

Violence against Women and Girls in Southeast Asia and Malaysia: Factsheet

Violence against Women and Girls (VAWG) is a significant public health problem and violation of fundamental human rights. Worldwide, 35.6% of women have experienced either physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence, or both.¹ Perpetrators are overwhelming male partners. Women and girls can be affected by different forms of Gender Based Violence (GBV) across the life span, as shown in the box below.

Gender Based Violence across the Life Span

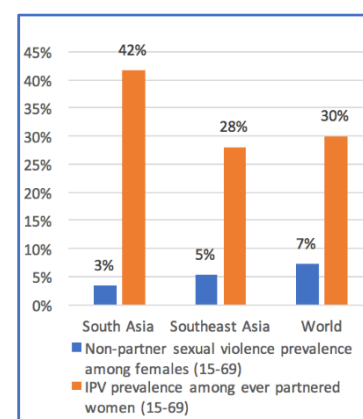
- **Pre-birth:** Sex-selective abortion, physical violence during pregnancy, coerced pregnancy
- **Infancy:** Female infanticide; emotional, physical abuse, differential access to food and medical care for infant girls
- **Childhood:** Child marriage; female genital mutilation or circumcision; sexual abuse by family members or strangers; differential access to food and medical care; child prostitution; child sex and labour trafficking
- **Adolescence:** Dating violence (acid throwing, date rape); economically coerced sex; sexual abuse in workplace; sexual harassment; forced prostitution; forced marriage; honour killings; sex and labour trafficking of women
- **Reproductive:** Intimate partner violence; marital rape; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities; forced sterilization; sex trafficking
- **Old-age:** Abuse of widows; elder abuse

Source: Adapted from Heise, Lori et al. (1994). Violence against Women: The Hidden Health Burden. World Bank Discussion Paper No. 255



1 in 3 women globally experience violence

VAWG in 2010, selected regions*



Source: WHO Global Health Observatory

Intimate Partner Violence (IPV) is the most commonly reported and researched form of GBV. IPV prevalence remains high in the region, with 42% and 28% of women in South and Southeast Asia respectively experiencing IPV.¹ Data on other forms of violence are less reported. The health consequences of VAWG include: physical injuries; depression, anxiety, post-traumatic stress disorder, suicidality; substance abuse; chronic pain; STIs; cardiovascular diseases, hypertension; which contribute to increased risks of morbidity and premature mortality, including from suicide or homicide. Among female homicides in Southeast Asia, an estimated 58.8% were perpetrated by intimate partners.²

VAWG in Malaysia

In Malaysia, prevalence estimates for IPV range widely from 8% in a national household survey³ to 87% in women's shelters.⁴ Other forms of VAWG include:

Child sexual abuse: 22,134 children, mainly girls, were sexually abused between 2010-May 2017 according to the Ministry of Women, Family & Community Development. Over half (59.7%) were rape cases; 27.0% molestation; 8.1% incest cases.⁵

Child trafficking: Children may be trafficked for commercial sexual exploitation, organ sales and forced begging. Baby selling is another form of child trafficking that occurs in Malaysia.⁶ Prevalence estimates for child trafficking are unavailable.

Trafficking of women: Malaysia is a destination country for trafficking of women for domestic servitude, commercial sex or labour exploitation. Prevalence estimates for trafficking of women are unavailable.

Child marriage: 11,400 children (6,800 of whom were girls) below the age of 15 were married according to the population census in 2000.⁷ Child brides face high risks of IPV, especially when the groom is much older.

Female circumcision: 95% of women were circumcised in a 2009 study in rural Malaysia.⁸ Type I is most commonly practised, as well as Type IV.⁹ Practised for religious reasons, circumcision is believed to curb female sex drive.⁹ Health consequences of Type I circumcision can include genital, reproductive and urinary tract infections, pain urinating and menstrual problems.¹⁰

Elder abuse: 13.6% of rural older Malaysians (n=1,927) had experienced elder abuse or neglect in a recent population based cohort study.¹¹ Elder abuse or neglect can lead to premature mortality and depression.¹²

Health sector responses to VAWG in Malaysia

Initially developed by MOH Malaysia, One Stop Crisis Centres (OSCC) provide comprehensive care to women and children experiencing abuse. Located in A&E departments of urban public hospitals, OSCCs offer a wide range of integrated services to address IPV and child abuse including health, legal, welfare and counselling services in one location.¹³ The OSCC model has since been replicated in other LMICs in the region. Challenges with the OSCC model and health sector responses generally, include: lack of trained staff; concentration of services in urban areas; lack of physical private spaces to care for victims; lack of supplies and medicines for post-rape care, including drugs to prevent STIs and pregnancy.

^a Type I: involves the partial or total removal of the clitoris and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris); Type IV includes all pricking, piercing, incising, scraping and cauterizing the genital area for non-medical purposes (Source: WHO Factsheet: Female Genital Mutilation. Updated January 2018, <http://www.who.int/mediacentre/factsheets/fs241/en/>)

Preventive and protective services in Southeast Asia and Malaysia

The extent of implementation of other violence prevention and protective services in selected countries are shown below. As reflected in a recent IPV evidence review, most interventions target individuals, with very few interventions at the macro level, notably for promotion of societal norms & legislative changes. The same review found no evidence for effective IPV interventions in Asia-Pacific countries.¹⁴

Extent of implementation of preventive/ protective services by type of violence/maltreatment, 2012-2014

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

Source: WHO Global Status Report on Violence Prevention, 2014

Under-reporting of IPV and other forms of violence among women and girls common and linked to stigma, fear of retribution, inadequate protection services and the perception, particularly for IPV and child maltreatment, that police and authorities will see violence as a private matter. These factors reinforce a cycle of low prosecution rates for perpetrators. In the UN-Multi Country Study of Male Violence in Asia-Pacific, the vast majority of males (72-97% across sites) who perpetrated rape did not experience legal consequences.¹⁵ While services for violence survivors are slowly improving, we need concerted action and leadership at the highest levels to reduce VAWG in Southeast Asia and Malaysia.

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