



# Violence Against Women and Girls Worldwide and in Malaysia



1 in 3 women experienced violence worldwide<sup>1</sup>

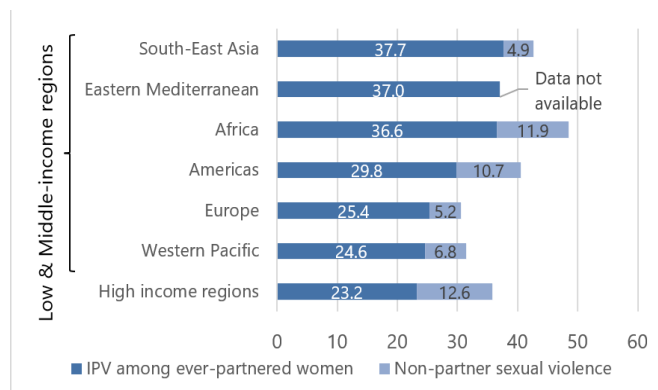
Violence against Women and Girls (VAWG) refers to any public or private act committed by a stranger, a family member, a community or a State which results in physical, sexual or psychological harm or suffering to women.<sup>2</sup> VAWG is an extreme violation of fundamental human rights and a significant international public health concern, with long-term consequences and costs.<sup>3</sup>

Worldwide, 35.6% of women have experienced either physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence, or both. IPV accounts for 30% of the lifetime VAWG, compared with 7.2% for non-partner sexual violence. An estimated 38% of all female murders (femicides) are committed by intimate partners.<sup>3</sup>

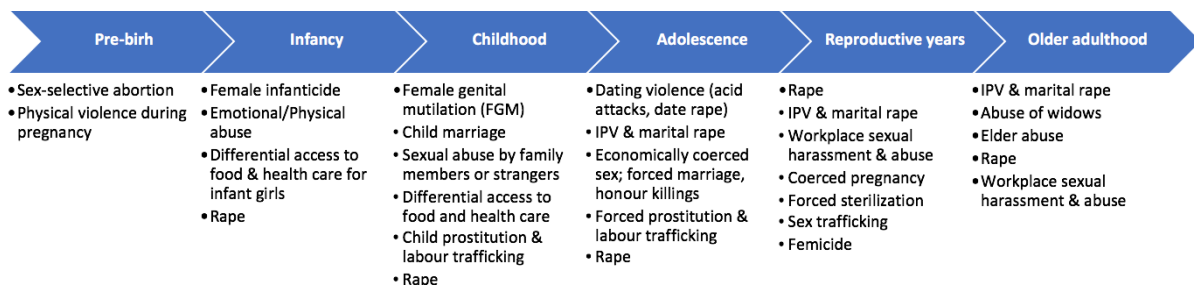


1 in 5 women experienced childhood sexual abuse worldwide<sup>1</sup>

Lifetime prevalence of VAWG for women (15 years+) by WHO region<sup>3</sup>



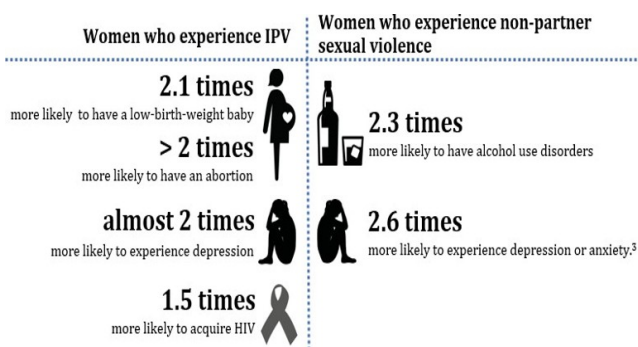
## Types of violence experienced by females across the life course



## The Impacts of VAWG

### Health impact

Sexual and reproductive health risks include sexually-transmitted diseases and unwanted pregnancy (either through rape or by reducing a women's ability to negotiate contraceptive use).<sup>4</sup>



Source: WHO (2013)<sup>3</sup>

### Economic impact and the cost of inaction

Women, their families and communities incur health, welfare, legal and economic costs as a result of VAWG. These costs are estimated to be between US\$1.5 and US\$9.5 trillion (equivalent to 2% - 11% of global GDP).<sup>5,6,7</sup>

Medical treatments, child and welfare support, police, counselling and legal support account for direct economic costs, whereas indirect costs include lifelong physical and psychological trauma caused to victims, which are measured in lost wages and productivity.<sup>1</sup>

Investment in preventing and responding to VAWG could save costs, in addition to averting suffering, morbidity and mortality. For example, the Australian Plan of Action on Violence Against Women estimates a saving of US\$23,673 per woman prevented from experiencing violence.

## Causes and Drivers of VAWG

Women and girls experience unequal gender power relations and discrimination, which are the key drivers of VAWG. These are further perpetuated by complex and reinforcing social, economic, political and legal structures, implying that women have less value and fewer rights than men<sup>2</sup>, contributing to the victim’s morbidity<sup>8</sup>, as well as premature death from suicide or homicide.

Social norms support several forms of male control over women and VAWG. An example is marital rape, which is frequently considered a private issue<sup>9</sup>, and thus not criminalised in many countries.<sup>10</sup>

Violence is frequently under-reported by victims, and is driven by stigma, fear of retribution, and inadequate protection services. This is further compounded by misleading perceptions by police and other service providers, who view violence as a private matter (especially Intimate Partner Violence). Informal reporting of violence is more common than formal reporting (40% and 7% respectively).

As a result, perpetrators of violence remain unpunished. For example, 72 - 97% of rape perpetrators across Asia and the Pacific do not face criminal charges.

Victims who are financially dependent on their abusers can also under-report violence, and this financial dependence becomes a barrier to leaving the abusive relationship. It is important that children are prevented from witnessing or experiencing violence as childhood exposure is strongly related to later experiences of violence, either as a receiver, or as a perpetrator of violence.

## VAWG and the Sustainable Development Goals (SDGs)



VAWG is explicitly addressed under Goal 5 (Gender Equality), and, in particular, target 5.2, calling for the elimination of all forms of violence against women and girls.<sup>12</sup> In addition, VAWG is interconnected with multiple SDGs and its elimination will depend on and/or affect their achievement.<sup>2</sup>

**Goal 1** – Poverty can be both a contributing factor to – and consequence of– VAWG.

**Goals 1, 4 and 8** – Violence is a barrier for women and girls to complete their education and participate in the workforce, leading to economic vulnerability.

**Goals 2, 3, 6 and 16** – VAWG impacts negatively on women’s and girl’s health and well-being, their access to water and food distribution sites and their sense of safety and security.

**Goal 11** – VAWG, particularly sexual harassment and violence, might happen in urban and rural public spaces, including public transportation, schools and universities, workplaces, marketplaces, parks or public toilets.

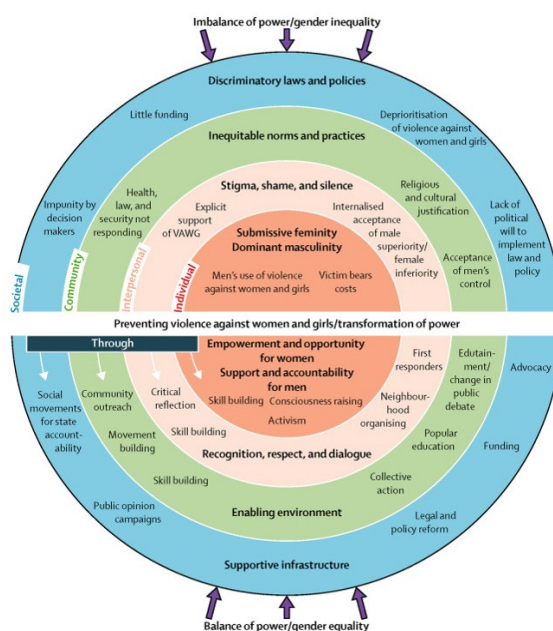
## What Works to Prevent and Respond to Violence

### Transforming gender-inequitable norms

Evidence suggests that VAWG can be prevented through interventions aimed at transforming unequal gender-power relations, and the way these inequalities perpetuate women’s and girls’ victimization and tolerance of violence (in attitudes, norms, and behaviours).<sup>15</sup>

### Multi-layered and multi-sectoral approaches

Comprehensive interventions should be targeted at the individual, socioeconomic, political and legal levels, and developed through multi-sectoral collaboration (health, welfare, criminal justice, faith, education and civil society),<sup>13</sup> along with increased investments in violence prevention.



### Participatory engagement

Effective interventions should comprise participatory engagement of multiple stakeholders, promoting community discussions about gender dynamics, tolerance of violence, as well as greater communication and shared decision making amongst family members using non-violent approaches.<sup>14</sup>

### Response through One-Stop Centers

Health-care professionals frequently encounter women affected by violence and IPV, and have an important role in providing a safe environment where victims can confidentially disclose experiences of violence to prevent future perpetration, in addition to providing treatment and care. Health systems should support the role of providers as part of a multisectoral response to VAWG.<sup>8</sup>

Existing evidence for interventions to prevent VAWG<sup>16</sup>

Impact of intervention	Fair evidence	Insufficient evidence
	Effective (impact on VAWG)	<ul style="list-style-type: none"> <li>• Microfinance and gender transformative approaches</li> <li>• Relationship-level interventions</li> <li>• Group education with community outreach (men/boys)</li> <li>• Community mobilization –changing social norms</li> </ul>
Promising (impact on risk factors only)	<ul style="list-style-type: none"> <li>• Parenting programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Whole-school interventions</li> </ul>
Conflicting	<ul style="list-style-type: none"> <li>• Bystander interventions</li> </ul>	<ul style="list-style-type: none"> <li>• School curriculum-based</li> </ul>
Ineffective		<ul style="list-style-type: none"> <li>• Single component communication campaigns</li> <li>• Water, sanitation and hygiene interventions in schools</li> </ul>

Table extracted from Gibbs, A. et al. *What works to prevent violence against women and girls evidence reviews*. 67 (2015)

## Policy Implications

Political leadership and governmental investment in interventions that target the key drivers of violence (namely unequal gender-power relations) are essential to reducing violence and achieving transformative change within socioeconomic, institutional, cultural and political structures for individuals and communities.<sup>4, 13</sup>

The literature recommends the following considerations for effective implementation of national policies that coordinate prevention and response to VAWG:

- Sector-specific budgets within all relevant ministries, and support for the continued engagement of women’s organizations. In particular, VAWG needs to have higher priority in health policies, budget allocations, and in the training and capacity building of health-care providers.<sup>8</sup>
- Innovative collaboration and coordination across sectors and civil society, with particular emphasis on prevention from the health sector to eliminate stigmatizing attitudes among health-care providers.<sup>4, 13</sup>
- Investments in women’s movements, as they remain central in designing and implementing high-quality programmes to prevent VAWG.<sup>4</sup>

## Research Agenda

Governments should invest in a research agenda that measures and monitors VAWG prevalence and incidence, and identifies key drivers in different contexts to develop appropriate and effective contextual responses to prevent and address VAWG.<sup>11, 16</sup> This research agenda<sup>16</sup> should:

- Measure the magnitude, nature and health burden of VAWG, ideally through integration into 5-yearly national population-based surveys to monitor progress (epidemiological and behavioural research), since VAWG prevalence based on health systems data or police reports are likely to underestimate the magnitude of the problem.<sup>1</sup>
- Design and evaluate innovative programme components that are complementary and mutually reinforcing in addressing key structural drivers of VAWG, rather than stand-alone interventions (intervention research);<sup>13</sup>
- Assess the cost and cost-effectiveness of interventions to inform resource planning, priority setting and sustainability (operational and economic research); and
- Identify barriers and solutions to accelerate the scaling up of effective multi-sector interventions (implementation research).

## VAWG Prevalence in Malaysia

According to the most conservative nationally-representative estimate, 8% of women aged 18-50 years have experienced Intimate Partner Violence (IPV) in the form of emotional, physical and/or sexual violence in their lifetime.<sup>17</sup> This may be an underestimate, given the sensitivity of VAWG.

There is insufficient data on the incidence of VAWG in Malaysia and cases reported to the authorities are unreliable and represent the tip of the iceberg.<sup>11</sup> Therefore, it is important to develop appropriate and effective data collection strategies to monitor and assess interventions and violence prevention efforts. Some of the challenges include the multi-ethnic Malaysian context, and the corresponding religio-cultural practices that affect gender power dynamics, which should also be taken into account.<sup>17</sup>

Survey-based studies	Reported cases
<ul style="list-style-type: none"> <li>95% of Muslim girls in Kelantan (North-East of Peninsular Malaysia) underwent female genital mutilation.<sup>a,18</sup></li> <li>87% of women in women's shelters had experienced IPV.<sup>21</sup></li> <li>An online survey showed that 60% sexually harassed at work, 50% by a senior/boss, 44% kept silent, 12% reported the harassment.<sup>d,19</sup></li> <li>13.6% of rural older Malaysians (n=1,927) in rural Malaysia experienced abuse or neglect (54% women).<sup>22</sup> which lead to premature mortality and depression.<sup>23</sup></li> <li>Children and women trafficking occur in Malaysia. Prevalence estimates are unavailable.<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>11,400 children &lt; 15 years (60% girls) were married in 2000.<sup>c,24</sup></li> <li>22,134 children (mainly girls) were sexually abused between 2010-17: 7% rape cases, 27.0% molestation, 8.1% incest cases.<sup>b,25</sup></li> <li>667 domestic violence cases reported in 2015.<sup>26</sup></li> <li>267 sexual harassment cases in 2017<sup>e</sup></li> </ul>

<sup>a</sup> Mainly Type I, involving procedure such as a nicking of the tip of the clitoris or prepuce with a pen-knife or similar, practised for religious reasons to curb female sex drive.<sup>18</sup>

<sup>b</sup> Source: Ministry of Women, Family & Community Development

<sup>c</sup> Child brides face high risks of IPV, unwanted pregnancies and STDs, especially when the groom is much older.

<sup>d</sup> Source: 'Sexual Harassment in the Workplace' survey conducted by 'Speak Up'

<sup>e</sup> Source: Royal Malaysia Police (PDRM)

## Malaysia's response to VAWG

Sexual harassment is not a crime in Malaysia. The Code of Practice on the prevention and eradication of sexual harassment in the workplace was developed in 1999, and in 2012, an amendment was made to the Employment Act 1955 (Act A1419), which inserted a new provision prohibiting sexual harassment.

However, this amendment is limited in that it does not apply to the public sector or beyond workplaces. Thus, there is an urgent need to replace the Code of Practice with the Sexual Harassment Bill to further protect and bring justice to victims of sexual harassment. Sexual assault, physical molestation, indecent exposure and rape are outlined as offences in the Penal Code. The 1994 Domestic Violence Act (Act 521), amended in 2012 and 2017, provides the legal framework for VAWG,<sup>27</sup> although most cases remain unreported to the Royal Malaysia Police. Marital rape is not criminalised.<sup>27</sup>

In Malaysia, preventive and protective services for all forms of VAWG remain limited.<sup>1</sup> However, the Ministry of Health has implemented One Stop Crisis Centres (OSCC) within the Emergency Departments of urban public hospitals to provide a range of integrated services to address IPV and child abuse, including health, legal, welfare and counselling services.<sup>28</sup> The OSCC model has since been replicated in other low and middle-income countries in the region. However, the OSCC model faces several challenges, including a lack of trained staff, scarcity of services in rural areas, lack of physical private spaces to manage victims, and limited supplies and medicines for post-rape care (e.g. medications to prevent STDs and pregnancy).

### Extent of implementation of preventive/protective services by type of violence/maltreatment, 2012-2014<sup>1</sup>

	Bangladesh	Brunei	Cambodia	India	Indonesia	Malaysia	Maldives	Thailand
<b>Child maltreatment: protection services</b>	Limited	Limited	Limited	Larger scale	Larger scale	Larger scale	Larger scale	Larger scale
<b>Child maltreatment: training to recognize/avoid sexually abusive situations</b>	Limited	None	Larger scale	Limited	Limited	Limited	Limited	Limited
<b>Intimate partner violence: dating violence prevention programmes</b>	None	None	None	Limited	Limited	None	None	Larger scale
<b>Any violence: mental health services for victims</b>	None	Limited	Limited	Larger scale	Larger scale	Limited	Limited	Larger scale
<b>Sexual violence: medico-legal services for victims</b>	Limited	Larger scale	Limited	Larger scale	Larger scale	Larger scale	Larger scale	Larger scale
<b>Elder abuse: caregiver-support programmes</b>	Limited	None	None	Larger scale	Limited	Larger scale	None	Larger scale

Source: WHO Global Status Report on Violence Prevention, 2014

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## Recommendations for Malaysia

- Invest in improving data collection and monitoring of VAWG to inform the design and evaluation of appropriate contextual prevention measures and response mechanisms.
- Adopt a comprehensive law on sexual harassment, which allows complainants to seek redress without the time, cost and public nature of going to court. <sup>29</sup>
- Ensure that victims of IPV have access to protection orders and compensation on equal footing with married women. <sup>29</sup>
- Develop sector-specific policies and budgets within all relevant ministries and support the continued engagement of women's organizations.
  - I. Developing policies and guidelines for prevention and treatment of VAWG survivors;
  - II. Providing an environment conducive of disclosure; and
  - III. Building the healthcare providers' capacity to identify and screen for VAWG survivors, document injuries and make referrals to appropriate agencies or centres.

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