30th November 2023, Four Points by Sheraton, Kuala Lumpur

Brief Meeting Report on

Stakeholders' Dialogue on Pathways of Support for GBV Survivors in Malaysia: Experiences and perspectives of GBV survivors, CSOs/NGOs and researchers

Disclaimer: *The opinions and views expressed in this report are based on the discussions that involved participants from various CSOs and organizations who attended this meeting and do not necessarily reflect the position of the UNU-IIGH or UNFPA.*


SARAWAK WOMEN FOR WOMEN SOCIETY
SEED
Nobody Gets Left Behind
(PPM-004-14-02042014)
KRYSS NETWORK
WCC
Women's Centre for Change
CAAM
WAO
WOMEN'S AID ORGANISATION
PERTUBUHAN PERTOLONGAN WANITA
UNHCR
The UN Refugee Agency
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS
KEADILAN MELALUI UNDANG2
JUSTICE THROUGH LAW
sisters in islam
IPPF
International
Planned Parenthood
Federation
SOMALI WOMEN ASSOCIATION MALAYSIA
justice FOR SISTERS
SAWO
for gender equality
empower
ENABLING HER POWER TO DECIDE
arrow
asian-pacific resource & research
centre for women
MRA
Malaysian Relief Agency
Myanmar Ethnic Women Refugee Organization
MEWRO Malaysia
UNDP
Malaysia, Singapore & Brunei
Darussalam

List of Acronyms:

ARROW – Asian-Pacific Resource and Research Centre for Women
AWAM – All Women's Action Society
CBO – Community Based Organizations
CBT– Cognitive Behavioral Therapy
CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women
CRC – Convention on the Rights of the Child
CSOs – Civil Society Organizations
D11 – Special unit set up under the Royal Malaysian Police's Sexual, Women, and Child Investigations Division (D11) to combat the rampant spread of child pornography.
EMPOWER – Persatuan Kesedaran Komuniti Selangor (Association for Community Awareness, Selangor)
EPO – Emergency Protection Order
GBV – Gender-Based Violence
GEWE – Gender Equality and Women's Empowerment
HIV – Human Immunodeficiency Virus
IPO – Interim Protection Order
IPPF – International Planned Parenthood Federation
JIS – Justice for Sisters
JKM – Jabatan Kebajikan Masyarakat (Social Welfare Department of Malaysia)
KRYSS Network – Knowledge and Rights with Young people through Safer Spaces Network
LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MCMC – Malaysian Communications and Multimedia Commission
MEWRO – Myanmar Ethnic Women Refugee Organization
MOH – Ministry of Health
MPs – Members of Parliament
MSF – Médecins Sans Frontières (Doctors Without Borders)
OCCS – One Stop Crisis Centre
OGBV – Online Gender Based Violence

OSCC - One Stop Crisis Centre

PEP - post-exposure prophylaxis (A treatment to prevent HIV infection after potential exposure to the virus.

PO - Protection Order

PSA - Public Service Announcement

PTA - Parent Teacher Association

SAWO - Sabah Women's Action-Resource Group

SEED Foundation - Pertubuhan Pembangunan Kebajikan dan Persekitaran Positif Malaysia (SEED)

SEO - Search Engine Optimization

SGBV - Sexual and Gender-Based Violence

SIS - Sisters in Islam

SOGIE - Sexual Orientation and Gender Identity and Expression

SUHAKAM - Suruhanjaya Hak Asasi Manusia Malaysia (is the Human Rights Commission of Malaysia)

SWAM - Somali Women's Association Malaysia

SWWC - Sarawak Women for Women Society

TF-CBT-Trauma-Focused Cognitive Behavioral Therapy

TOP - Termination of Pregnancy

UNDP - United Nations Development Programme

UNFPA - United Nations Population Fund

UNHCR - United Nations High Commissioner for Refugees

UNU-IIGH - United Nations University- International Institute for Global Health

WAO - Women's Aid Organization

WCC - Women's Centre for Change

4WD- Four-wheel drive or 4-by-4 vehicles, implies a system in which an automobile's engine powers all four wheels equally and they are suitable to drive for a rough terrain.

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1. Background:

The Stakeholders' Dialogue on Pathways of Support for GBV Survivors in Malaysia — convened by UNU-IIGH and UNFPA on 30th of November 2023 in Kuala Lumpur aimed to address the pervasive issue of gender-based violence (GBV) in Malaysia. Against a backdrop of rising GBV cases exacerbated by the COVID-19 pandemic (UNDP, 2020[1]; Hamid, 2022[2], Nagashima-Hayashi, 2022[3]), this dialogue brought together a diverse array of stakeholders, including civil society organizations (CSOs), researchers, and other experts from UN bodies.

The primary objective of the dialogue was to collectively identify the challenges faced by women, men, and gender-diverse groups in accessing GBV-related support services. Additionally, the dialogue aimed to validate the preliminary findings of a study conducted by UNU-IIGH and UNFPA aimed at understanding the gaps and barriers in accessing the One Stop Crisis Centres (OSCC) in Malaysia by different socio-economic groups. By fostering collaboration between the UN and CSOs, sharing knowledge and experiences related to GBV services, and encouraging evidence-based policy change, the event sought to pave the way for a more informed, coordinated, and gender-transformative health system, ultimately upholding the rights and dignity of all GBV survivors in Malaysia.

The participants in this dialogue included civil society organizations such as the WAO, AWAM, SIS, WCC, SAWO, SEED Foundation, SWWC, KRYSS Network, STANDUP MALAYSIA, EMPOWER, ARROW, MEWRO, SWAM, MSF, IPPF, JIS. The dialogue was also attended by independent researchers, doctors, lawyers along with representatives from UN agencies, specifically UNHCR and UNDP - which play a pivotal role in addressing and responding to GBV among refugees and other socio-economically vulnerable communities.

2. Objectives of the meeting:

The specific objectives of the convened Stakeholders' Dialogue on Pathways of Support for GBV Survivors in Malaysia were:

1. To comprehensively analyze the structural determinants of GBV at the community, societal, and institutional levels in Malaysia.
2. To gain an in-depth understanding of the challenges encountered by community-based organizations, civil society groups, and entities actively involved in GBV response and gender equality initiatives.
3. To systematically identify and assess the impediments faced by women, men, and gender-diverse groups when seeking access to GBV-related support services in Malaysia.
4. To collaboratively explore solutions and design strategies aimed at fortifying the existing support for GBV survivors in Malaysia.

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[1] https://www.undp.org/malaysia/blog/domestic-violence-amid-covid-19-malaysia-diving-deeper-heart-matter

[2] https://www.researchgate.net/publication/362885961_Addressing_Gender-based_Violence_against_Women_in_Malaysia_During_the_Pandemic

[3] Nagashima-Hayashi,M.; Durrance-Bagale,A.;Marzouk,M.; Ung,M.;Lam,S.T.;Neo,P.;Howard, N.Gender-Based Violence in the Asia-Pacific Region during COVID-19:AHiddenPandemic behind Closed Doors. Int. J.Environ. Res.PublicHealth2022,19,2239. https://doi.org/10.3390/ ijerph19042239

3. Methodology and approaches:

The Stakeholders' Dialogue on Pathways of Support for GBV Survivors in Malaysia employed several participatory action research methods to facilitate a dynamic and interactive experience. These methodologies included focus group discussions, collective problem-solving sessions, and futures thinking exercises. These approaches allowed for the discussion of real-life experiences and challenges faced by GBV survivors and those closely involved in supporting them. Based on these approaches, various exercises were employed, such as "low-hanging fruit" solutions, root cause analyses, and group discussions to explore challenges and opportunities. The dialogue adhered to Chatham House Rules to ensure that all information and data shared during the workshop remain confidential, thereby safeguarding the identities and opinions of participants.

4. Sessions:

Overall, the Dialogue identified important challenges in addressing and responding to GBV in Malaysia and highlighted the need for comprehensive and coordinated reforms from different stakeholders. The recommendations provided by the participants offered valuable insights for policymakers and stakeholders working to create a more just and equitable society free from GBV.

4.1. Introduction

- Director Notes on GBV and human rights in the context of Malaysia

The director of the UNU-IIGH, Mr Rajat Khosla, highlighted the critical nature of GBV as a violation of human rights that demands collective attention and action. He emphasized that GBV, manifesting in physical, sexual, psychological, and economic abuse, affects individuals across all gender identities, leaving lasting scars on victims, families, communities, and society at large. The director commended Malaysia for its pioneering role in addressing GBV, through the establishment of the OSCC in 1996, the first one in Asia. The stakeholder dialogue, attended by representatives from Civil Society Organizations (CSOs) from across Malaysia, including Sabah and Sarawak was presented as an opportunity to discuss the challenges faced by various groups in accessing GBV support services. The event, strategically planned during the 16 Days of Activism, was described as a platform to amplify expert voices and showcase the work of CSOs, with the goal of identifying strategies to strengthen the healthcare system and advocate for policy change. The director stressed the importance of collaborative effort across social boundaries to challenge the social norms and structures allowing GBV to persist, marking the dialogue as a significant step in the collective journey to combat GBV.

- UNFPA country programme and GBV response in Malaysia

The Assistant Representative of UNFPA Malaysia, Ms Tengku Aira Tengku Razif, started the first session by highlighting the work and commitment of UNFPA Malaysia in addressing and responding to GBV, emphasizing the collective efforts needed to meet the target of zero GBV and harmful practices in Malaysia by 2030. Ms Razif shared the three key strategies undertaken by UNFPA to particularly strengthen the GEWE and GBV legal framework, policies plans, and programs, namely: 1) advocating for legal frameworks, policy, planning, monitoring to address

GBV and women's economic participation & empowerment; 2) supporting advocacy platforms that engage the Government, CSOs and men and boys to promote women's economic empowerment & GBV prevention and response and; 3) promotion & strengthening multisectoral GBV coordination mechanisms.

4.2. Core concepts of GBV and guiding principles

This session, led by an GBV expert from UNFPA, Ms Sulaf Mustafa, explored the key definitions and terminology associated with GBV and emphasized the application of core concepts and guiding principles in practical contexts. It also distinguished between the root causes, contributing factors, and the far-reaching consequences of GBV. Additionally, this training session shed light on the magnitude of violence by examining global, regional, and country-specific data, with a particular focus on Malaysia. Through this comprehensive overview, it provided a common and holistic understanding of GBV and its impact among the participants, facilitating informed discussions and effective strategies to combat this pervasive issue for the following sessions.

4.3. Root Causes of GBV

The stakeholders discussed the underlying causes of GBV, which encompassed various factors, including toxic masculinity, societal gender norms, misogyny, and the influence of patriarchy. Furthermore, they explored how a range of elements such as disability, race, age, gender, and economic hardship can amplify the harmful experiences of GBV survivors. Additionally, the discussion highlighted the negative impact of social media such as digital facilitated GBV and long-standing cultural norms on the perpetuation of GBV.

4.4. Challenges in GBV Data Collection and Assessment in Malaysia

The session shed light on the imperative need for enhanced data collection and analysis to better understand and address GBV in Malaysia. During the session, it became evident that the limited data on Gender-Based Violence (GBV) in Malaysia has resulted in a fragmented understanding of this critical issue. The most recent prevalence data that allows cross-national comparisons, dated back to 2008 was published in 2013, not allowing for cross-national comparisons and longitudinal analysis. According to the WHO report 2018, for the global estimates of violence against women, it is estimated that 19% of women aged 15 to 49 have experienced violence in their lifetime (WHO, 2013[4]). Yet, since then, Malaysia stands as the sole country in the WHO Western Pacific region without updated records of GBV prevalence (WHO, 2018). Other data sources provide a gloomy picture where intimate partner violence (IPV) ranges widely from 8% in a national household survey [5] to 87% based on call centres/ shelters records[6]. Lack of

[4] WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013.
[5] Shuib R, Endut N, Ali SH, et al. Domestic violence and women's well-being in Malaysia: Issues and challenges conducting a national study using the WHO multi- country questionnaire on women's health and domestic violence against women. Procedia - Soc Behav Sci 2013; 91: 475–88.
[6] WAO. Women's Aid Organization: Annual Report Services Statistics, 2016. 2016.

comparative data also hampers the ability to draw meaningful regional and global trends and impedes the evaluation of efforts aimed at combating GBV.

Participants in the discussion highlighted several obstacles in the existing data collection methods, emphasizing the pressing need for an updated definition and improved categorization of GBV types. Moreover, the absence of comprehensive and reliable data on GBV in Malaysia was a central concern, with a call to triangulate data from police records and with other sources such as household surveys and data from call centers/shelters.

This session also brought attention to different studies about the beliefs and myths about GBV in Malaysia. For example, a 2021 report by Women's Aid Organisation, 'A Study on Malaysian Public Attitudes and Perceptions towards Violence Against Women (VAW)[7]'. The study identified that only about half of Malaysians are likely to oppose violence-endorsing attitudes (52.7%) and support gender equality (46.3%) (WAO, 2021). Men, particularly older men, displayed more negative and uncertain/neutral responses compared to women.

4.5. Portraits of Survivors' Experiences

This session portraits personas of GBV survivors from different backgrounds. Personas are representative characters that combine similar experiences of the survivors. During the session, posters of three different personas (rape survivor, survivor of long-term domestic violence and transgender women survivor of GBV) were put around the room to invite participants to reflect on them based on their experiences. These distinct personas were based on evidence collected through in-depth interviews with several GBV survivors and CSO representatives who support GBV survivors. Participants validated the portraits stating that they accurately reflected the lived realities of GBV survivors. Concerns were brought forward about inefficiencies in legal and police response related to GBV survivors and lack of survivor-centered care. Moreover, the challenges faced by refugees and transgender communities were highlighted.

4.6. Presentations on Specific GBV Issues by CSO representatives:

This session invited different experts from community-based organizations to share their experiences and challenges of providing GBV support services to different community members.

- Ms. Karen Lai (WCC) discussed the limitations in the existing laws and policies that fail to provide clear guidelines and support to GBV victims. She also highlighted the pressing issue of child abuse and sexual violence including online violence.
- Dr. Easwary Ramulu (SAWO) emphasized on the lack of reliable GBV data in Malaysia, highlighting challenges encountered due to the different classifications used by different sectors, such as health, police, and others. She also shared her challenges of providing services and linkages to GBV survivors staying in remote areas, like in Sabah and Sarawak, where accessibility is a major concern.
- Ms.Serene Lim (KRYSS Network) highlighted the prevalence of online GBV and its impact on survivors.

[7] Women's Aid Organisation, A Study on Malaysian Public Attitudes and Perceptions towards Violence Against Women (VAW) – A summary of initial findings and recommendations, 2021

- Dr. Jarmila Kliescikova (MSF) focused on the medical challenges faced by GBV survivors, particularly among women and child brides from refugee communities.

4.7. Challenges in the existing GBV support mechanisms in Malaysia:

The session focused on the overarching barriers/challenges reflected during the CSOs' presentations.

4.7.1. Availability and quality of services

- Limited availability of support services, especially in remote areas.
- Functionality of OSCCs, particularly in rural districts. *"Insufficient number of protection officers to match the districts in Sabah available in the main districts".*
- Lack of understanding of protocols, outdated practices, and payment barriers for services, especially affecting foreign victims by OSCC personnel.
- Lack of shelter options (for women refugees), constraints of the available shelters (duration, age and number of children allowed in).

4.7.2. Accessibility of services

- Geographical challenges, including the need for 4WD vehicles, road conditions, and long distances to access main police stations or OSCCs.
- Limited access to protection officers in certain districts, impacting the ability to provide timely support.

Challenges in accessibility of services for survivors include were also identified under the three broad categories:

Legal: In Malaysia, the legislative framework addressing (GBV) has certain gaps that affect the protection and recourse available to victims. For example, child marriage is associated with GBV, in part due to legal allowances within the framework of state religious laws. In Malaysia, the legal minimum age for marriage is 18; however, Islamic law allows girls younger than 18 to marry with the permission of a Shariah court. This exception is not uniformly regulated across all Malaysian states, leading to a discrepancy in enforcement where some states may grant such permissions more liberally than others. Despite international human rights standards condemning child marriage as a form of GBV, these legal loopholes allow the practice to continue, thereby risking the welfare of minors and contravening efforts to protect the rights of children. This discord underscores the need for a unified legal approach that aligns all state laws with international human rights norms to effectively combat GBV in all its forms, including child marriage. CSOs highlighted that there have been reported cases in Malaysia where children as young as 11 were married off under religious law, drawing criticism both nationally and internationally. Participants highlighted that there is always tension between national laws designed to protect children and the application of religious laws that can, in effect, override these protections.

Another stark example of this is the non-criminalization of marital rape under the current Penal Code, specifically section 375, which does not recognize rape within marriage as a crime, except for section 375A where a husband can be penalized for causing hurt to coerce his wife into sex. Moreover, victims of sexual violence often face obstacles due to the burden of proof and evidentiary standards required to secure a conviction. For a successful prosecution, the survivor

must provide evidence that meets the high threshold set by the courts, which often necessitates corroborating testimony or physical evidence. This is particularly challenging in sexual violence cases within marriage, where the crime typically occurs in private and lacks witnesses. The deeply personal and traumatic nature of such crimes further complicates the collection of evidence, as survivors may be reluctant or unable to report the incident promptly due to fear, stigma, or trauma. In cases of marital rape, it becomes further challenging to proof and provide evidence of non-consensual or forced sex.

Similarly, participants pointed out that the Anti-Sexual Harassment Act of 2022, which was introduced after significant delays, represents progress yet exhibits notable gaps in its scope and implementation. For example, it lacks the inclusion of provisions that could prevent victimization following a complaint and there is a need for expanding the definition of sexual harassment to encompass a wider range of behaviors and contexts. The effectiveness of the tribunal in granting necessary redress and the adequacy of the penalties for non-compliance have also been subjects of debate. Also, the participants highlighted that the structure and authority of the tribunal lies with the Secretary General of the Ministry of Women, Families and Community Development as the special anti-sexual harassment administrator, arguing that concentrating such responsibility in a single individual could lead to challenges under administrative laws. They raised concern because giving just one person all this power could lead to problems. They argued that a single person's decisions could be questioned for not being fair or reasonable.

Further, the criminalization of trans individual's gender identity increases their vulnerability to violence and heightens their risk to GBV and hate crimes leading to violence and limits their avenues for seeking justice. For example, the Shariah laws criminalizes cross-dressing for Muslims, that not only marginalizes transgender individuals but also exposes them to discrimination, violence, and limited access to justice. CSO's shared real life stories highlighting instances of police raids, abuse, and discrimination in healthcare settings further exacerbate their plight, discouraging many from seeking help or reporting crimes due to fear of further discrimination or legal repercussions. The justice system's bias and lack of protective laws for gender identity and sexual orientation leave transgender individuals with few avenues for recourse.

Another area that lacks adequate protection for survivors in Malaysia is online GBV. A more comprehensive targeted law to protect individuals from technology facilitated GBV and more specifically online GBV. Although there are laws around cybercrime and data protection (ex: Penal Code and the Personal Data Protection Act 2010) they lack nuanced needs of protection for online GBV survivors.

Structural: Malaysia's laws on Termination of Pregnancy (TOP) are quite restrictive, only allowing abortion if a healthcare professional deems that continuing the pregnancy would pose a physical or mental health risk to the woman. There is no exception made for cases of rape or incest unless they fall under the health risk criteria. The policy document also does not provide clear guidelines on abortion for reasons like rape or unplanned (out of choice) pregnancy. Participants mentioned that previously there have been cases were fatwa has been issued for rape victims that allowed them to terminate pregnancy within 120 days of gestation, and not beyond that. But they highlighted that these are rare examples where victim or their family have sought help from religious authorities and ambiguity on TOP due to rape in the civil law lacks to safeguard the reproductive rights of the women.

Secondly, CSO's highlighted the issue of secondary victimization, also known as revictimization towards the GBV victims/survivors. From their experiences they mentioned it largely includes the attitudes and actions of police, legal systems, healthcare providers, and even social services, which may inadvertently or negligently cause further psychological harm or trauma to the survivor. They generally occur in various forms, such as disbelief, blame, stigmatization, and insensitive handling of cases, which can all exacerbate the survivor's feelings of distress, shame, and isolation. The participants highlighted that it is mainly because of lack of awareness and training among the police and health professionals on understanding the psychological impact of GBV and the importance of a sensitive, survivor-centered approach.

Thirdly, mandatory invasive medical examinations without consent, public disclosure of survivors' identities, or requiring survivors to recount their experiences multiple times to different officials add to their traumatic experiences.

Lastly, the legal and procedural process itself is a source of secondary victimization. The adversarial nature of many legal systems, lack of victim support services, delays in the legal process, and the requirement for survivors to face their perpetrators can all contribute to additional trauma. One of the CSO representatives highlighted that these procedures become all the more burdensome for child victims who generally do not have enough support to accompany them to the courts or navigate through the legal system to seek justice. Moreover, inconsistent standard operating procedures leads to different treatments towards the GBV victims.

Cultural: Participants highlighted that their clients (GBV survivors) often avoid seeking formal help and access legal rights because of the pervasive culture of rape myths and victim-blaming. Prevalent myths and stereotypes about gender roles and sexuality can lead to victim-blaming, where survivors are held responsible for the violence inflicted upon them. Such attitudes can permeate institutions and influence the behavior of those within them, leading to judgmental or dismissive treatment of survivors.

Many fear reporting to authorities due to skepticism and insensitivity they might face, which undermines trust in the justice system's ability to address such sensitive issues effectively. The daunting legal process, marked by invasive questioning and a high burden of proof, further discourages survivors from pursuing justice. They also pointed out that the societal stigma and concerns about honor and familial reputation often lead to reluctance in disclosing incidents of GBV, exacerbating the isolation survivors feel.

The group unanimously agreed that overcoming these obstacles requires a multi-faceted approach that includes educational initiatives, legal reforms, and a shift towards greater gender equality and respect for women's rights through active CSO engagements and community awareness to create a supportive environment for GBV survivors.

4.7.3. Safety and security

The participants also highlighted that the interaction between police and survivors, particularly migrants and refugees, is often characterized by a lack of sensitivity and awareness. The absence of knowledge among law enforcement about Emergency Protection Orders (EPO), Interim Protection Orders (IPO), and Protection Orders (PO) can lead to a mishandling of cases, which, combined with the common withdrawal of reports by survivors due to fear or pressure, undermines the justice process. This issue is further complicated by the lack of legal documentation (e.g., UNHCR cards) and legal recognition of refugees in Malaysia, which leaves

many without the necessary legal status to seek help effectively. They often experience the fear of mandatory reporting and potential social repercussions, which can deter them from coming forward to report sexual assaults.

4.7.4. Financial Barriers

Participants stressed that based on their experiences of providing legal support to GBV survivors many women do not file civil actions for GBV due to the costs involved. These include legal fees, court costs, and other expenses related to the legal process. Such financial barriers deter survivors from pursuing justice, particularly if they lack the necessary financial resources. Moreover, lack of trust in the survivor and the need to provide evidence further delays the prosecution, adding to the costs of seeking justice. This becomes more difficult where women are often not supported by the family or community to seek justice. It highlighted not only that the majority of women avoid seeking help, but it leads to various economic costs, not only for the survivors but also for the wider economy, including lost earnings, increased healthcare costs, and reduced productivity.

4.7.5. Linking with other Services

- Challenges in coordination and linkages between different services, leading to fragmented victim support. Participants working with different communities noted commonalities in dimensions like lack of seamless integration across medical, legal, psychological, and social support services at the OSCC, leading to victims navigating these services independently or through different CSOs; communication gaps and inadequate information sharing between agencies (example between police and hospitals or hospitals and linking with counseling or legal aid services, causing inconsistencies and delays in support; varying protocols and guidelines among service providers that introduce inconsistencies in the survivor care; and facilities across regions and agencies (ex: KL and Selangor as better service providers than in Sabah and Sarawak with limited inaccessible services), affecting service comprehensiveness; and differences in awareness and specialized training among staffs handling GBV cases, impacting the quality of support. These factors collectively challenge the OSCC's effectiveness in delivering a holistic and coordinated support system for GBV survivors.

- Lack of universal frameworks and cross-platform collaboration in addressing OGBV. A CSO participant noted this challenge stems mainly from the absence of a standardized approach across various entities involved in GBV prevention and response, including government bodies, NGOs, and digital platforms. Without a unified framework, efforts to tackle OGBV can be disjointed, with varying degrees of responsiveness and resources across different platforms and support services. This situation complicates the provision of comprehensive support for GBV survivors, as it may lead to gaps in protection, legal recourse, and rehabilitation services for those affected by OGBV. It also pointed out that lack of clarity on the frameworks/systems to protect children and adolescents facing OGBV puts them under further risk.

- Lack of referrals to secondary care, referral for safe abortion (particularly migrants and refugees). It was pointed out that survivors of GBV often require comprehensive care that goes beyond immediate medical attention and psychological support,

necessitating access to specialized services such as sexual and reproductive health care. However, systemic barriers, including legal restrictions, social stigma, and a lack of awareness among frontline workers about available resources, significantly impede the referral process for secondary care. For example, migrants and refugees, who already face legal and linguistic barriers, accessing services for safe abortion becomes even more challenging. Malaysia's legal framework around abortion is restrictive, allowing it only under specific health circumstances, can force women to carry pregnancy occurred due to rape/non-consensual sex.

4.8 Key recommendations to strengthen the GBV support services in Malaysia

Participants were divided into four groups. Each group was tasked to brainstorm and identify key recommendations that aim at preventing and addressing GBV all while focusing on the role of various stakeholders including government agencies, NGOs, and community-based organizations.

As part of the group exercise, participants were asked to place their ideas on a poster with a tree. The lower end of the tree signified the more feasible approaches that can be attained within a short period of time, meanwhile the higher placed ones represented the long-term approaches that naturally required a longer period of time.

As a result, the participants identified key recommendations as suggested strategies to strengthen multi-sectoral response to GBV, especially within the health sector in Malaysia due to its elevated responsiveness and coordination.

4.8.1. Low Hanging Fruits (Short term interventions):

A. Recommendations for children:

- Ensuring services are child friendly.
- Implement care protocols strictly.
- Creating awareness of GBV among children and the available services for them
- Increasing parents' awareness through the Parent Teacher Association (PTA)
- Digital security awareness to be taught in schools (possibly in collaboration with MCMC) and to highlight OGBV and their repercussions. This can include harassment, stalking, doxing (publicly revealing private information), non-consensual sharing of intimate images, sexist abuse, and other forms of cyberbullying that target individuals because of their gender.
- Training personnel (police, medical practitioners, social workers, child protection officers at JKM, and legal experts on child friendly and survivor centric GBV support services)
- Implementation of standard operating procedures through training of relevant staff.
- Integrate trauma-informed approaches, evidence-based therapies like CBT and TF-CBT and incorporate play therapy for younger children to create a safe, supportive counseling environment which can provide them with mental health support in the short term.

B. Recommendations for women and girls:

- Remove all costs form OSCC for everyone, via a clear circular form MOH (like communicable diseases).
- GBV survivors should be able to seek help without fear of deportation or legal repercussions due to their immigration status, support services can encourage more individuals to come forward. There is a need to create safe reporting mechanisms that prioritize the safety and confidentiality of survivors over their legal status, thereby enhancing access to necessary support and protection for all individuals, regardless of their immigration background. Cases of undocumented refugees/immigrants can be handled by UNHCR.
- Strengthen bail orders to present reprisals against actors and CBOs. This will protect those who work to support GBV survivors—such as activists, volunteers, and staff of CBOs from potential threats or harm by individuals accused or convicted of GBV offenses.
- Validate OSCC guidelines, medical care, PEP, HIV, and safe abortion.
- Strategic collaborations with CSOs and the government.
- Media communications and disseminating Public Service Announcements (PSA).
- Lobbying MPs to champion GBV issues and its sub-national impact.
- Include SGBV as part of companies in order to identify the specific types of GBV that workers and community members risk experiencing due to business operations as part of risk assessment.
- Compulsory mental health counseling and support offered to all GBV survivors and follow ups.
- Round table discussions with religious and community leaders and health experts to advocate for gender equality and raise awareness about the negative consequences of harmful practices like child marriage, FGM among other forms of GBV. By securing their buy-in and active involvement, it can potentially influence the community.

C. Recommendations from the Transgender community:

- Advocacy/ strategic planning.
- Amplifying inclusive religious narratives and texts.
- A series of awareness videos and animations.
- Awareness campaigns for GBV to understand what SGBV, SOGIE and trans terms are.
- Empowerment for community understanding on the rights of transgenders.
- SOGIE training for hospital staff and the police department.
- SOGIE training for the community and stakeholders to understand what SOGIE/ LGBTQI needs are.
- Gender affirming care with HIV care as an entry point.
- Sensitizing hospital staff in general as well as the police in terms of SGBV to be practiced impartially, including use of inclusive language and supportive care.
- Providing a capacity building for educators to provide an inclusive and safe environment for the youth.

4.8.2. High Hanging fruits: where we want to be and what are the long term interventions needed to achieve it (long term interventions):

A. Recommendations for children:

- Tailor all services to be child-friendly, ensuring they are accessible, welcoming, and designed to make children feel safe and understood when seeking support for GBV.
- Invest in specialized medical facilities, examination rooms, and infrastructure that are specifically designed to cater to children's needs, making the environment supportive and less intimidating for young survivors.
- Launch comprehensive awareness campaigns to educate children and communities about GBV and the support services available, aiming to encourage reporting and access to assistance.
- Institutionalize GBV education within school curriculums to empower children with knowledge about GBV prevention, recognition, and the avenues for seeking help.
- Ensure that all GBV-related support services, including medical care, legal assistance, and psychological support, are provided to children free of charge to eliminate financial barriers to accessing help.
- Develop and maintain GBV support services that are deeply integrated within communities, ensuring they are easily accessible and foster a supportive atmosphere for children and their families.
- Implement rigorous safety and security protocols for children seeking GBV services, with stringent measures in place to protect them from further harm and to safeguard their confidentiality and dignity. This would mean strengthening the safety planning, confidentiality protocols, trained child protection staff and implementing procedures to obtain informed consent or assent from children, in a manner appropriate to their age, maturity, and understanding.
- Create safe space for the child survivor to cope with trauma and regain trust and confidence through involving parents, teachers, and peers to provide the child with a supporting environment.

B. Recommendations for women and girls:

- Advocate for Malaysia's ratification of additional international human rights instruments beyond the existing commitments to CEDAW, CRC, and the Disability Convention, to fortify the legal protections for women and girls against GBV.
- Establishment of a multi-agency task force to create and implement action plans for GBV prevention and response, ensuring a coordinated and comprehensive approach across government sectors.
- Propose strategic partnerships between the Malaysia Bar, Legal Aid Centers, Criminal Law Commission, Human Rights Commission, and directly linking to CSOs to streamline efforts and resources in combating GBV.
- Need to push for active engagement with SUHAKAM under its expanded mandate to utilize its authority in advocating for the rights of GBV survivors, ensuring their protection and access to justice.
- Mandate annual training and sensitization programs for frontline workers, including police, welfare officers, and hospital staff, to improve their responsiveness and survivor centric towards GBV survivors.
- Development of a robust network of community-based translators and interpreters to facilitate effective communication between GBV survivors and authorities, ensuring no survivor is left unheard due to language.

- Reforms to streamline the process for GBV survivors to obtain essential documentation, removing bureaucratic hurdles and enabling quicker access to services. Ensuring that all survivors receive a copy of their medical and police reports and files and information taken from is an informed choice.

- Advocate for increased funding and support for GBV interventions at the state and local levels, tailoring services to meet the unique needs of each community. Example, for Sabah and Sarawak or for refugee communities like those from Somalia, Myanmar etc. and non-binary, gender non confirmative and transgender communities.

- Call for an investigation into the gaps within current GBV data and the development of an integrated data collection and analysis framework to guide policy and services. Need to identify the data gaps and also need to strengthen the existing OSCC monitoring system.

- Lobbying for an increased budget for D11.

- The OSCC has to be available online, where victims can submit documentation on the GBV they experienced. There should be a comprehensive upgrade of the OSCC's online platforms, including website redevelopment for user-friendliness and SEO optimization, and the development of a mobile app with emergency features for immediate assistance to GBV survivors.
  - This requires the rebuilding of the website to make it user-friendly with the relevant information easily available as well as the ability for victims to submit their reports online straight to the relevant authorities.
  - Alternatively, the development of an app which has a "panic" button function for immediate help when needed (or detecting vocal distress patterns if the app can be intelligent enough).

- Propose an aggressive web and social media campaign to raise awareness about the OSCC and its services, ensuring that information is easily accessible and reaches a wide audience to support GBV survivors.

- Create a system for long term healing through support groups, resource mobilization, legal assistance, skill development, shelter/employment opportunities for the survivor and her kids and longer-term counselling/therapy options.

C. Recommendations focused on the transgender community.

- The right to self-identify as transgender, non-binary, or gender non-conforming and have legal recognition of these identities.
- Clear jurisdiction between civil and Shariah law about their rights.
- Healthcare needs of transgender communities to be recognized by the MOH.
- Relook into the training of personnel especially police and hospital staff and making sure they treat transgender individuals with respect, dignity and professionalism. This would include using appropriate names and pronouns, references to body parts, offer gender-affirming treatments and support, provide privacy and confidentiality during treatment. Guidelines for hospital staff, police personnel or any front-line responders including media reporting to GBV survivors to adopt respectful and gender-neutral language when reporting on transgender individuals, particularly in cases of gender-based

violence, to prevent re-victimization and maintain the dignity of all parties involved, especially when gender identity is uncertain.

- One of the participating CSOs SEED Foundation's Aim for 2024 to have a transgender strategy planning in Malaysia which could address the specific needs, challenges, and rights of the transgender community within the country. They emphasized the following issues: urgent need for legal gender recognition, establishing anti-discriminatory laws, and need for inclusive healthcare policy, equitable and inclusive employment opportunities.
- Amend the guideline to align with the Federal Constitution's Articles on liberty, equality, and freedom of speech, and to fulfill Malaysia's CEDAW obligations by eliminating gender stereotypes, particularly discrimination against lesbian, bisexual, transgender women, and intersex persons, as urged by the CEDAW committee in its 2018 review.

D. Recommendations for community level changes:

Lastly, the participants identified that community-based interventions can provide a safe and supportive environment for survivors of GBV. In societies where police, doctors, and religious institutions might sometimes dismiss or judge women, men and transgender persons who have experienced violence, community organizations can offer a lifeline. These organizations can offer a non-judgmental space where survivors can share their experiences, access emotional support, and receive practical assistance.

Additionally, community interventions can play a vital role in raising awareness and challenging the patriarchal norms perpetuating GBV. By engaging local communities, educating them about the impact of GBV, and promoting gender equality, these interventions can help shift societal attitudes and behaviors. This, in turn, creates a more empathetic and accountable society where GBV is less tolerated and more likely to be reported.

Moreover, community-led initiatives can bridge the gap between survivors and formal institutions. They can serve as intermediaries, facilitating survivors' access to legal aid, medical assistance, and counseling services. By building trust and advocating for survivors within these systems, community interventions ensure that cases of GBV are taken seriously and handled appropriately.

5. Call for Action:

Category	Call to Action
Children and minors	In the short term: - Ensure that support services are child-friendly, personnel are trained across various sectors, and care protocols are established. - Create awareness of GBV and available services, involving parents through associations like parent teachers' association (PTA). - Prioritize digital security education in schools to address online GBV. In the long term: - Institutionalize knowledge on GBV in school curricula. - Provide free continuous support services for children who experienced GBV. - Strengthen the Child Act 2001. Together, we can build a future where every child feels safe, supported, and free from the shadow of GBV.
Women and girls	In the short term: - Remove financial barriers to accessing support services and enhance bail orders to protect against reprisals. - Facilitate strategic collaboration with civil society organizations, government bodies, and media to amplify awareness. - Lobby MPs for legislative changes and include GBV in business risk assessments. For the long term: - Ratify international human rights standards. - Engage with legal and human rights commissions. - Ensure the inclusion of sexual and reproductive health and rights (SRHR) in school curricula. Let's strive for a future where every woman and girl live free from the threat of GBV.
Non-Binary and Transgenders individuals	In the short term: - Focus on awareness campaigns, inclusive religious narratives, and training sessions for healthcare and law enforcement professionals. - Build general awareness through education on non-binary and transgender communities, their rights and gender-affirming care. - Sensitize hospitals and police to practice impartiality. In the long term: - Work towards legal gender recognition, clear jurisdiction between civil and Shariah law, and the recognition of transgender healthcare.

	– Rebuild a future where transgender individuals are treated with dignity, respect, and understanding by our society and its institutions. Let's create an inclusive society where everyone, regardless of gender identity, feels respected and supported.