants in Mae Sot noted that many survivors perceive counseling to be associated only with HIV (voluntary testing and counseling) and serious mental health disorders, which inhibits them from seeking these services.

Organizations sheltering migrant survivors of sexual and gender-based violence have developed a number of strategies to increase access to services. The provision of basic health services at the shelter, such as the on-site clinics operated by Social Action for Women and the Association for the Promotion of the Status of Women, is one key strategy to reduce security, financial, and language barriers to accessing care for migrant survivors. Other shelter programs arrange regular visits by health care providers to their shelters.



The Jimmy and Rosalynn Carter Women's Clinic at APSW's Emergency Home, in the Bangkok area, provides basic and maternal health care to shelter residents on-site. Photo credit: Kim Thuy Seelinger.



Living room of SAW's Green Hope Center serving migrant women and girls in Mae Sot who have experienced SGBV. Photo credit: Julie Freccero

Access to educational services for their children was a priority to the shelter residents we interviewed. Some providers and key informants emphasized the importance of sending migrant children to Thai schools rather than providing educational services on-site as a key strategy to link migrant youth to Thai systems.

Other strategies to reduce barriers to services included arranging safe transport, providing accompaniment and Thai language assistance for survivors seeking health and legal services, negotiating lower medical fees at the public hospital for migrants, and assisting residents in obtaining the legal documentation needed to access medical care at a lower rate.

Local referral networks also proved important in reducing barriers to services for shelter residents. The One-Stop Crisis Center staff at Mae Sot Hospital, for example, has developed partnerships with Burmese CBOs to make Burmese translation services available. At the time of research, they had facilitated their first OSCC networking meeting, an initiative to foster partnerships and collaboration between Thai and Burmese providers of sexual and gender-based violence services. In addition, Compasio, a legally registered Thai NGO operating a shelter in Mae Sot, has both Thai and Burmese staff at the shelter, which enables them to jointly provide counseling and case management to residents and facilitate access to Thai hospital and justice services. One Thai shelter provider stressed the importance of an approach to service provision that respects the language, cultural backgrounds, and traditions of Burmese migrants:

"The first thing is they should never forget . . . never push them to leave their country or to forget their language. Yes, this one is important. If they [organizations] have a shelter, they should be thinking like this: We can help them but cannot change their life. We cannot change their background or culture."

Compassio also partners with Burmese CBOs serving migrants and provides training and capacity-building to shelter staff regarding formalizing case management and education on Thai laws and systems.

While the challenge of limited access to services emerged as a more significant issue in the migrant context, in the remote location of Mae Ra Ma Luang refugee camp, shelter providers and key informants also expressed concerns about access to medical care and justice. Survivors of sexual and gender-based violence who wish to bring their cases through the Thai judicial system also have to be referred outside the camp, as medical examinations and forensic evidence have to be obtained in a government hospital in order to be accepted in court processes. In Mae Ra Ma Luang camp, shelter staff and key informants expressed that this requirement places unnecessary burdens on survivors, given the long and strenuous travel on poor mountainside dirt roads, particularly dangerous during wet season, involved in reaching the nearest Thai medical facility. They recommended that the medical examination and documentation provided at the camp clinic be admissible in court. Camp-based key informants also expressed concerns that survivors were not being referred to the camp clinic within seventy-two hours of an incident of sexual violence.

4. Limited Income-Generating Opportunities

Many Burmese migrants come to Thailand seeking better economic opportunity, or with the goal of working temporarily to bring money back to Burma. When asked about the hardest part of residing in a shelter, all of the migrants interviewed discussed the inability to work or earn income as one of the, if not the most, difficult aspects of their living situation. Some residents discussed challenges related to limited or inconsistent access to vocational or income-generating activities at the shelter and the associated financial challenges:

“They [the shelter] have sewing jobs and one woman teaches how to sew and she charges 100 baht per day so she has income. Some women [residents] knit the purses and they also get income from that, but they don’t want to teach me because they will get less money if I can knit. One woman washes the people’s clothes and earns 500 baht per month. Sometimes the other women bought snacks for their children and my children also wanted to eat, but I have no income so I cannot buy it for them and I have to cry.”

“I also would like to go back home sometimes. But I can’t because there is no transportation money. In the past, I would if I had some work. They let us weave, so I earned some money. I kept some money and sometimes went back to visit my mother. But there is no job anymore since a long time.”

Residents and staff in mainstream, refugee, and migrant shelters noted that access to education and vocational training such as weaving and knitting is critical not only in developing professional skills, but also in promoting emotional health and well-being. One site allowed residents to leave the shelter temporarily to work in nearby factories and fields and return:

“Sometimes it is like going out for a fresh breath to relax our mind and work for four or five days.”

Another shelter resident attended and completed school while at the shelter, and was delighted to be teaching other shelter residents at the organization’s school:

“They arranged for me to enroll in the school when I first arrived. I was happy because of having a chance to attend school. Now, after I have finished post-ten, I am able to work as a teacher—what I am interested in.”

Migrant residents expressed appreciation for any opportunities to work at the shelter, such as sewing and weaving items to sell to other members of the migrant community so that they can earn income without fear of arrest by the police or further workplace exploitation. Shelter staff pointed out the importance of vocational training and assisting residents in finding work assignments in the transition process, as most survivors do not want to return to the community or work site where the incident of sexual and gender-based violence occurred. A few residents reported that receiving guidance from shelter staff to identify safer work sites with less reported abuse and exploitation was a helpful strategy. One resident emphasized that the provision of small loans for residents to start their own businesses would be especially helpful in the transition process.



Sewing training room for residents of SAW’s Green Hope Center and Women’s Crisis Center.
Photo credit: Julie Freccero

Protection for Marginalized Victim Groups

One other key area of inquiry was the availability of safe shelter or other forms of protection for survivors of sexual and gender-based violence who are frequently marginalized from shelter services, such as men and boys, LGBT individuals, people with HIV/AIDS, and people with disabilities. The following highlights some of the gaps in protection, as well as strategies and promising practices that may more effectively meet the needs of these groups.

LGBT Individuals

Lesbian, gay, bisexual, and transgender (LGBT) populations are stigmatized, and survivors encounter heightened barriers to accessing services, particularly within the refugee context in Thailand. Key informants explained that homosexuality is especially frowned upon within Burmese culture, and most LGBT individuals living within the camps keep their orientation hidden from the community. When asked about services for this population, two shelter staff members interviewed in two different camps confidently stated that LGBT individuals do not exist within their communities:

“We don’t discriminate [against] them. But the lesbian people do not exist here.”

“Lesbian people do not exist here . . . there aren’t any gay people. I think because the community does not accept them. None of them.”

Despite explicit policies within guidelines of camp-based shelters that prohibit discrimination, one shelter staff member stated that she would not admit LGBT survivors into the shelter:

“We have never dealt with them, but if they come, I won’t allow them to do something which is against our culture. I won’t accept them.”

A shelter provider within one of the camps indicated that lesbian women could stay at her shelter; however, transgender refugees who identify as women were not allowed. Providers within the migrant context more openly acknowledged the presence of LGBT individuals within the Burmese migrant community and generally seemed more accepting. However, a common approach among providers was to refer LGBT shelter-seekers to a specific organization or individual for assistance rather than to integrate services to meet their needs into program delivery. Unlike in Chiang Mai, the Mae Sot area does not have any organizations that provide services specifically for LGBT individuals. Instead, staff from some organizations mentioned the name of a lesbian woman to whom they refer all lesbian survivors of sexual and gender-based violence in Mae Sot.

Services and Strategies

No safe shelter services designed to meet the needs of the LGBT population were identified in the areas visited by researchers. However, the MPlus Foundation, a Thai NGO in Chiang Mai with a focus on HIV prevention, operates a drop-in center for men who have sex with men (MSM) and transgender men. Although the center primarily serves Thai men, it also serves some migrants from Shan state, many of whom are involved in sex work. Many of their clients have experienced relationship violence, verbal and emotional abuse by the public, and violence by the police. The drop-in center is intended to serve as a second home to this community, providing a safe space where clients can receive counseling, free HIV tests, and condoms, and rest during the day. This program can be considered an alternative purpose entity because in some instances, clients have stayed for one or two nights; however, the center was not designed to provide for overnight stays.



The living room at the MPlus Foundation’s drop-in center offers a safe, comfortable space for MSM and transgender men to receive counseling and HIV prevention education. Note: This program has moved to a new location. Photo credit: Julie Freccero

Within Mae La refugee camp, a group of LGBT activists known as Rainbow was formed with the goal of changing negative perceptions and protecting the rights of LGBT refugees. Rainbow received human rights training and support from Colors Rainbow, an LGBT rights group in Chiang Mai serving the Burmese LGBT community. At the time of fieldwork, rainbow was advocating for the establishment of two safe houses in Mae La camp (one for gay men and one for lesbian women) in response to a recent increase in threats and incidents of violence against the LGBT community.

People Living with HIV/AIDS

While the two shelters visited in Bangkok serve survivors of sexual and gender-based violence with HIV/AIDS, researchers documented few safe shelter options for migrant survivors living with HIV/AIDS in the Mae Sot area. The majority of staff of migrant shelters in Mae Sot stated that they generally do not serve people with HIV due to a lack of skills, resources, and capacity to handle these cases.

I: “Okay, so are you worried the staff would not know how to support someone with HIV?”

R: “Yes, yes, because with HIV you need to make sure you give the medicine to them at the same time, you need to check them, you need to support them, you need to take care of them, and you need to take them in the car and go to the hospital.”

Some shelter providers reported that individuals with HIV could stay at their shelters temporarily until they could make a referral to an HIV-specific program for more appropriate care. Government shelters stated that they are willing to admit HIV-positive residents depending on the severity of their health condition; those in need of serious medical care would be referred to the hospital.

Misunderstanding of the nature and transmission of HIV by both providers and the general community creates stigma and barriers to services for HIV-positive survivors of sexual and gender-based violence. One shelter provider stated that they cannot house children with their HIV-positive parents and other adults for fear that children would contract the virus. Another provider serving shelter residents with HIV reported that community members generally think that HIV can be transmitted from eating together or spending time together. Misunderstanding of and stigma associated with HIV also leads to exclusion by family and community members, and as a result survivors often have to hide their HIV status.

One provider of a shelter open to HIV-positive women and girls discussed why they kept this aspect of the shelter confidential:

“If we say HIV, this community will marginalize us. Do you know about the Thai community? They are more afraid of it. . . . Police often come here. They ask what this is. We don’t say anything about HIV. They will not let us live here if we disclose it.”

Another key challenge identified by providers was in obtaining a regular supply of antiretroviral medications for shelter residents with HIV, as well as in maintaining adherence to medication for clients after their departure from the shelter given the unstable lifestyle of migrant workers.

Similar challenges were not present in the refugee camp context, where providers from all three organizations interviewed said they serve HIV-positive survivors of sexual and gender-based violence

at their shelters. They reported that they had received training on the care of HIV-positive individuals and that camp clinics provided medication and a treatment plan for them to follow.

Services and Strategies

In Mae Sot, researchers identified only two shelters serving HIV-positive survivors: one designed to serve HIV-positive women and girls, and one designed to serve HIV-positive men. There were no shelter services available to HIV-positive boys. For migrant women and children, Social Action for Women (SAW) operates the Health Care House in the Mae Sot area, which offers long-term shelter (with no limit on length of stay), free access to antiretroviral medications, and psychosocial support. Many of the clients served at this shelter have experienced sexual and gender-based violence. The Social and Health Development Association (SHDA) established the Men's Health Center for HIV-positive men in 2009 because there were no services available to this population. It provides accommodation, counseling, and reproductive health education to HIV-positive men, monthly round-table discussions, and antiretroviral medications for residents when funding is available. A few providers in Mae Sot reported that they refer HIV-positive individuals to a temple in Chiang Mai that also serves as a shelter; however, researchers were unable to obtain more detailed information on this site.

One strategy identified by SAW is the establishment of a safe house specifically for people living with HIV. Initially, SAW housed HIV-positive residents within its existing shelter programs. However, it decided to establish a shelter only for HIV-positive residents in response to requests by residents, who reported that they felt low around the other, HIV-negative residents and wanted to hide their HIV status from them, which was difficult to do in a shared residence. Other important practices in serving this population are the provision of long-term shelter and guaranteed access to ARVs.

People with Disabilities

All shelter providers interviewed indicated that they provide services to sexual and gender-based violence survivors with physical disabilities; however, some providers of government and CBOs serving the migrant community reported that they are unable to serve survivors with mental disabilities due to a lack of capacity to supervise and provide them with appropriate care. Staff from all three organizations operating shelters in the refugee camps emphasized that they serve survivors of sexual and gender-based violence with mental health issues.

Of the providers who serve residents with mental health issues, a number reported that it can be extremely challenging for staff. One provider explained how difficult it is to provide assistance to those with severe mental health issues who are unable to answer questions about their situation and provide information to staff.

Others expressed concerns about residents' discomfort with sharing a living space with survivors with serious mental health issues:

"It is very difficult to control. But, we have to be able to handle them as much as we can. . . . people feel unsafe at the shelter because of survivors with mental disorders. It happens all the time. We have to say it is a problem that we cannot sufficiently handle."

Another staff member commented that survivors with mental health issues in the camps often do not have anywhere to return to and thus exceed the limit on length of stay:

“The very vulnerable don’t have anybody to look after them. If they’re girls or women, very often they need to be looked after by [organization name] or the safe house, and you know if you put them out of the safe house, you know you’re putting them out on the street, so you can’t. No one can do that.”

Services and Strategies

Few providers suggested strategies for providing care to this population. In Ban Mai Nai Soi, one provider of sexual and gender-based violence services was working to include a more comprehensive response to survivors with disabilities in the interagency protocol for sexual and gender-based violence response. In addition, one CBO serving the migrant community asks that people with disabilities who require personal assistance bring a caretaker with them to the safe house, as it does not have the capacity to provide an intense, individualized level of care. In the rare cases when someone is unable to bring a caretaker to the shelter, the organization pays to hire a temporary caretaker for the resident.

Men and Teenaged Boys

Although there are many safe houses for children that provide shelter to boys in the Mae Sot and Chiang Mai areas, shelter services for men and teenaged boys are extremely limited. There are currently no safe houses serving male survivors of sexual and gender-based violence over age twelve within the Karen refugee camps, nor any serving those over age eighteen in the Karenni camps. Camp-based shelter providers noted that these policies create stress for residents, as they are separated from their male children and worry about their sons’ protection and security.

When asked about services for men and boys, many shelter providers within and outside the camps stated that sexual and gender-based violence against men and boys does not occur there and that “rape happens only to women.” However, one provider who operates a shelter for migrants in Mae Sot that is open to men noted that he frequently sees cases of sexual violence and exploitation of men. He understands that the violence is often perpetrated by male employers, frequently in exchange for employment or wages in some factories in the Mae Sot area. A key challenge for male survivors, he explained, is that they are not aware that they can report their cases and receive support:



The People Volunteers’ Association’s safe house is available to any migrant in need of temporary protection, including men and boys, in Mae Sot. Photo credit: Julie Freccero

“Most males’ view is that they don’t know to report about the case when they have suffered from these violations. They don’t know that they can seek aid. What they know is, they are scared of things. Though they get angry, they are getting scared after they are trained about HIV/AIDS, they listen to FM radio, MAP radio, and others. So they flee here. They don’t know to report. We tell them about the conditions and what they can do.”

In addition, some providers stated that men do not need shelter in any circumstances. According to some study participants, the idea that men can “protect themselves” can create barriers and stigma for men in using shelters, as it conflicts with culturally ascribed gender roles.

Services and Strategies

Within the camps, key informants noted that boys with protection needs are sometimes sheltered in student dormitories because there are no formal shelter services available to them. Among the migrant community, the People Volunteers’ Association (PVA) and the Overseas Irrawaddy Association (OIA) operate shelters available to men who have experienced exploitation or violence by employers, in some instances sexual violence.

Urban Light, a small NGO serving young men and boys who have experienced trafficking and sexual exploitation, provides a unique model of shelter care for this underserved population. The program primarily serves members of the Akha hill tribe community in northern Thailand who are involved in sex work in the red light district of Chiang Mai. In addition to operating a drop-in center that serves as a safe space in the red light district and offers a range of social services, Urban Light offers independent living arrangements to a subset of its clients in which it rents dormitory-style housing units where clients can reside for a period of six months. Clients enter a lottery for transitional housing and must be engaged in educational or vocational activities during their stay. Given the stigma attached to shelters for men within Thai culture, an independent living arrangement model such as Urban Light may be more effective and culturally appropriate than a shelter in supporting male survivors of sexual and gender-based violence. Although this program rarely serves Burmese migrants, it may serve as a promising model for sheltering displaced male survivors (outside the refugee camp context) along the Thailand-Burma border or in more urban areas such as Bangkok or Chiang Mai.

V. CONCLUSION: OBSERVATIONS AND RECOMMENDATIONS

The Human Rights Center offers the following recommendations related to the provision of safe, temporary shelter to Burmese migrants and refugees fleeing sexual and gender-based violence in Thailand.

RECOMMENDATIONS

Protection Rights

1. *Recommendation to the Government:* Ratify the 1951 Refugee Convention and its 1967 Protocol, establish a law in which refugee status is recognized, and work with relevant organizations to ensure access to fair procedures for determining refugee status.

Funding for Shelter

Recommendation to Donors:

2. Enable shelters to operate with adequate staffing, security, supplies, and supportive services by increasing funding for Burmese CBOs.
3. Increase access to shelters outside Mae Sot by providing funding for Burmese CBOs to establish shelters in areas with significant migrant populations.

Access to Government Shelters and Services

4. *Recommendation to Government and NGO Providers:* Increase outreach to the Burmese community to educate them about shelter services. Educate shelter staff about legal issues related to sheltering undocumented migrants.
5. *Recommendation to the Government and Migrant Shelter Providers:* Make updated information about migrant registration available and assist eligible migrant residents in obtaining legal documentation where possible.
6. *Recommendation to the Ministry of the Interior, UNHCR, and Camp-Based Providers:* Strengthen partnerships between camp-based shelters and shelters operating outside the camps to provide referral options for individuals who can no longer reside within the camps.

Safety and Security

7. *Recommendation to Shelter Providers and Donors:* Hire a twenty-four-hour security guard. In the refugee context, strengthen shelters' physical infrastructure and surrounding fences to make the shelters more secure. Involve section leaders and security in the transition process. In the migrant context, establish partnerships with local law enforcement and community leaders in the shelter area.

Staff Emotional Well-Being

8. *Recommendation to Shelter Providers and Donors:* Offer psychosocial support and team-building activities to staff. Hire sufficient staff to reduce caseload and prevent burnout.

Protection for Marginalized Victim Groups

9. *Recommendation to UNHCR, Service Providers, Research Institutes, and Donors:* Assess the service needs and integration preferences of LGBT individuals, people living with HIV/AIDS, people with mental or physical disabilities, male survivors, and ethnic and religious minority groups in the camps.

Recommendation to Service Providers and Donors:

10. Based on participatory assessments, develop shelter services tailored to meet needs of specific groups, through either mainstreaming special provisions into existing shelters or establishing specialized shelter programs.
11. In partnership with relevant organizations, implement awareness-raising activities to improve community understanding of HIV/AIDS, LGBT rights, and sexual and gender-based violence against men and boys.
12. With support from relevant organizations, build the capacity of shelter staff to provide effective care and referrals to residents with HIV/AIDS, physical disabilities, and mental health issues.

Prevention and Awareness-Raising

13. *Recommendation to Donors and Service Providers:* Implement evidence-based interventions to increase awareness of SGBV and change norms of violence against women.
14. *Recommendation to Shelter Providers:* Implement activities to improve understanding among community members and leaders of the goals of sexual and gender-based violence shelters and services provided by staff.

Collaboration, Referral, and Confidentiality

15. *Recommendation to Key SGBV Actors in the Refugee Camps:* In the Karen camps, establish camp-specific protocols for sexual and gender-based violence response in which survivors are informed of all service options, informed consent is obtained for sharing case information and making referrals, and confidentiality is protected. Convene camp-level meetings with camp leaders, security, and providers to develop a common understanding of the principle and purpose of confidentiality to enhance implementation of protocols.
16. *Recommendation to Camp-Based Shelter Providers:* Involve camp leadership and security in shelter-related discussions and decision-making processes through regular dialogue forums.
17. *Recommendation to Government and Migrant Service Providers:* Establish local SGBV referral networks in towns along the border and convene regularly to strengthen partnerships among Thai NGOs, Burmese CBOs, and government systems.

Empowerment through Decision-Making and Economic Opportunity

18. *Recommendation to Shelter Providers:* Promote empowerment and confidence in survivors by seeking their input regarding choice of shelter providers, where available, and at every level of decision-making during their length of stay, including exit from shelter.
19. *Recommendation to Shelter Providers and Donors:* Provide residents with access to a range of vocational training and income-generating activities.

Community-Based Protection Options

20. *Recommendation to International and Thai Organizations:* Develop partnerships between international and national NGOs and Burmese CBOs to strengthen community protection mechanisms and develop culturally appropriate shelter services.

Protection Rights

In the absence of a legal framework for recognizing and protecting the rights of vulnerable displaced Burmese persons in Thailand, the provision of social welfare, health, and protection services to this population is uncoordinated and inadequate.

Recommendation to the Royal Thai Government:

- As recommended by other international human rights organizations, ratify the 1951 Refugee Convention and its 1967 Protocol, establish a law in which refugee status is recognized, and work with UNHCR and relevant organizations to ensure access to fair procedures for determining refugee status and providing asylum aligned with international standards.¹⁵⁶ At a minimum, we urge discretion and restraint in the enforcement of immigration penalties and deportation of Burmese who have stepped outside the camps and are suddenly rendered deportable as “irregular” or illegal migrants. Establish an institutional body responsible for coordinating and ensuring the provision of protection and social welfare services to the refugee population and allocate sufficient resources to meet their needs.

Funding for Shelter

In response to the lack of protection and social services, Burmese community-based organizations provide a critical safety net for Burmese refugees and migrants along the Thailand-Burma border, especially emergency shelter for survivors of sexual and gender-based violence. Donor funding for these groups has decreased in response to the changing political climate in Burma. Consequently, recipient organizations providing services both within and outside the camps have been forced to operate with fewer staff members amid higher demands and minimal security infrastructure. Organizations serving migrants in particular have scaled back or cut basic services for residents, and in some cases have closed down shelter programs entirely. The majority of shelters for migrants fleeing sexual and gender-based violence are concentrated in Mae Sot.

Recommendations to Donors:

- Enable shelter programs to operate with adequate staffing, security infrastructure, supplies, and basic and supportive services for residents by increasing funding for Burmese CBOs to improve or continue operating shelters in Thailand.
- Increase access to shelters outside Mae Sot by providing funding for Burmese CBOs to establish shelters in areas with substantial Burmese migrant populations, such as Bangkok, Chiang Mai, Mae Sariang, and other towns along the border.

Access to Government Shelters and Services

In recent years, the Thai government has demonstrated its commitment to addressing violence against women as a priority. It implemented the UN Secretary General's UNite Campaign to End Violence against Women in 2010 with the aim of increasing awareness of gender-based violence. It has enacted laws against domestic violence and trafficking, and it has established a UN Joint Program to ensure coordinated implementation of the law against domestic violence. In addition, protection and support services have been established for survivors, including One-Stop Crisis Centers (OSCCs) in local hospitals and the twenty-four-hour Prachabodee Center hotline, offering counseling and referrals to survivors. Part of this effort has been the establishment of Emergency Shelters for Families and Children in every province, designed to provide shelter and support for survivors of domestic and sexual violence.¹⁵⁷

However, a number of barriers prevent Burmese refugees and migrant survivors from accessing government shelters and other support services, including negative perceptions of government shelters as restrictive and institutional, language barriers, anticipated and actual discrimination by providers, and fears of arrest and deportation. Government emergency shelters are consequently an underutilized resource for the protection of both refugee and migrant survivors of sexual and gender-based violence.

Shelter providers noted the importance of assisting residents in obtaining legal documentation to facilitate their access to services; however, cost, lack of accessible information about the migrant registration process, and constantly changing labor policies are significant barriers.

Recommendation to the Ministry of Social Development and Human Security and Thai NGOs operating shelters:

- Increase outreach to the Burmese community to educate them about available services and counter negative perceptions of government shelters. Having both Thai and Burmese shelter staff, a practice of *Compasio*, may be a helpful strategy to provide effective outreach to the Burmese community and liaise with government service providers. In addition, educate shelter staff about legal issues related to sheltering undocumented migrants. This may include a review of policy barriers that inhibit shelter access, such as exploring any possible flexibility to mitigate forced reporting to Thai authorities.

Recommendation to the Ministry of Labour and migrant shelter providers:

- Make updated information about the migrant registration process available to community-based organizations operating shelters and communities. Shelter providers should assist eligible migrant residents in obtaining legal documentation (work permits, passports, etc.), where possible, to reduce resident fears about leaving shelter and to facilitate access to medical and social services.

Recommendation to UNHCR, the Ministry of the Interior, and camp-based providers of sexual and gender-based violence services:

- Develop or strengthen existing partnerships with government, NGO, and CBO shelters operating outside the camps to provide safe, temporary referral options for high-security cases involving individuals who can no longer reside within the camps. Develop a process to streamline MOI approval for transfers of such survivors of sexual and gender-based violence to expedite the process and reduce the administrative challenges faced by shelter staff. Ensure that refugees residing in shelters outside the camps have adequate access to case management, Burmese translation, and emotional support when seeking Thai hospital and justice services. This recommendation is supported by the IASC Guidelines for GBV Interventions in Humanitarian Settings, which state that shelters in the national shelter system should be considered an option for refugee survivors in a resource-constrained environment. This may offer a greater level of confidentiality in high-security cases.¹⁵⁸

Safety and Security

Many shelter staff members described regular fear for their personal safety, threats, and dangerous encounters with perpetrators both at the shelter and in the community. Within the camps, shelter structures and surrounding fences are unstable, and security guards have limited training and equipment to handle security breaches. Outside the camp, no shelters had security guards, and, due to the undocumented status of shelter organizations and staff members, some staff did not feel able to seek assistance from the Thai police. The IASC Guidelines highlight the importance of planning for the safety and security of the individuals who provide and manage safe shelters.¹⁵⁹

Recommendation to shelter providers and donors:

- Hire a twenty-four-hour security guard to be available to accompany both staff and residents outside the shelter whenever needed and to provide increased protection at night. In the refugee camp context, strengthen the physical infrastructure of shelters and surrounding fences within the camps to make safe houses more secure, and involve section leaders and section security in the transition and follow-up process to monitor residents in the community. In the migrant context, establish partnerships with local law enforcement and community leaders in the area in which the shelter is located to improve staff and resident safety and to prevent the arrest of undocumented shelter staff and residents.

Staff Emotional Well-Being

Shelter staff members shoulder a heavy emotional burden in caring for survivors of trauma under difficult conditions. They reported regularly feeling sad, worried, and stressed in their work. In addition to sharing in the difficult circumstances of other women in their communities, they also deal with the daily stress of a demanding workload, insufficient resources, and fear for their personal safety.

Recommendation to donors and shelter-providing organizations:

- Offer psychosocial support, education on coping strategies, staff appreciation activities, and team-building opportunities to promote emotional health (see page 81). Hire adequate staff support to reduce caseloads and prevent burnout.

Protection for Marginalized Victim Groups

According to study participants, the protection needs of some groups of survivors are not being met for a variety of reasons:

- Some ethnic and religious minority groups many not feel comfortable in shelters run by community-based organizations representing the ethnic and religious majority within the refugee camp setting.
- LGBT individuals experience discrimination from shelter providers and the general community and have few options for shelter.
- Men and teen-aged boys face increased stigma associated with seeking protection given gender norms, and they are excluded from the majority of shelters. They have no shelter options within seven of the refugee camps.
- People living with HIV/AIDS are marginalized by the general community. Most shelter providers felt they did not have the capacity to meet the health needs of HIV-positive survivors, leaving them with few shelter options.
- Many shelter providers reported having insufficient capacity to serve people with serious mental health issues. One provider noted that additional staff support was needed to appropriately care for people with physical disabilities. However, for both groups, providers were not aware of more appropriate referral options.

More information about the preferences and service needs of these populations is needed. The extent to which support services for marginalized groups should be mainstreamed into existing shelter programs, or whether specialized shelter programs should be established, requires further assessment.

Recommendation to UNHCR, NGOs, CBOs, research institutes, and donors:

- Conduct research to assess the service needs and integration preferences of specific groups, such as LGBT individuals, people living with HIV/AIDS, people with physical or mental disabilities, male survivors, and ethnic and religious minorities in the camps. Participatory assessments should be used in order to engage members of these groups in dialogue and involve them in the design of programs and outreach activities to the extent possible.¹⁶⁰

Recommendations to providers of sexual and gender-based violence services and donors:

- Based on findings of the above-mentioned assessments, develop appropriate shelter services tailored to meet the needs of specific groups to increase their available shelter options. Consider either mainstreaming specific services into existing shelters or establishing specialized

shelter programs designed to meet the needs of marginalized groups. Specific possibilities may reflect some of the examples uncovered in this research:

- Establish shelter options for LGBT individuals, particularly within Mae La refugee camp where there were increased reports of violence.
- Consider independent living models for men and adolescent boys.
- Establish shelters designed to serve Muslim survivors of sexual and gender-based violence in the camps where they are needed. For example, support the Muslim Women's Organization (MWO), in collaboration with MWA, to establish a shelter for Muslim women in Mae La camp.
- Assess the extent to which available safe houses within the refugee camps meet the needs of ethnic and religious minority groups, and establish additional options where needed.
- Partner with NGOs or community-based organizations that focus on serving and advocating for marginalized groups to implement awareness-raising activities to improve community understanding of HIV/AIDS, LGBT rights, and sexual and gender-based violence against men and boys in order to reduce stigma and increase access to and utilization of shelter and other sexual and gender-based violence services.
- With support from the appropriate organizations, train and build the capacity of shelter staff to provide effective care to survivors of sexual and gender-based violence with HIV/AIDS, physical disabilities, and mental health issues. Establish protocols to assess whether a survivor can safely live in a shelter setting or should be referred to a medical facility.

Prevention and Awareness Raising

Providers and key informants indicated that a limited understanding of sexual and gender-based violence and a normalization of violence against women within Burmese communities in Thailand are key challenges to service provision. Particularly within the refugee camp setting, despite numerous activities implemented by service providers to increase awareness of sexual and gender-based violence, interviews with camp leadership indicated a general acceptance of domestic violence, with the exception of severe cases of physical injury. Interventions targeted at changing attitudes that normalize violence against women are urgently needed.

Negative community perceptions of shelters affect service utilization and the safety of residents and staff. Shelter staff reported experiencing stigma and negative treatment by community members who do not understand the goals of the shelter and blame them for separating wives from their husbands. Also, the perpetrators from whom residents have fled have been known to threaten shelter staff both at home and in the community.

Recommendation to donors and providers of sexual and gender-based violence services:

- Implement evidence-based interventions to increase awareness of sexual and gender-based violence and change the attitudes and social norms that tolerate violence against women within Bur-

mese migrant and refugee communities. Conduct rigorous monitoring and evaluation of these programs.¹⁶¹

Recommendation to shelter-providing organizations:

- Implement activities to improve community members' understanding of the goals of shelters for those fleeing sexual and gender-based violence, and of the services that staff make available to the community. These efforts can help to reduce stigma, increase service utilization, and improve staff safety and well-being. Within the refugee camp context, it is particularly important to educate camp leadership and other service providers about the goals and available services within shelters to increase referrals and support for their use.

Collaboration, Referral, and Confidentiality

Strained relationships and a lack of trust among sexual and gender-based violence stakeholders at the management level have inhibited interagency collaboration, information sharing, and the development of an effective referral system for sexual and gender-based violence response within the seven Karen camps. At the camp level, improved communication and coordination among shelter providers, camp committee members, and section leaders in Ban Mai Nai Soi would help to increase referrals to and utilization of shelters.

Limited understanding of the meaning and purpose of confidentiality in dealing with sexual and gender-based violence cases creates challenges in shelter provision and overall sexual and gender-based violence response. In interviews with key informants and shelter providers, concerns were raised about the extent of information that shelter staff share with section leaders, the need for independent channels for reporting, and the need for agreed-upon protocols around consent for information sharing across providers in the Karen camps and within broader protection-related dialogue forums.

Recommendation to all actors involved in sexual and gender-based violence response within the refugee camps:

- As recommended in the IASC Guidelines, establish confidential sexual and gender-based violence referral systems.¹⁶² Within the Karen camps, establish camp-specific protocols for sexual and gender-based violence response in which survivors are informed of all service options, informed consent is obtained for sharing information and making referrals, and confidentiality is protected across all actors involved in sexual and gender-based violence response. The interagency protocol referred to as the SOPs for sexual and gender-based violence response, established in Ban Mai Nai Soi, can be consulted as an example. Convene camp-level meetings to develop a common understanding of the principle and need for confidentiality among camp and section leaders, security, and all service providers to improve implementation of agreed-upon protocols. In addition, establish clear guidelines for discussing sexual and gender-based violence cases during protection dialogue forums to protect the confidentiality of survivors.

Recommendation to shelter-providing organizations in the camps:

- Involve camp committee members, section leaders, and camp security in the decision-making processes and operation of shelters offering protection from sexual and gender-based violence. Hold regular forums with camp leadership, camp security, and providers of sexual and gender-based violence services to review shelter programs and obtain feedback to improve services and promote community ownership such as KWO's Safe House Network Workshops. This also reflects the IASC Guidelines, which highlight the importance of coordinating with all actors involved in sexual and gender-based violence response, particularly security staff.¹⁶³

Recommendation to the Ministry of Social Development and Human Security, the Ministry of Public Health, Thai NGOs, and Burmese CBOs:

- Establish or strengthen local sexual and gender-based violence referral networks in towns along the border. Regular convening can strengthen collaboration between Thai NGOs, Burmese CBO shelter providers, and government systems (shelters, hospitals, and law enforcement), improve service coordination, and reduce barriers to mainstream services for Burmese survivors of sexual and gender-based violence in Thailand. Build upon the efforts of hospital-based OSCCs where possible, such as that based at the Mae Sot General Hospital, to establish and coordinate these networks.

Empowerment through Decision-Making and Economic Opportunity

Several shelter providers adopt an approach to service provision in which they make decisions in the interest of the safety and well-being of the survivor with minimal input from the survivors. In particular, some shelter staff indicated that they determine the timing of, or in some cases even prohibit, a resident's exit from the shelter. Particularly among sexual and gender-based survivors who have experienced a loss of control during incidents of violence, ensuring that survivors exercise agency in all areas of decision-making is essential to promoting emotional well-being. A survivor-centered approach, in which the survivor receives comprehensive information to help her choose her course of action, is aligned with a human rights-based approach to programming and promotes the survivor's recovery, ability to identify her needs and wishes, and capacity to make decisions and plan for her future.¹⁶⁴

In addition, each of the shelter residents interviewed identified the inability to earn income as one of the most difficult aspects of residing in shelter. Vocational training and income-generating activities at the shelters visited were limited; however, migrant residents expressed appreciation for any opportunities offered, both for the skills gained and for their therapeutic purposes.

Recommendation to shelter-providing organizations:

- Ensure that survivors are informed of all shelter options and can exercise preference and choice where multiple options are available. Ensure that survivors have maximum control and agency in decision-making regarding their admission to and exit from shelter. Promote empowerment and confidence in survivors by seeking input and feedback on every level of decision-making

during their length of stay. One example of this approach is in IRC and KNWO's WCCs, where an exit plan is made in collaboration with the survivor.

Recommendation to shelter-providing organizations and donors:

- Provide access to a range of vocational training and income-generating activities for residents either on-site or through referral. Consider providing migrant residents with education on labor and women's rights, access to microcredit programs, or guidance in identifying safe work sites to aid in the transition process.

Community-Based Protection Options

Burmese community-based organizations operating in Thailand have a deep understanding of the needs and preferences of the communities they serve and could inform the development and delivery of culturally appropriate and context-specific services, a strategy that can lead to increased service utilization.

Partnerships between international agencies and local women's organizations can be helpful in ensuring that shelter programs are community-driven and supported by the community. Where there is regular communication with camp leadership and camp security and where shelters are valued as an important part of the community's system for responding to sexual and gender-based violence by camp leaders, utilization of shelters is enhanced and there is less stigma associated with their use.

Recommendation to international and Thai organizations:

- Partner with CBOs to strengthen and support community mechanisms of protection from sexual and gender-based violence and to develop culturally appropriate shelter program models. One example is IRC and KNWO's partnership to implement the WCCs in the Karenni camps. Ensure regular communication and coordination between camp or community leaders and shelter providers. Provide technical assistance to community-based organizations to assist in formalizing shelter operating procedures, a strategy for improving shelter management and coordination with referral partners supported by the findings of this study and the IASC Guidelines.¹⁶⁵ As an example, Compasio, a Thai NGO, provides trainings and technical support to Burmese CBOs to improve understanding of Thai law and social services, and assist in formalizing shelter operations.

ENDNOTES

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ACKNOWLEDGMENTS

We are, first and foremost, indebted to the inspiring service providers and shelter residents who took time out of their stressful days to speak with us so frankly and fully in June and July 2012. We are also grateful to the key informants from government, UN agencies, NGOs, and community-based organizations who shared their insights with us and provided contextual knowledge. It is our hope that this exploratory research will promote improved support and safety for both shelter staff and shelter residents in Thailand.

The Thailand fieldwork was conducted by Julie Freccero, Sophia Naing, and Kim Thuy Seelinger. Fieldwork also benefited from the interpreting skills of Sophia Naing, Kasinee (Kade) Silapee, Pimn-rata (Ava) Suriawong, Patikom (Kung) Chiambunsri, Piyamas (Em) Suwanchote, and Jay Jay. Data analysis was made possible by the transcription efforts of Patcharapavala N. Akbar, Rachel Gottfried-Clancy, Linn Htet, Saw Wai Lay, May Dar Li (PPK) Maung, Sophia Naing, Zaw Min Oo, Sann Sann Myint, Marissa Perron, and Gail Saliterman. Interview data was coded by Stephen Smith Cody, Shane Collins, Julie Freccero, Shannon Fuller, Joanna Ortega, and Kim Thuy Seelinger.

Sophia Naing is acknowledged for her invaluable contribution to the project, including fieldwork planning and logistics, data collection, and ongoing advising during report drafting and production.

The report was drafted by Julie Freccero, with research support from Michelle Ben-David, Melissa Carnay, and Anna Stout. Dr. Nyunt Naing Thein, Kim Thuy Seelinger, Eric Stover, and Dr. Cathy Zimmerman provided critical feedback. Jonathan Cobb edited the report, with additional editing support provided by Anna Stout. Laura Harger copy-edited the final report.

All artwork was created by Miguel Visser and Julia van Dunné (Hellingproof.com); the report was designed by Nicole Hayward (nicolehayward.com). Alexey Berlind, Robin Mejia, Rosie Quintal, and Epiphany Ryu provided general project support.

This case study series was endorsed by Dr. Jeff Crisp, Esther Kiragu, and MaryBeth Morand at the UNHCR's Policy Development and Evaluation Service (PDES), all of whom provided valuable feedback and guidance when requested. The study was funded by the United States Department of State Bureau of Population, Refugees, and Migration, along with the International Women's Program of the Open Society Foundations and the John D. and Catherine T. MacArthur Foundation. Finally, UNHCR PDES generously underwrote the printing costs for this report series.

APPENDIX 1: LIST OF KEY INFORMANTS

1. American Refugee Committee (ARC)
2. Asian Research Center on Migration (ARCM)
3. Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security
4. Catholic Office for Emergency Relief and Refugees (COERR)
5. Children’s Organization of Southeast Asia (COSA)
6. Empower Foundation
7. Hotline Center Foundation
8. International Organization for Migration (IOM)
9. International Rescue Committee (IRC), Legal Assistance Center (LAC)
10. International Rescue Committee (IRC), Project for Local Empowerment (PLE)
11. International Rescue Committee (IRC), Women’s Protection and Empowerment Program (WPE)
12. Karenni National Women’s Organizaion (KNWO)
13. Karen Women Organisation (KWO)
14. Mae Tao Clinic
15. MAP Foundation
16. Ministry of Public Health (Office of the Permanent Secretary)
17. MPlus Foundation
18. Tak Department of Social Development and Human Security
19. Tavoy Women’s Union (TWU)
20. The Border Consortium (TBC)
21. United Nations High Commissioner for Refugees (UNHCR) (Bangkok, Mae Hong Son, Mae Sariang, and Mae Sot)
22. Urban Light
23. Camp-based key informants:
 - Ban Mai Nai Soi:*
Karenni Refugee Committee (KnRC)—Camp committee leader, head of security, section security guards, and section leaders
 - Mae Ra Ma Luang:*
Karen Refugee Committee (KRC)—head of camp security and head of camp social welfare
Community peace team members
 - Mae La:*
SGBV Committee members
LGBT rights activists
Women’s community-based organization (prefers not to be named)

APPENDIX 2: INTERVIEW INSTRUMENTS

Safe Shelter Interview Questions

Group 1: Safe Shelter Providers (Administrators, Staff, Volunteers)

Prior to or after interview, the following should be noted on interview form:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. KE / Main St. / Group 1 / Respondent 1)
- Position (administrator, direct service staff, volunteer, etc.)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Interpreter name, if applicable
- Others present
- Note any documents / records provided

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be referred to by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. What is your position?
2. What are your primary responsibilities?
3. How long have you worked / volunteered in this position?

B. General Program Information (for shelter administrators / managers only¹)

4. What is the mandate of this program?
5. Who established it? When? Why?
6. Did the local community have any role or input in its design / establishment? Please explain.
7. Who is the managing organization? Is there a separate parent organization?
8. Who funds the shelter program?
9. Do any rules or guidelines govern the operation of this shelter program? If so, please explain.
 - a. Do you have any Standard Operating Procedures (SOPs)? (Ask for a copy later.)
 - b. Is there a Code of Conduct for individuals who stay here? (Ask for a copy later.)
10. How many staff work here? What are their positions?
11. What is the maximum capacity of the shelter / shelter space at any one time?
12. How many people are housed here right now (accounting separately for resident staff)?
13. What do you do when someone comes for shelter but you cannot provide it?
14. What coordination, if any, exists between this shelter and other shelters in the community?

C. Population Served

15. How do shelter-seekers learn about this program?
16. Are there formal eligibility criteria for who can stay here? If so, please explain.
(Probe for whether principle resident's children can also stay; gender / age criteria.)
17. Are there any types of people you do *not* house here? (Probe men, boys, LGBTIs, HIV+, elderly, disabled, etc.).
 - a. Is that exclusion an explicit rule, or just a matter of practice?
 - b. For members of groups you do not serve, are you able to refer them anywhere else? If so, where?
18. Of the people staying here right now, how many are fleeing SGBV and how many are fleeing some other kind of harm?
19. Of the people staying here right now, what is the breakdown according to:
 - a. Gender?
 - b. Age? (Under 18, 18–50, over 50)
 - c. Marital status?
 - d. Refugee / IDP status?

¹ These questions are only for shelter managers or administrators only. However, depending on the level of knowledge and experience of direct service/line staff, they may also be able to provide some of the general shelter data. Therefore, questions from Section B can be administered to direct service providers at the discretion of the interviewer.

20. For those fleeing or fearing SGBV, what were the most common forms of SGBV fled / feared?
21. Who are the most common perpetrators in these SGBV cases? Any trends?
 - a. Probe male / female, known / unknown to survivor, members of same community, persons of authority, camp workers, etc.
22. What, if any, alternate protective measures have people tried before coming here?

D. Operation of Shelters / Alternative Mechanisms of Protection

23. Once someone comes here for help, what happens? Can you please briefly explain the process from A to Z? (Probe intake procedure, emergency needs-assessment, admission & transition decisions, medical / police visits, etc.)
24. What is the average length of time a person stays here? Is there a limit?
25. About the shelter space itself: Please describe where your residents stay.

E. Services Provided

26. Please tell me about the services the program provides:
 - a. Housing (Probe shared rooms / beds, assignment to adults v. children, etc.)
 - b. Food
 - c. Medical Care
 - i. How would you describe the physical condition of those seeking shelter when they first arrive here?
 - ii. What, if any, medical care is provided in-house? (Probe pregnancy test, HIV, etc.)
 - iii. What medical care needs are referred out? To where?
 - iv. Do you think it's possible that some medical needs are not being addressed either in-house or through referral? If so, please explain.
 - d. Counseling
 - i. How would you describe the mental health condition of those seeking shelter upon arrival here? How is this assessed?
 - ii. What, if any, psychosocial support and counseling is available to people staying here? Please describe it.
 - iii. How long can an individual receive counseling?
 - iv. Are there options for people to continue to access counseling after they leave here? (i.e. access to program counselors here after they leave, referrals to community-based counselors, etc.)
 - e. Education for Children
 - i. What percentage of the housed children were attending school before coming to stay here?
 - ii. Are children able to access educational services while staying here? If so, please describe.
 - f. Education / Vocational Training / Income Generating Activities for Adults

- g. Movement / mobility
 - i. Please describe any restrictions on residents' movement outside the shelter space.
 - h. Communication
 - i. Are there any specific rules regarding residents' communication with people outside the shelter? If so, what are they?
 - ii. Probe use of cell phones, what information is confidential, etc.
27. Is the shelter/organization connected to other supportive services or resources? If so, how?
28. What are the most common challenges that for people staying in this shelter? How do you help them deal with these challenges?
29. What do those who stay here need most that you cannot currently provide?

F. Security

30. Do you feel residents are safe here? Please explain safety measures and remaining risks.
31. Does the general community know that this building / space is being used to provide safe shelter to survivors of SGBV (and possibly others?)
- a. Is there any attempt to hide its existence or location? Please describe.
32. How do you manage visitors? Are there rules specific to visitors? What steps are taken to make sure only safe visits take place?
33. Have you had any security breaches? Please explain what happened and how you dealt with them.
34. Please describe the shelter's relationship / experiences with the police.

G. Refugee / IDP camp specific

35. How do the services or provisions your residents receive here compare to what other camp residents receive?
36. What is the relationship between someone's admission here and their chances of resettlement? What do camp residents believe about this relationship? (Probe for concerns about fraudulent claims.)
37. Are there any aspects of this shelter program that feel unique to the refugee / IDP camp context?

H. Transition, Solutions

38. Let's talk about helping someone transition out. How does this work? Please describe the process.
39. What kind of transition plans are generally attempted?
- a. Probe: Mediation, integration into family / community, referrals to police & legal aid efforts.
 - b. Probe: transfer to other shelters / refugee resettlement

40. What generally happens to someone when they leave this shelter program? How do you know?
 - a. Is anything done to track an individual's safety once he / she has left here? If so, what?
 - b. How are you able to evaluate the program's success?
41. Do you ever have "repeat" residents who return here again after leaving the shelter? Please describe typical scenarios and how you handle those cases.

H. Experience as a Shelter Provider

42. What are the primary challenges *you* face as a provider?
43. How have you (and your colleagues) attempted to overcome these challenges?
44. Do you and your colleagues feel safe doing this work? Why or why not?
45. Does your job impact you psychologically / emotionally? How do you deal with this?
46. Is there any kind of support that would help you do your job better?
 - a. Probe: psychosocial support
 - b. Probe: hiring staff with any specific expertise
47. What is the hardest thing about your job?
48. What is the best thing about your job?

I. Other

49. Is there anything else about your experience as a provider that you would like us to know?
50. Is there anyone else you would recommend we interview to learn more about providing safe shelter to people fearing SGBV?
51. Are there any lessons you've learned that you would like to share with other groups / organizations involved in providing protection and support to survivors of SGBV?

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye

Safe Shelter Interview Questions

Group 2: Shelter Residents / Program Participants / Beneficiaries

Prior to or after interview, the following should be marked in notes:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. Group B, Respondent 4)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Language of interview
- Interpreter name and contact information, if applicable
- Others present
- Other impressions: demeanor, unsolicited information, etc.
- Diagrams, maps

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be discussed by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. How old are you?
2. Where are you from?
3. Are you part of a particular ethnic group? Which one?
4. Do you practice a religion? If so, which one?
5. Aside from the one we are using now, what languages can you speak?

B. Family Background

6. Are you married?
 - a. *If in camp:* Is your spouse living here in the camp, too?
7. Do you have children? (*If yes, establish number, ages, gender, and whether any are physically in his / her care at present.*)
 - a. Are you responsible for taking care of anyone else, as well? If so, who / where are they?
8. *If in camp:*
 - a. When did you come to the camp?
 - b. Where were you living before you came to this camp?
 - c. Which of your family members live in this camp now?

C. Reason for seeking shelter / protection:

(Preface gently, follow-up as necessary. Keep in mind that subject may have left home / sought shelter on multiple occasions—so note this if it becomes apparent, but focus first on this last resort to shelter.)

9. Seeking shelter / protection this time:
 - a. When did you leave home? Why? (*Probe form of harm; known or unknown abuser, how long suffered harm*)
 - b. When did you come here? (*Probe steps if gap between home and shelter; modify below as appropriate.*)
 - c. What did you fear would happen to you if you stayed [at your home]?
10. Is this the first time you have left [home] because of [xxxx]? If not:
 - a. How many times before have you left before this time?
 - b. Where did you go those times?
 - c. Did you try those options again this time? If so, what happened? If not, why not?
11. Have you ever gone to the police for help? If yes, what happened? If no, why not?
12. How did you hear about *this* place?
13. What did you know about it before you came here? How did you know these things?
14. How far from your home is this place?
15. Why did you finally decide to come here? (*Probe especially in cases of ongoing SGBV—what was the final straw?*)
16. How long will you be able to stay here?

D. The Shelter Experience—Basic Services

17. Let's talk about what it's like to be here. How do you feel about the support services you are receiving? (For each, probe for *unmet needs / suggestions / comparison to what resident was receiving before coming to shelter*)
 - a. Housing / Accommodation
 - b. Food
 - c. Medical care
 - d. Counseling
 - e. Education for children
 - f. Adult education / Vocational training
 - g. Religious Practice
 - h. Are you receiving any other kind of service or support while staying here? Please explain.
18. What are the rules about staying here?
19. How do you feel about the rules here? (*Refer to specific rules, if known.*)
 - a. Probe: Visitors
 - b. Probe: Movement
 - c. Probe: Communication
20. Is there anything you need that you cannot have or do here? If so, what?

E. Security, Transitions, Solutions

21. Does anyone in your family or community know where you are? Please explain. (*Note that this may include abuser, especially in domestic violence situations.*)
22. Does the person who (might) hurt you know where you are? (*Pluralize and use conditional tense as appropriate.*)
 - a. If yes, how does he / she know?
 - b. Has he / she attempted to contact or find you? If so, how? What happened?
23. Do you feel safe here from the person who (might) hurt you?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not?
 - a. Have you told staff / volunteers here that you feel afraid?
 1. If yes, what was their response?
 2. If no, why not?
24. Aside from that person who (might) hurt you before you came here, do you feel safe here?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not? What do you fear? (*Probe: Has anything bad happened to you here?*)
 - a. Have you mentioned your fear to staff / volunteers here?
 1. If yes, what was their response?
 2. If no, why not?

25. Ideally, where would you want to go when you leave here?
 - a. Is that possible? Why / Why not?
26. In reality, what do you think you will do when you have to leave this shelter?
27. What can staff / program volunteers do to help you be safe when you leave?
28. If you ended up in danger again after leaving here, what would you do?
29. What do you want to happen to the person who wants to hurt you?
30. Please explain how the members of your community feel.
 - a. How do they feel about people coming to shelters like this?
 - b. What would they expect someone in your situation to do?
 - c. How do you feel about their expectations?

F. Other

31. What is the best thing about being here?
32. What is the hardest thing about being here?
33. Do you think coming here was a good idea? If no, what would you do differently if you are ever in danger again?
34. Is there anything else you would like to share about your experience staying here?
35. Do you have any suggestions or advice for organizations providing shelter or support to survivors of SGBV? (*Probe: What aspects / services are most important to you? What improvements can be made?*)

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Provide information re: supportive services, shelters, etc., if appropriate
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye



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