GENDER EQUALITY

Development of Healthy Relationship (Training Manual)

ISBN: 978-967-25640-3-4

Contributors: Fajar Santoadi, Nahid Kazemi, Mina Shadab, Dania Khalid, Amtul Shafi, Egan Khalil Abd Elwahab Ibrahim, Buthaina Mohammed Saeed Hezam, Idil Mohamed Abdi, Hasfa Khanom Sayed Zohar, Ayesha Begum Mohammad Yunus, Biak Tha Bor, Hlawn Kip Tial, Manggalam A/P Panjasaram

Published by
Tenaganita
12, Jalan 6/11, Seksyen 6
46000 Petaling Jaya
Selangor, Malaysia
Ph. +60377703691, Fax. +60377703681
Email: general@tenaganita.net
Website: www.tenaganita.net

Cover image is a poster rendered by Poodien based on poster ideas generated in Workshop with Malaysian Women Entrepreneurs in 2021. Cover design & illustrations in Annex II by Fajar Santoadi.

Gender Equality: Development of Healthy Relationship (Community-Based Training Module)

Modul Adaptation Team

Fajar Santoadi
Nahid Kazemi
Mina Shadab
Dania Khalid
Amtul Shafi
Egan Khalil Abd Elwahab Ibrahim
Buthaina Mohammed Saeed Hezam
Idil Mohamed Abdi
Hasfa Khanom Sayed Zohar
Ayesha Begum Mohammad Yunus
Biak Tha Bor
Hlawn Kip Tial
Manggalam A/P Panjasaram

Proof Reader: Reena Nair Baskaran

Cover Design: Poodien

Project by Tenaganita
Supported by Rosa Luxemburg Stiftung

FOREWORD

Trough Participatory Action Research (PAR), Tenaganita's daily work with women, and encounters with numerous research findings on violence against women (VAW), we confirm with confidence that Gender Based Violence (GBV), especially Intimate Partner Violence remain a problem that needs practical solution. This training manual is one of key efforts that Tenaganita and the affected communities have been joining hands to seek practical solution. This solution is going to be tested on the field, reflected upon, and improved according to the progress that communities achieve along the way.

The manual that was initially developed specifically for the Rohingya community in Malaysia, then for Malaysian women entrepreneurs is now re-adapted to suit refugee women and plantation women who communicate in different languages. It is a response to community recommendation produced by PAR in 2022. It was tested with a group of Afghan women, and followed up by 'trial' implementation of community-based training with other Afghan women group, Burmese Ethnic, Rohingya, Somali, Sudanese, Pakistani, and Malaysian plantation women in July-October 2023. This manual also serves as a resource for community leaders, or any one who wish to seek understanding of GBV, contributing factors, help-seeking, and help-giving. Ultimately, we hope that it becomes an accessible tool to assist learning process that will benefit the community in eradicating gender based-violence at large.

We are grateful to all who have contributed to adaptation of this manual, all PAR collaborators and Rosa Luxemburg Stiftung South East Asia Office Manila. It is a result of partnership collaboration, community building and experiences of all those affected by violence, abuse and unhealthy relationships. This manual and community-based training that have been and continue to be conducted are testament of commitment to empowering communities to prevent GBV and promote gender equality.

Glorene Amala Das
Tenaganita Executive Director

Table of Content

Background and Use of the Manual

This is an adapted manual of "Response to Gender-Based Violence: A Training manual for Malaysian Women Entrepreneurs" to suit the needs and situation of women of plantation, refugee, and asylum seekers communities. The recent adaptation is informed by findings of Participatory Action Research (PAR) with women of plantation, refugee, and asylum seekers of 6 languages groups in 2022 titled "Empowerment of plantation women and gender-based violence survivors to address gender-based violence and promoting gender equality".

It is a tool for community trainers to facilitate training for adult women in plantation, refugee, asylum seekers communities in Malaysia. Hence, the community facilitators and the target participants are refugee, asylum seekers, and plantation women who are different from Malaysian women entrepreneurs in several ways such as nationality and legal status, mastery of local languages and literacy rate, and religious and ethnic diversity. As such, issues and challenges in their lives that contribute or correlate to GBV may vary. Therefore content, approach, and methods of engagement in the learning process also vary.

Participants familiarity with online and hybrid session after covid 19 pandemic is another major consideration. Consequently, this module is adapted to be applicable in both face-to-face or virtual or combination of both when necessary. The training approach and methods is adapted to suit these circumstances. Although face-to face is still thought as the best, online mode of training is often necessary when participation is hindered by limited time, far distance, and lack of financial resource to travel.

The training manual development and adaptation involved collection of baseline data including exposure to GBVs including coercive control; gender norm and beliefs; general mental wellbeing; and help-seeking preferences. The questionnaire used for baseline data is adopted from several measurement scales that were developed and used in previous researches such as Household Decision Making, Gender Role Beliefs Scale (GBRS), Ideas About Gender Relations, Benevolent

Sexism, Attitudes towards Help-Seeking, Personal Exposure to Intimate Partner Abuse, Personal Exposure to GBV, Coercive Control Scale, Mental Health Well-Being, Current Problems or Stressors, and Coping (Welton-Mitchell, Bujang et al. 2019, James, Welton-Mitchell et al. 2021).

Refugee and Malaysian community are multilingual communities. Community education in linguistically diverse community must deal with multi-lingual complexity. The manual is written in English, therefore community facilitators who use this manual for community training in native language need to have competencies in both English and their native languages. PAR women collaborators of Afghan, Burmese, Pakistani, Rohingya, Somali, Sudanese, Tamil-Malay speaking plantation women have participated in module adaptation, independent learning, and Training of Trainer (ToT) in English. They have used this manual in delivering training in their native languages to participants. The pilot testing with Afghan women was even more complex: Half of the training was facilitated by Farsi speaking facilitators in Farsi and another half of the training was facilitated by English speaking facilitator in English with Farsi translator. All selected video resources have automatic native languages subtitles. Pre and post workshop knowledge assessment questionnaire are bilingual (English and native languages). They were administered before the workshop and after completion of all workshop sessions. This was part of organic progress of participatory action research whereby collective action was implemented using limited resource that was available. This PAR shall move forward with plan to translate the module into several native languages to improve applicability and quality of the community-based training. The improvement is guided by evaluation and feedback of current implementation.

History of the present training manual. To learn more about this process and related outcomes informing the development of the original manual see: Welton-Mitchell, C., Bujang, N. A., Hussin, H., Husein, S., Santoadi, F., & James, L. E. (2019). *Intimate partner abuse among Rohingya in Malaysia: assessing stressors, mental health, social norms and help-seeking to inform interventions.* Intervention, 17(2),

187-196. The present training manual is also happily reliant on Santoadi, F. Faiz, A. S. M., and Hussin, H (2020). *Responding to Gender Based-Violence: A Training Manual for Malaysian Women Entrepreneurs*, Tenaganita.

Workshop Objectives

1. Increase **knowledge** about gender-based violence, mental health, social norms, and human rights
2. Explore/shift existing **attitudes** about the acceptability of a) gender-based violence, and b) help-seeking behavior (promoting 'pro-social' norms)
3. Contribute to improvement of **mental health, psychosocial well-being, and related coping skills**
4. Build capacity of participants to be able to appropriately respond to GBV that they themselves or others may experience.

Tentative Training Delivery Plan

Section 1: Introduction to the Gender Equality, Development of Healthy Relationship		
	Exercise 1.1. Building Relationship & Trust (15 Minutes)	Session 1
	Exercise 1.2. Expectations (10 minutes)	
	Exercise 1.3. Ground Rules (10 Minutes)	
	Exercise 1.4. Pre-Workshop Assessment (25 Minutes)	

	Exercise 1.5. Intersectionality, Privilege, Disadvantage & Building Empathetic Understanding (60 minutes)	
Section 2: Gender-Based Violence: Definition, Consequences, and Contributing Factors		
	Exercise 2.1. Defining Gender-Based Violence (30 Minutes)	Session 2
	Exercise 2.2. Gender-Based Violence in Our Community (90 Minutes)	
	Exercise 2.3. Consequences of Gender-Based Violence (60 Minutes)	Session 3
	Exercise 2.4. Contributing Factors to Gender-Based Violence (60 Minutes)	
Section 3: Sex, Gender, and Gender Norms		
	Exercise 3.1. Introduction to Sex and Gender (40 Minutes)	Session 4
	Exercise 3.2. Gender Norms (80 minutes)	
Section 4: Gender-Based Violence and Gender Discrimination in Our Environment		
	Exercise 4.1. Coercive Control, A Subtle Form of Gender-Based Violence in Intimate Relationship (60 Minutes)	Session 5
	Exercise 4.2. Gender-Based Violence in the Workplace (60 Minutes)	

	Exercise 4.3. Gender-Based Violence in school (60 Minutes)	Session 6
	Exercise 4.4. Gender-Based Violence in Virtual World (60 Minutes)	
Section 5: Mental Health, Well-Being and Gender-Based Violence		
	Exercise 5.1. Tissue and Marbles Exercise: Introducing Stress and Coping (30 Minutes)	Session 7
	Exercise 5.2. Mental Health, Gender-Based Violence (30 Minutes)	
	Exercise 5.3. Understanding Trauma (60 Minutes)	
	Exercise 5.4. Coping Skills Exercises Collection	Session 8
	Exercise 5.4.1. Just Breathe (30 Minutes)	
	Exercise 5.4.2. Being Here and Now (30 Minutes)	
Section 6: Human Rights, Laws, and Gender-Based Violence Protection		
	Exercise 6.1. Defining Human Rights (40 minutes)	Session 9
	Exercise 6.2. Gender-Based Violence and the Law (80 Minutes)	
Section 7: Help-Seeking and Help-Giving		

	Exercise 7.1. Strategies for Help-Seeking & Help-Giving (60 Minutes)	Session 10
	Exercise 7.2. Impediments to Help-Seeking and Help-Giving in Gender-Based Violence Cases (30 Minutes)	
Post- Workshop Assessment (30 Minutes)		

Section 1: Introduction to Gender Equality, Development of Healthy Relationship Workshop

Exercise 1.1. Building Relationship and Trust

Objective: The purpose of this activity is to build the relationship and to build trust among participants and participants with facilitators.
Materials: Spin the Bottle Game[1]; Empty Bottle
Duration: 15 minutes

Instructions:

- *Spin the bottle is a classic party game (10 minutes) that typically involves a group of people sitting in a circle face to face and taking turns spinning a bottle. Choose a bottle. A standard glass or plastic bottle will work fine.*
  (1) The facilitator will start to spin the bottle in the middle of the circle
  (2) When the bottle stops spinning, the person facing the front part of the bottle introduces her/himself including name, place of origin, certain quality about her/himself that she/he is very proud about, most influential experience, and most importantly one thing that most people do not know about her/him.
  (3) The person who has Introduced her/himself takes a turn to spin the bottle. If the front part of the bottle faces the person who has introduced her/himself, she/he **must say one thing that the previous person said in her/his introduction that he/she can relate (i.e. similar, opposite, etc.)**, then spin the bottle.
  (4) Keep playing until everyone has had a turn spinning the bottle or until the game comes to a natural end.

[1] https://www.wikihow.com/Play-Spin-the-Bottle

- Reflection: After all participants have introduced themselves, ask participants to answer or follow the instruction: *Imagine a network of people connecting to each other. What can you benefit from such a network? write down one benefit that you can think of and write on sticky notes or chat box (online session).*

Key message: Depending on the relationship among training participants, potentials of collaboration in future should be further explored.

Exercise 1.2. Expectations

Objective: To understand participant expectations and to clarify objectives of the training so that participants are clear about what they will and will not receive and contribute through participation.
Materials: Sticky Notes
Duration: 10 minutes

Instructions:
- Allocate 5 minutes for all participants to do this. In face-to-face sessions, encourage participants to write their expectation on sticky notes and the facilitator posts them at one corner on the wall. In the online session, encourage each participant to write their expectations in the comment box.
- The facilitator can compile & categorize all expectations immediately based on similarity and project them on the screen or post them on the wall. Facilitator should then continue to clarify and discuss which expectations will be met in this workshop (e.g., learning about GBV, learning mental health coping skills, learning about human rights, helping others and self-help) and which one will not (e.g., getting jobs, getting money, business contracts, etc.). Discuss expectations from the participants [examples from the first women's group in Malaysia include "learn how to solve problems, study and learn about something new, and have fun"'.

- Describe the origins of the workshop: *Tenaganita has worked with many community groups in Malaysia in various areas, including migrant and refugee, and Malaysian women workers in the early days of Tenaganita establishment around 1991. We have found that relationship conflict in the families is a significant concern. The workshop manual has undergone a process of adaptation from Rohingya Refugee focus to Malaysian women entrepreneurs and then recent adaptation to tailor it to both Malaysian plantation women workers and refugee and asylum seeker women of various ethno-linguistic groups. Throughout the sessions we shall look at data that we collected from different communities who share their thoughts, observations, and experiences. None of the data contains personal information about those who provided it. A group of Malaysian women was also involved in past pilot testing of this training module and recently a group of refugee and plantation women too.*
- Share the major objectives of the training (making links with participant expectations as possible):
  (1) Sharing information & building understanding about gender-based violence, its contributing factors, impacts, and responses.
  (2) Sharing information about mental health and its relationship with GBV and coping with stress
  (3) Increasing social support and connectedness in the community – making friends

Key message: This workshop is dedicated to achieving these objectives and will not be able to meet other participant needs. However, facilitators can make referrals for other kinds of services not provided in this workshop.

Exercise 1.3. Ground Rules

Objectives: Setting rules for behavior in the group that help to create a safe, respectful, supportive environment in which participants are comfortable discussing difficult topics and sharing personal information (including by ensuring that content shared is kept confidential).
Materials: Pen/Marker, Sticky Notes, Mahjong Paper
Duration: 10 minutes

Instructions:

- Facilitators explain the purpose of rule-setting: *In this workshop, we will be talking about difficult topics, such as relationship conflict, stress, GBV, and well-being, and it is important that everyone feels safe and respected when sharing with the group. Let's identify ground rules for the next 10 sessions to make this workshop as comfortable and productive as possible.* Setting rules can also help to ensure that topics are covered in a time-efficient, comprehensive manner by encouraging participants to arrive on time, stay on topic and discouraging certain participants from dominating the discussion and others from remaining silent. In an online session that involves groups there can be a time limit set for every group member wherein they share their thoughts and experiences in the session. It is important that participants (NOT facilitators) determine the rules to encourage participant commitment to following the rules.
- Brainstorming: Facilitators ask participants to identify ground rules All participants are to write rules on sticky notes or in the chat box as (i.e. confidentiality, listening attentively and taking turns to speak that are equal to mute microphone, use raise hand icon, etc.). Facilitator is to record and sum them up on the wall or screen.
- The agreed set of ground rules shall be copied and posted in the chat box or on the wall in the room at the beginning of every session thereafter as reminder.

- If participants do not suggest these rules below, facilitators should bring them up (e.g., inform the group that these are rules that previous groups identified as useful).
  (1) **The primary rule is RESPECT**. This can include: Respect for others' time by joining the session on time; As much as possible, attend all parts of the training and arrive (log in) on time; facilitator is to clarify break times (e.g., we will take brief breaks at 10:30 am and 12pm – do all agree?); For online sessions, participants should mute their microphones unless they are speaking at the time or attentively listening to others speaking; set phone on silent mode, and answer calls when necessary / emergency; focus conversation on topic to make good use of our limited time.
  (2) **Respect for others' participation** (including those with different opinions, beliefs, religions, etc.). This means avoiding criticism or putting others down BUT it is okay to disagree respectfully; be an active listener; avoid interrupting; use appropriate functions in the communication platform to indicate intention of speaking up (e.g. raising hand emoji); in online sessions, participants are allowed to hide or show their face (via video function) when they choose to do so, as long as it can be accommodated by available internet connection; allow time for all to speak (e.g., equal time for younger and older, more quiet people).
  (3) **Confidentiality:** In this group, we want everyone to feel safe sharing how he or she is feeling. **No one should share *private information* to anyone outside of the group** (share examples of times confidentiality was broken and the implications - such as the group member did not return, or shut down/stopped talking). In addition, it is important not to share names or personal details of other community members when we talk in the group. Some information can, and should, be shared outside of the group. For example, we hope participants will share general information and coping skills learned in the training.

(4) **Be honest** with the facilitators about your reactions to the workshop – if you have a concern about something that was said in the group OR you especially like something, tell the leaders during or after the session.

Tip for facilitators*:* Participants should brainstorm ground rules for the training – it is very important that participants, NOT facilitators determine the rules, because this will likely encourage more investment in following the rules. Consider writing down the expectations and rules or providing some pictorial representation (e.g. no phones with a line through a phone), depending on the literacy level of the group.

Key message: The group has worked together to develop a list of group rules designed to help the group to feel safe and respected during the time together and use the time as productively as possible.

Exercise 1.4. Pre-Workshop Assessment

Objective: To obtain baseline information about participants' understanding about GBV, Contributing Factors, Impact, mental health, and help seeking.
Materials: Pre-workshop questionnaire
Duration: 25 minutes

Instructions:

- Introduction to the workshop: *Welcome to this interactive training. Over the next few sessions, you will learn things that will benefit you, your family, and your community by engaging in helpful responses to GBV that you witness or experience. You are the owner of your own experiences and those of your community, if you are involved in community engagement. In a way, the owner of experience can be the expert in the matter.*
- **Administration of pre-workshop assessment:** The pre-workshop questionnaires are to be administered now. It is also an online self-administered assessment to obtain information on the level of

familiarity of participants to information and knowledge in GBV. Sample and google form link of pre-workshop assessment is provided in Annex I. Facilitator provide pre-workshop paper-paper questionnaire or links to do the assessment online.

- With deliberation, participants can also be requested/guided to fill up baseline survey before they attend the session. The questionnaire that consists of several measures such as Household Decision Making; Gender Role Belief Scale; Ideas about Gender Relation; Benevolent Sexism; Exposure to GBV; Coercive Control; General Well-Being; Life Stressors; Coping; and Help Seeking. If the baseline survey is done at this stage, it will take the session longer than it is planned. The measures are to be administered as part of the experiential learning process. Due to the length of baseline survey and long duration of administration, the link is to be provided separately.

Key message: By filling up pre-workshop assessment the participants start to be exposed and aware of several key concept, including Gender-Based Violence (GBV), gender discrimination, coercive control, gender norms, Contributing Factors of GBV, Mental Health and Well Being, coping skills, and help-seeking. Facilitator shall obtain information about the level of knowledge that participants have possessed.

Exercise 1.5. Intersectionality, Privilege, Disadvantage & Building Empathetic Understanding

Objective: To explore intersectionality, privilege, and being unprivileged in life experience of women (and others) who are marginalized and to establish an empathetic understanding and non-discriminatory disposition in light of intersectionality and understanding of privilege/unprivileged.

Materials: Videos on intersectionality:
https://youtu.be/w6dnj2IyYjE (Intersectionality 101)
https://youtu.be/O1islM0ytkE (What is intersectionality?)
https://youtu.be/WzbADY-CmTs (Kids Explain Intersectionality)

Duration: 60 minutes

Instructions:

- Play Privilege Walk Exercise. Facilitator ask participants to stand side by side with each other forming one line, then facilitator lead the game by reading privilege statement one by one and ask participants to step forward or backward following the instruction:
  1. *If one or both of your parents graduated from college, take one step forward.*
  2. If you are going to be the first person in your immediate family to graduate from college, take one step back.
  3. *If you ever attended a private school or a summer camp growing up, take one step forward.*
  4. If you started school speaking a language other than English, take one step back.
  5. *If you were told by your parents that you were beautiful, smart, or successful, take one step forward.*
  6. If you have ever been the only person of your race/ethnicity in a classroom or place of work, take one step back.
  7. If you grew up in an economically-disadvantaged or single-parent home, take one step back.
  8. *If you knew since you were a child that it was expected of you to go to college, take one step forward.*
  9. If you were ever discouraged from any personal goal or dream because of your race, socioeconomic class, gender, sexual orientation, or physical/learning disability, take one step back.
  10. *If you have immediate family members who are doctors, lawyers, or work in any degree-required profession, take one step forward.*
  11. If you have ever been called names regarding your race, socioeconomic class, gender, sexual orientation, or physical/learning disability and felt uncomfortable, take one step back.
  12. If you have ever had to sacrifice personal interests for the responsibility of others or other circumstances, take one step back.

13. If you or someone you know has ever been mistrusted or accused of lying, stealing, or cheating without sufficient evidence, take one step back.
14. *If you studied the history and culture of your ethnic ancestry in elementary and secondary school, take one step forward.*
15. If you were ashamed or embarrassed of your clothes, house, or car and wished to change it to avoid being judged or teased, take one step back.
16. *If you grew up with people of color or working-class people who were domestic workers, gardeners, or babysitters in your home, take one step forward.*
17. If you have ever been hesitant to speak to avoid being ridiculed because of your accent or speech impediment, take one step back.
18. *If you or your family never had to move due to financial inabilities, take one step forward.*
19. If you have been mistreated or served less fairly in a place of business because of your race or ethnicity, take one step back.
20. *If you always see members of your race, sexual orientation, religion, and class widely represented on television, in the newspaper, and the media in a POSITIVE manner, take one step forward.*
21. If you never worry about crime, drugs, rape, or any other violence threats in your neighbourhood, take one step forward.
22. *If you were to walk into a business premise and ask to speak to the person "in charge" and you see a person of your race, take one step forward.*
23. If you have ever skipped a meal or went away from a meal hungry because there was not enough money to buy food, take one back.
24. *If you have off days during the major (religious) holidays or other cultural events that you celebrate, take one step forward.*

25. If anyone in your immediate family has ever served time in a state or federal prison or correctional facilities, take one step back.
26. *If you feel that people do not interpret your personal opinions as a representation of your entire race, take one step forward.*
27. If anyone in your immediate family has ever been addicted to drugs or alcohol, take one step back.
28. *If you feel certain that you will not be followed, harassed, or watched under close surveillance while shopping, take one step forward.*
29. If you have ever been feeling loss of freedom to go out for leisure because family members or spouse are not happy about you going out, take one step back.
30. *If walking alone at night, and other people feel safe in your presence, take one step forward.*

- Reflection after privilege games:
  1. Were you surprised by anything?
  2. How did it feel to take a step forward or a step back?
  3. How did it feel to be in the front or back of the room at the end?
  4. What did you learn from this exercise?
  5. Mention one lesson learned that you can do in daily life?
  6. Conclude: what is privilege? What makes people privileged or underprivileged?
- Play videos on intersectionality (Links above).
- After the screening facilitators lead a reflection and discussion using several guiding questions below to better understand concept of intersectionality and privilege:
  1. What identities intersect within you as a unique individual?
  2. In what way are you privileged?
  3. In what way are you unprivileged?
  4. What would you do to yourself as a person who is in privilege situation?
  5. What would you do to yourself as a person who is in unprivileged situation?
  6. What would you do to others who are unprivileged?
- Core concept of intersectionality: A sociological term coined by

Kimberlé Crenshaw in 1989. It refers to: (1) "The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; (2) a theoretical approach based on such a premise."; (3) "the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combined, overlap, or intersect especially in the experiences of marginalized individuals or groups."; (4) In intersectionality there are multiple overlapping identities (e.g., religion, language, gender, ability, sexuality, race, ethnicity, occupation, etc.) that can oppress a person or a group of people; (5) Markers of identity, like race or sexuality, gender, age, nationality (citizen / non-citizen), etc. don't just exist separately, but they all overlap or interconnect and contribute to oppression, unprivileged, aggravating problems that certain individual suffers; (6) Intersectionality function as a tool to analyze oppression (can simply means bad situation) experience by individual (and also marginalized group). It was not meant to exaggerate victimization (placing the most oppressed on top of the hierarchy).

- Intersectionality basically is a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality, or immigrant status. What is often missing is how some people are subject to all of these, and the experience is not just the sum of its parts.
- Core concept of privilege: Privilege comes from the Latin *privilegium*, meaning (1) a law for just one person, a benefit enjoyed by an individual or group beyond what is available to others.; (2) any right, immunity, or benefit enjoyed only by a person or group beyond the advantages of most.

Key message:

Understanding intersectionality is a starting point to build empathetic understanding of complex unprivileged situations of ourselves and others. Empathetic understanding (aware, acknowledge) of the complex

nature of oppression experienced by ourselves and others should enable us to act justly toward self and others. Acknowledging privileged situations (and accepting the discomfort of being seen as privileged; as opposed to being defensive) enables us to use our privilege justly for the benefit of others (as opposed to being exploitative for self-interest).

Section 2: Gender-Based Violence: Definition, Consequences and Contributing Factors

Exercise 2.1. Defining Gender-Based Violence

Objective: To introduce the concept of GBV in an engaging way and to explore forms/categories of abuse/violence.
***Materials*:** Videos **(**https://youtu.be/ehhrLC9Eg98 ; Gender Based Violence, 2:28 minutes & https://youtu.be/3AF9Rjki0DE ; Inspiration: what is GBV, 2:50 Minutes); Other additional (optional) videos are available in Annex VII; Paper & Pen/Marker
***Duration*:** 30 minutes

Instructions:

- Short video screening: facilitator is to choose the short video https://youtu.be/vIsdFwCCyRU (Violence against women in Life Cycle, 4:26 minutes). Other videos related to GBV, are provided in the Annex VII.
- Short reflection and brainstorming using several guiding questions below (5 minutes):
  (1) What do you see in the short film?
  (2) What does the term – "gender-based violence" (SGBV) – mean to you? Define GBV in your own words.
  (3) Describe the types of GBV that you see in the video!
- Case study (15 Minutes)
  Facilitator is to choose one or two cases and ask participants to read in a small group or read together in a big group. The case studies are available in **Annex III**. Use the guiding questions below to guide the discussion.
  (1) Do you recognize the types of abuse in these cases?
  (2) List down the types of abuses that you see!
  (3) What are the causes of GBV in the two cases above?
  (4) What can we conclude from the cases above?
- Facilitators can use images of types of GBV provided in Annex II (1. Gender Based Violence) to conclude explanations about types of

Gender Based Violence. If time permits, show this video (https://youtu.be/3AF9Rjki0DE; Inspiration: what is GBV, 2:50 Minutes) to conclude the discussion

- Core concepts and notions to be delivered:
  - 'Sexual and gender-based violence' (SGBV) is violent acts that involve forced, unwanted sexual acts other person of different gender due to imbalance of power between different gender. Intimate partner abuse or intimate partner violence refers to abuse or violence occurring within the context of an intimate relationship such as fiancé or boyfriend-girlfriend, husband-wife, romantic couple.
  - The violence and abuse can be:[2]
    - Physical, e.g., hitting, punching, kicking, grabbing, shaking, pushing against the wall, pulling hair, using weapons against, etc..
    - Sexual, e.g., forcing another person to have sex or engage in sexual acts (including physically and/or through verbal threats/pressure), touching another person sexually against their will, molest, and sexual harrasment.
    - Psychological/emotional, e.g., threats, insults/criticism, humiliation, destroying possessions, confinement/restricting freedom of movement.
    - Socio-economic, e.g., depriving of sufficient resources to meet needs/needs of children, controlling/confiscating income, denying another person the ability to work and generate income.

Key message: GBV is a significant problem in many communities in this region. Violence is not just physical, but rather can take many forms.

[2] Heartland alliance international (HAI), United Nations Relief and Works Agency (UNRWA). (2015).

Exercise 2.2. Gender-Based Violence in Our Community

Objectives: To explore GBV in participants' own community and to discuss the importance of working together to reduce GBV in the communities.
Materials: Pre-workshop survey data
Duration: 90 minutes

Instructions:

- Opening*:* Facilitators sum up the definition of GBV and encourage openness in the discussion and sharing about their observation and perspective on GBV phenomena in their community to understand the whole phenomena. Following metaphor can be used to illustrate the different observation: *"if I place a cup in the middle of the group each of you will see a different side of the cup. Another example is that if we look at the number 6 from a different angle it can look like a 9".* All opinions and observations are welcome in this workshop.
- Brainstorming: *How common do you think GBV is in your community/group?*
- Share a summary of information in the tables below with participants. Ask participants to notice the different percentages.

Comparison of personal exposure to GBV over the past 12 months, based on baseline survey with Rohingya refugee community members, Malaysian women entrepreneurs, and participants of Participatory Action Research (PAR) with plantation and refugee women in 2022.

Being victims of GBV by intimate partner	**Rohingya Community**		**Malaysian Women Entrepreneurs**
	Men (n = 15)	**Women (n = 15)**	**n=26 women**

4. My partner insulted, swore, shouted, or yelled at me	7%	87%	46%
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	0	33%	7.7%
10. My partner pushed, shoved, or slapped me	20%	94%	11.5%
12. My partner punched, kicked, or beat up me	0	54%	3.8%
14. My partner destroyed something belonging to me or threatened to hit me	0	13%	3.8%
15. I went to see a doctor (MD) or needed to see a doctor because of a fight with my partner	0	20%	3.8%
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	0	7%	0%

Note: WHO defines *current IPA* as within the last year (WHO, 2013).

Perpetration of violence against partners over the past 12 months based on baseline surveys with Rohingya community and Malaysian women entrepreneurs.

Perpetration of GBV against partners	Rohingya Community		Malaysian Women Entrepreneurs
	Men (n = 15)	Women (n = 15)	n=26

5. I insulted, swore, shouted, or yelled at my partner	40%	7%	53.80%
8. My partner had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my me	20%	7%	7.70%
9. I pushed, shoved, or slapped my partner	40%	0	11.50%
11. I punched, kicked, or beat up my partner	33%	0	3.80%
13. I destroyed something belonging to my partner or threatened to hit my partner	7%	27%	0
15. My partner went to see a doctor (MD) or needed to see a doctor because of a fight with me	0	0	3.80%
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	0	0	0

The data above indicates that GBV occurs in both Rohingya and Malaysian women entrepreneurs with different severities as reflected in the different percentage.

- Focus Group Discussion (FGD) with plantation and refugee women (n=30) in a Participatory Action Research conducted by Tenaganita and Plantation and refugee women group in 2022 also discovered GBV and gender discrimination described below:
  - All refugee and plantation women participants suffered from physical abuses. They also shared the same experience that GBV perpetrators are mostly male (aged 30 and above) including husband or father. The victims are women, wife, and daughter, and other children. Men are also found to not acknowledge the fact they committed GBV. GBV perpetrated by females are few. However, in Afghan society men also become victims of violence committed by their own family (participants estimate 10%). For

example, in cases of marriage against family's will or termed as 'love marriage', the husband and other men who support the union became the target of violence. Plantation women also consider that alcoholism among men contributes to GBV committed toward women/wife.

- Other type of GBV suffered by women are neglect and abandonment by husband shared by Pakistani, Afghan, Sudanese, Yemeni refugee, and Plantation women such as their husbands did not provide livelihood support for wives and children; husbands left the family during wife pregnancy; husbands had affair with other women and engaged in polygamy. Even when the couple remained in the marriage, Chin women participants endured forced sex and the husband used sex as payback for the help that the husband provided.
- Somali, Afghan, Sudanese, Yemeni refugee women participants shared experience and observation of soldier committed gang rape against women and girls whether they are married and unmarried, and boys; soldier forcefully stripping them. The young boys were forced to join the troop. This highly severe sexual violence that women, girls, and boys are result of war.
- Women suffer not only double victimizations by family but also live in the family and community that do not support nor protect them from GBV. In addition to the sexual violence that already victimized women, Somali refugee women participants shared that rape victims still had to endure death threats, physical violence, murder attempt by their husband or family members. Afghan women participants added that Afghan women do not only suffer abuse by their husband, they also suffer abuse by parents and siblings, and often their in-laws.
- Honor killing or murder committed by family members to couples involved in 'love marriage' against their families' wishes. The violence and act of murder also target other people who support the union. This is a shared experience of Afghan, Sudanese, Yemeni refugees.

- Forced and arranged marriage are common experiences observed and shared by all refugee and plantation women participants. There is also fear and concern among Afghan, Sudanese, Yemeni women participants that early marriage becomes a circle, repeated to their daughters when they already left their place of origin.
- Pakistani, Afghan, and Rohingya refugee women participants shared that women are not allowed to pursue higher studies, especially when the family faces financial constraints.

- Discussion: Use the questions below as guiding questions to start a discussion:
  (1) What is your conclusion after looking at the baseline survey? Is GBV a problem for this community? (yes/no)
  (2) If your answer is YES. What do you think our community need to do to address this problem?
  (3) Why do you think we chose to talk about intimate partner abuse, mental health, social norms and human rights in this workshop?
  (4) What kinds of connections do you see between these ideas?

Key message: GBV is a problem in many communities deserving of community-wide attention**.**

Exercise 2.3.: Consequences of Gender-Based Violence

Objective:

- To explore consequences of GBV for victim, perpetrator, children, and the community,
- Participants describe the psychological, Mental Health, Social Life, Economic, and Livelihood impacts of GBV
- Participants overcome fear of being shamed in GBV victimization in society.

Materials: Video, https://youtu.be/Qc_GHITvTmI (WHO - Violence against women: Strengthening the health system response)
Duration: 60 minutes

Instructions:

- Screen video https://youtu.be/Qc_GHITvTmI (3:28 Minutes)
- Discussion: describe the impact of GBV to Victims, Children, Perpetrators, Community in several aspects i.e., physical, mental, social, economic. Use chart below as a guide:

	Physical	Mental	Economy	Social	Legal
Victims/ Survivors					
Children (witness)					
Perpetrator					
Community					

- Write the four categories in the chart above (the person being abused, the perpetrator of the abuse, children, the community as a whole). Discussing each category separately, ask community members to provide ideas, write down their input, and fill in gaps using the notes below. Share community-specific data and quotes from focus groups as possible during this section. Emphasize the importance of confidentiality again in this section as specific examples are likely to be shared.
- Facilitator share more detail consequences of GBV discovered in Focus Group Discussion (FGD) in Participatory Action Research by Tenaganita and Plantation & Refugee women in 2022 such as:

- GBV Impact to women: All participants including refugee and plantation women agreed that GBV impacted women and children's mental health.
    - **P**akistani refugee women participants shared that women survivor of GBV experience feelings of helplessness.
    - Somali women GBV survivors shared that their self-worth and self-esteem being undermined by husband and endured mental breakdown leading to suicidal thoughts or suicide attempt. The psychological trauma shaped their view about men and impacted current and future capacity to build relationships.
    - Afghan, Sudanese, and Yemeni women stated that women experiencing prolonged GBV become depressed and imposing self-isolation. The circle of depression continues for their children. Women are traumatized by discrimination experienced in the family for example by father in the past. An Afghan woman said, when she is outside of her home and hears a call for prayer (azan), it is a reminder of distress about her father's reaction upon her return home. Women are also suffering stress and anxiety that correspond to diabetes and high blood pressure. In addition to the direct traumatic experience, women also experience trauma of witnessing abuses and domestic violence and have lack of space to share such experience.
    - Chin ethnic women participants observed that wives became single mothers due to abuse and separation. Their children are more depressed and having suicidal thought.
    - Plantation women shared that GBV survivors experienced symptoms of depression such as lack of concentration, social withdrawal, depression, suicidal thought & Suicide attempt by drinking pesticide. They also witnessed GBV survivors who developed unhealthy thinking and tendency of running away from problems by turning to work.

- GBV impact to children: All refugee and plantation women participants expressed that GBV committed by their father toward their mother leaves children in psychological trauma.
    - Pakistani, Rohingya, Burmese women participants shared experience of children psychologically traumatized by GBV. The children are victimized by being punished, abused, and isolated. Somali women participants specifically point out that children's self-development and creativity are affected. Children born of rape are rejected, isolated, excluded, shamed, discriminated in the community.
    - Afghan, Sudanese, Yemeni women have witnessed fathers abusing mothers who left without support. The traumatic experience is brought forward to adulthood and brings a long-lasting effect.
    - Plantation women shared impacts of GBV and gender discrimination to children as experiencing distress; lost 'home feeling and safe place' in the family; suffering from physical injury (swollen). Plantation women also shared that communication between parents and children in plantation usually is harsh and disrespectful. It may not be directly linked to GBV, but it has added on to distress among children in the family and ultimately become seeds of abusive behavior. Parents lack awareness about the impact of family conflict/violence/gender-based violence toward children and the children develop bad behaviors and fall into bad circles of friends; young boys get involved in drug use; children also fear the abuse cycle that possibly will happen in their future.
- Impact of GBV and Gender discrimination to marriage life: All participants view GBV and practice of forced marriage (and arrange marriage) as threats that weaken the family/marriage union.
    - Pakistani refugee women shared that the relationship between husband and wife weakens due to GBV.

    - Somali women participants added that tradition and practice of men/fathers only making decisions in children marriage bring bad implications. The marriage couples live in an undesired union or marriage that leads to couple conflict, affair, and unhealthy marriage relationship, unhappiness, and ultimately divorce.
- Homework/task for participants:
  (1) Observe your community more closely. If you find any incident of GBV, find out more information about it (Who, what, why, where, when, how did it happen?)
  (2) Explore ideas on what you can do!
- Core concepts and notion to be delivered:
  - First, the effects of GBV on the person who is being abused: Consider the mental, physical, and social categories that we spoke about earlier. The points below provide core information about impact of GBV suffered by victims / survivors:
    - Physical: bodily injury, bruises, broken bones, reproductive injuries, death.
    - Mental health/emotional: fear, humiliation, self-blame, nightmares/flashbacks, depression, suicidal thoughts/tendencies. Link back to mental health discussion conducted earlier**.**
    - Social effects:
      - Stigma from the family and community, leading to exclusion, negative treatment. Divorced women may face a stigma, be criticized as selfish, not prioritizing well-being of the children.
      - Social isolation: separation from family and friends due to stigma, shame, feeling that others won't understand
      - Treatment of children: Abuse or neglect
    - Economic/restricted opportunities: denied access to resources, employment opportunities, money, ability to visit with others, etc.
  - GBV effects on children: According to many researches, children who witness marital violence have an increased risk of both

emotional and behavioral problems. Children who witness intimate partner violence (IPA) committed by parents, experience anxiety, behavioral problems, low self-esteem, nightmares, physical health complaints, and low school performance. (World Health Organization, 2002, p. 103). In some cases, children who witness abuse may grow up to practice abusive behaviors in their own relationships. In other cases, observing abuse can lead not only to becoming an abuser, but also to being more vulnerable to being abused by others. Women who are abused by their husbands may also act out with their children. This idea was emphasized by one of the service providers we spoke with, "*It is a vicious cycle. Dad beat up the mum, mum beat up the kids, the kids will grow up becoming violent people."* Other service providers shared that for children observing abuse can lead not only to becoming an abuser, but also to being more vulnerable to being abused by others.

- Second, the effects of GBV on the perpetrator of the abuse: the points below each guiding question are core information about impact of GBV suffered by the perpetrator:
    - Mental health/emotional: Guilt, shame, self-blame.
    - Social: Worsening relationship problems. Stigma from the family/community. Social isolation, estrangement from the victim and other family members.
    - Imprisonment and other legal consequences.
- Finally, the impact of GBV on the community as a whole: The points below are core information about impact of GBV to community as a whole:
    - Families affected by GBV interact with others in the community, resulting in difficulties in workplaces, schools, neighborhoods, and decreasing community cohesion (connections among people in the community).
    - As GBV becomes more common it can become "normalized" or more acceptable in the community, which can in turn increase GBV in other families

Key message: GBV has many detrimental effects in both the short and long-term, for the victim, perpetrator, children, and the community. In lightof this, the remainder of this workshop is dedicated to working together to prevent IPA and to increase help-seeking in this community.

Exercise 2.4. Contributing Factors to Gender-Based Violence

Objective: to identify and explain contributing factors of GBV.
Materials: Chart of data from pre-workshop survey; videos https://youtu.be/CFNF_6u7cqk (UNFPA video against gender violence 2016; 4:51 Minutes) https://youtu.be/ova_C9v7F90 (#SayEnough: Together We Can End Violence Against Women And Girls; 1:45 Minutes)
Duration: 60 minutes

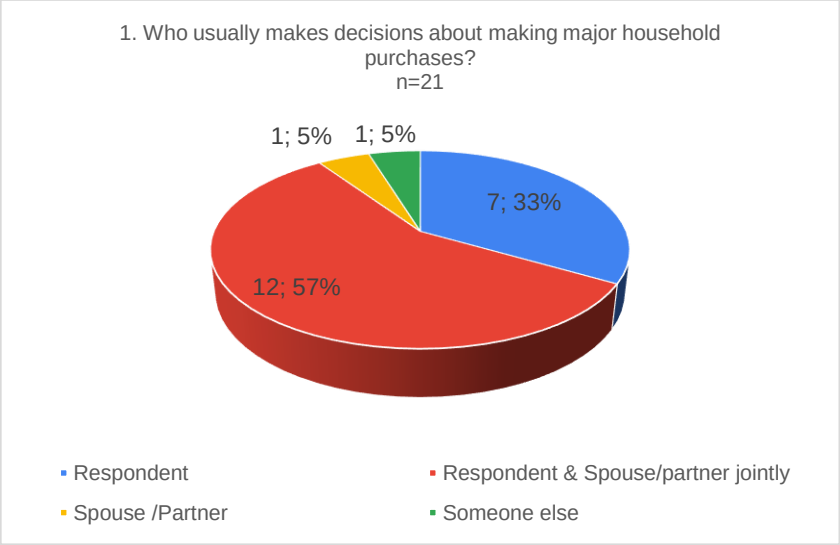
Instructions:

- Screen the videos: https://youtu.be/CFNF_6u7cqk (UNFPA video against gender violence 2016; 4:51 minutes) or https://youtu.be/ova_C9v7F90 (#SayEnough: Together We Can End Violence Against Women And Girls).
- Opening discussion and brainstorming: What are the contributing factors (causes) to GBV in that we can conclude from the videos? Let's list down the contributing factors using the chart below (Individual, Social-cultural level, state-legal, etc.)

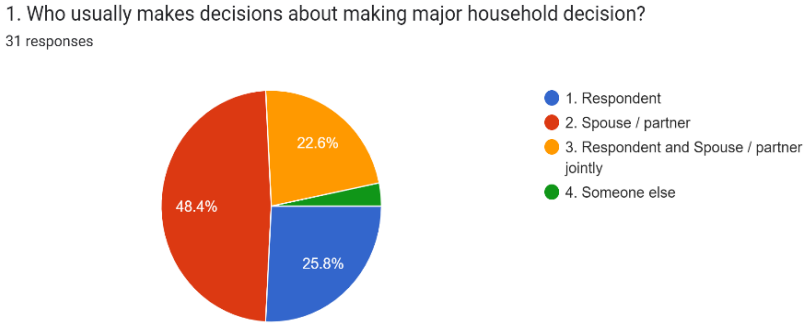
	Contributing factors to GBV
Individual	
Social-Cultural	
State-Legal	
others:	

At the end of discussion, facilitator assist participants to conclude that contributing factors or causes of GBV include belief, way of thinking, life practices that see and treat women and men as unequal (patriarchy) and have become norms in society; life stressors and mental health problem also trigger or worsening the violence behavior against women.

- Learning from our own experience: Facilitators guide participants to look at some data that some participants might have participated, especially household decision making, individual ideas about gender relation, gender roles belief, ideas about gender relations, and benevolent sexism & compare those data with ideas about gender relation held by communities including Rohingya refugee women and men (research 2016-2018), Malaysian women entrepreneurs (2020-2021), plantation women & refugee women (2022).



Malaysian women entrepreneurs shared experience in household purchase decision making indicated that the majority experienced joined decision making.



Whereas survey with plantation women and refugee women in PAR 2022 (n=31 women of which are 10 plantation women and 21 refugee women) on household decision making *shows* that majority participants (48.4%) shared that husbands make decisions in major family matter; followed by 25.8 % shared that women make decision; 22% participants experienced husband-wife jointly make decision; and 3.3% participants shared that someone else make decision. Whereas in the matter of purchasing daily household needs, a slight majority of respondents (35.5%) experienced husband-wife jointly making decisions; followed by 32.3% women making decisions; 29% women experienced husbands making decisions in household purchase; and only 3.2 % participants experienced decisions made by someone else. The findings indicated differences on who are the main decision makers in the important/major family matter among a group of respondents in the past survey.

Figure below indicates variation in the ideas held by different communities on Ideas about gender relation in couple relationships among those respondents.

Percentage of respondents agreeing to the statements in Ideas about Gender Relation Scale				
	Rohingya Community)		Malaysian Women entrepreneurs (n=21)	PAR 2022
	Men (n=15)	Women (n=15)		N=10 Plantation Women & 21 Refugee women
1. A woman should obey her husband	100%	100%	66.67%	48.39%
2. Working women should give their wages to their husband	80%	87%	0.0%	87.10%
3. Men should have the final say in all family matters	93%	93%	4.8%	54.84%
4. Men should share the work around the house with women	13%	20%	100%	58.06%
5. A woman needs a man's permission to work	100%	100%	28.6%	19.35%
6. A woman cannot refuse to have sex with her husband	93%	87%	4.8%	35.48%
7. Children belong to the man and his family	93%	93%	9.5%	35.48%

8. Woman can't do anything about men's relations with other women	60%	80%	0.0%	35.48%
9. A man has the right to punish a woman	80%	87%	14.3%	32.26%
10. A man owns his wife because he pays dowry	100%	100%	0.0%	25.81%
11. If man beats his wife, it shows he loves her	73%	67%	0.0%	16.13%
12. Men and women should be treated equally	67%	73%	95.2%	90.32%
13. If a woman is abused, it is her fate	67%	93%	0.0%	70.97%
14. There is no point in telling others about abuse within a couple	93%	93%	0.0%	32.26%
*Note: Responses has been simplified to agree vs disagree				

Table below indicates variation in gender role belief among Malaysian women entrepreneurs and plantation women and refugee women participating in the survey.

Gender Role Belief Scale		
Range of core of 1-7; 1= Strongly Agree, 7=Strongly Disagree) *Mean closer toward 7 expresses tendency to disagree; whereas mean closer to 1 expresses tendency to agree with the statement*	**Mean**; Malaysian Women Entrepreneurs (n=21)	**Mean;** PAR 2022 (n=31; 10 Plantation women; 21 Refugee women)
1. It is disrespectful to swear in the presence of a lady.	2.81	3.81
2. The initiative in courtship should usually come from the man.	4.57	3.19
3. Women should have as much sexual freedom as men.	4.29	3.58
4. Women with children should not work outside the home if they don't have to financially	5.86	5.48
5. The husband should be regarded as the legal representative of the family group in all matters of law.	5.14	4.26
6. Except perhaps in very special circumstances, a man should never allow a woman to pay the taxi, buy the tickets, or pay the check.	5.29	4.19
7. Men should continue to show courtesy to women such as holding open the door or helping them on with their coats.	3.5	2.45
8. It is ridiculous for a woman to drive a bus and a man to sew clothes.	6.29	3.58
9. Women should be concerned with their duties of childbearing and house tending, rather than with the desires for professional and business careers.	6.19	5.58

10. Swearing and obscenity is more repulsive in the speech of a woman than a man.	4.86	4.16
Mean	4.88	4.028
Standard Deviation	1.073973929	0.908612128

Another set of attitudes and mindset that contribute to GBV is sexism. Sexism is prejudice (view and attitudes) and discriminating action based on sex and gender. It is embodied in belief that one sex is superior to or more valuable than another sex; imposing limits on what men and women should do and should not do; including the oppression of any sex, especially the marginalized such as women, intersexual people, and transgender people. and a subtle form of sexism in benevolent sexism which is defined as: (1) a form of sexism in which people, especially women, who conform to traditional gender roles are viewed in a positive manner; (2) a set of interrelated attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviors typically categorized as prosocial (e.g., helping) or intimacy-seeking (e.g., self-disclosure) (Glick & Fiske, 1996, p. 491); (3) a subjectively positive orientation of protection, idealization, and affection directed toward women that, like hostile sexism, serves to justify women's subordinate status to men (Glick et al., 2000, p. 763).

Table exhibited below shows the level of agreement/disagreement in the Benevolent Sexism Scale among Malaysian women entrepreneurs (research in 2020-2021) & Plantation women & refugee women participating in PAR 2022. Tendency of agreeing to benevolent sexism exists in the group. Although it is not directly harmful, this belief needs to be made aware.

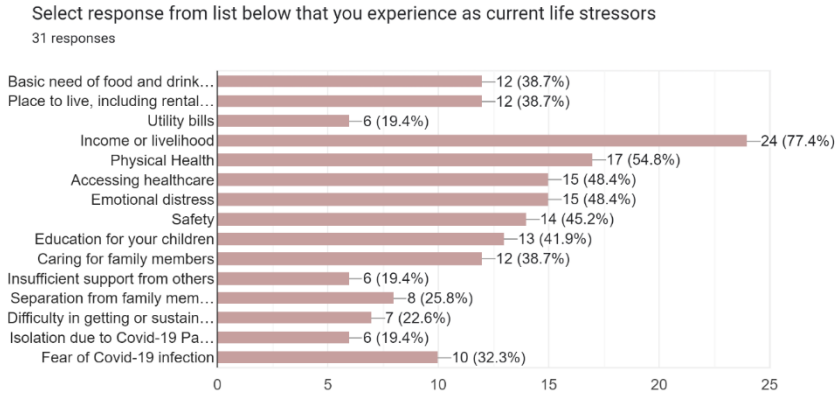
Benevolent Sexism Scale (Range 0-5; 0=Strongly Disagree, 5=Strongly Agree);	Average Score (n=21); Malaysian Women Entrepreneurs	Average Score (n=31); 10 Plantation women & 21 Refugee women
1. In a disaster, women ought not necessarily to be rescued before men (-)	1.1	0.87
2. Women should not have to work because the men in their lives should provide for them (+)	0.62	2.26
3. Women are more sensitive and fragile than men so should be treated differently (+)	2.76	3.27
4. It is men's responsibility to make decisions to benefit the women in their lives (+)	2	2.26
5. Men need to be strong in order to protect women (+)	3.33	4.06
6. Men is more logical than women, therefore men should not cry (+)	0.9	1.77
7. Women have a quality of purity that few men possess (+)	2.52	3.1
8. Women, compared to men, tend to a have a superior moral sensibility (+)	3.62	3.29
9. Women have a more refined sense of culture and good taste (+)	3.29	3.87
10. Women is naturally more nurturing as compared to man, therefore women should only stay at home and taking care of children (+)	1.29	2.26
Mean	2.143	2.701
SD	1.11	0.99

- Brief discussion: (1) What is your opinion about data shared above? (2) Are we contributing to GBV in one way or another?
- Watch last two videos on sexism and benevolent sexism to conclude understanding on the concept:
- Review some of the data of recent research by Tenaganita and partners on life stressors below with participants. There are some contributing factors perceived by women, men, community members and service providers as contributing to GBV from Tenaganita past work/research with Rohingya communities in 2016-2018.

Environmental Stressor-related (representative quotes in italics)
Financial problems, employment problems (*not enough money; can't find good jobs*)
Safety issues, due to working around other men, feeling uncomfortable
Husbands problem of drug abuse, drinking, gambling (*there is not enough money to run the household when the man spends it all on drinking, drugs, gambling*)
Social norms-related (representative quotes in italics)
Normalization of violence within the culture (*violence is a normal experience*; *many in the community think it is normal for a man to release his tension by abusing his wife, they don't know that it is wrong*)
Men believe they can do anything they want to their partner (*some men think they can do anything to a woman without consequences*)
Lack of adherence to religious values and practices (*couple needs to pray more often; couple needs to know about religious teachings emphasizing respect*)
Forced marriage/Child marriage (in such situations *the woman doesn't have any power*)

Jealousy/Distrust (concerns from men or women about the other having affairs)
Perceived disobedience of wife (*husband comes home tired and expect things from his wife that she may not be able to provide*)

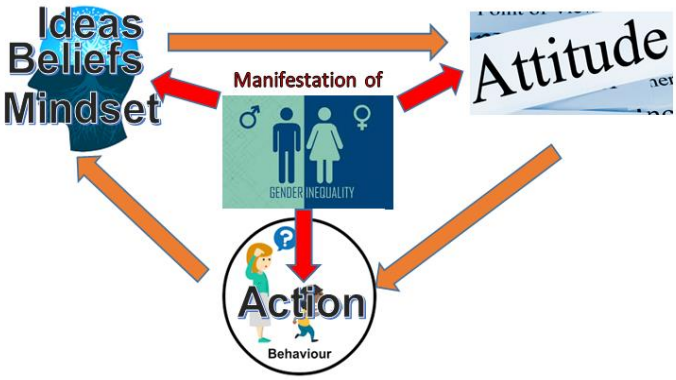
PAR with plantation and refugee women in 2022 discover life stressors described below. The most pressing life stressor identified by most participants is income and livelihood issues (n=24; 77.4%), followed by physical health problem (n=17; 54.8%); emotional distress and difficulty in accessing health care (n=15; 48.4%); safety issue (n=13; 41.9%); children education (=13; 41.9%); basic need of food, housing, providing care for family members (n=12; 38.7%); fear of covid infection (n=10; 32.3%); separation from family (n=8; 25.8%); job instability (n=7; 22.6%); isolation due to covid19 pandemic; lack of social support, and burden of utility bills (n=6; 19.4%).



- Core notions on the contributing factors to GBV to be delivered: Some contributing factors to GBV are (1) Gender norm (part of widely accepted social norms) & gender inequality, including belief in gender relation held by society, stereotypes of men and women – submissive/dominant, even benevolent sexism, and culture of

patriarchy in general, normalizing violence against women, among others; (2) various environmental stressors experienced by family, society for example economic hardship, oppression, marginalization, displacement, mental health problems, etc. that aggravate GBV.

How do gender norms & inequality manifest in GBV? The picture below illustrates how gender norms & gender inequality manifest in beliefs, attitudes, and behaviors and contribute to GBV.



Key message: Many of the contributing factors to gender violence are related rooted in social and cultural beliefs about gender (i.e. gender norm, gender stereotype, culture of patriarchy, and gender inequality. It is further aggravated (contributed by) life stressors associated with life difficulties (e.g., money, unemployment, being marginalized and minority, etc.). It is important to strongly emphasize to participants that while environmental stressors and social norms may contribute to and aggravate existing GBV, these are NOT justifications for GBV. GBV is never acceptable or excusable in any situation. It would be good to emphasize this again during the human rights session.

Section 3: Sex, Gender, and Gender Norms

Exercise 3.1. Introduction to Sex and Gender

Objectives: To differentiate gender norms from biological sex differences; to introduce concepts of social norms and gender norms; to challenge the construct of strict gender norms by introducing ideas of "human" characteristics which are desirable across genders.
Materials: 'Man, Woman, and Human Box Exercise Chart**,** Gender norms cards' (Annex II); Video on Gender Roles and Stereotype [1.47 Minutes] (https://www.youtube.com/watch?v=Ulh0DnFUGsk); paper, sticky notes, pen/marker.
Duration: 40 minutes

Instructions:

- Watch the video: https://www.youtube.com/watch?v=Ulh0DnFUGsk (Gender Roles and Stereotype)
- Introduction to the concept of gender norms*: Let's talk now about beliefs about what people should be doing. Another word for such beliefs is social norms. Social norms about gender are called gender norms**.** Now we will do an activity to explore this idea through an exercise.*
- Exercise: Man and Woman in the Box.
  Draw or write on the white board the table below (or show it on screen).

Activities and characteristics we associate with MEN	**HUMANS** (Leave it blank for now)	**Activities and characteristics we associate with WOMEN**
	X X X X X X X X X X X X X X X X X X	
Notes here:		

Show the ‘Gender Cards’ provided in Annex II to participants and ask them to place them ONLY in the MEN or WOMEN box.

Activities and Characteristics associated with MEN	HUMANS	Activities and Characteristics associated with WOMEN
		

Men and Women Box Exercise: Are the pictures placed in the correct place? Yes/No? Explain why! If they are in the wrong places, move them to the correct places/categories! Explain why you place them there?

- Brief discussion and reflection about Men and Women Box exercise. Exercise by answering the guiding questions or instructions below.
  (1) What are roles and activities that ONLY WOMEN can do?
  (2) What are roles and activities that ONLY MEN can do?
  (3) Based on answer of two questions above, which roles and activities are defined by men or women biology?
  (4) Which roles and activities of men and women defined by society?
  (5) What is/are important points that you can conclude from men and women box exercise?
- Core concepts to be delivered:
  - When we think of something that only a man or woman can do, we are focusing on <u>biological factors</u> (e.g. getting pregnant, giving birth). That characteristics of a person are called SEX, associated with the terms Male and Female. Whereas characteristics that most of us in our society consider to belong to men or women,

but are interchangeably or can be done by both men and women are called GENDER or GENDER IDENTITY or GENDER ROLE. A set of views, beliefs, behaviors that tend to confine certain characteristics, behavior, are associated with men or women and accepted by society become norms, called GENDER NORMS. Gender norm is part of SOCIAL NORMS. Social norms about gender are called social gender norms. This means that they are things that a society or community determines to be associated with men or women.

- The spirit of learning and clarifying our understanding (and belief) about men and women characteristics by their sex, gender roles, gender norms, may increase gender sensitivity and absorb belief in equality, and make GBV less likely to occur.

Key Message: Term sex and gender are used interchangeably. However, they carry different meanings. Gender that refers to role, action, self-expression of thought and emotion, certain capability of human beings of various genders can be performed by both men and women, and often interchangeably. Whereas sex characteristics of men and women are biological and cannot be exchanged. The capability of men and women that cannot be exchanged are limited for example, pregnancy, impregnation, giving birth, breast feeding. Other roles can be done by all genders and should be flexibly interchangeably or shared according to needs and circumstances, such as child care, doing household chores, earning, etc. Rigid view and practice of gender roles in society lead to unhealthy life, conflict, and discrimination.

Exercise 3.2. Gender Norms

Objectives: to explore the concept of "gender norms" and various gender norms in society and reflect on ways that gender norms are linked to Gender-Based Violence.

Materials: Videos on gender roles and stereotypes https://youtu.be/UpgZ5PCuf8A (Gender inequality & DOmestic Violence, 5:43 Minute); https://youtu.be/uOpvALcxndM (Sexism; 2:19

Minutes); https://youtu.be/chw9g1tD2YM (Amazing world of Gumball: Benevolent Sexism; 0:23 Minutes)
Duration: 80 minutes

Instructions:

- Watch the video (https://youtu.be/UpgZ5PCuf8A; Gender inequality & Domestic Violence, 5:43 Minute)
- Reflection and discussion (if the group is big, facilitators can divide them into smaller groups or break out rooms in an online session). Use some questions below as a guide.
  (1) What are the gender norms that we can see in the video?
  (2) How do gender norms relate to GBV?
  (3) What institutions can aggravate GBV?
- Sharing thoughts or group presentations by participants. The facilitator may ask individual participants or representatives of the group to share the outcome of the reflection/discussion.
- Facilitator leads participants to administer several gender norm measures (questionnaires) including Gender Role Belief Scale (GRBS), Ideas about Gender Relation, Benevolent Sexism. Skip this step if participants have filled out the baseline survey questionnaire (prior to attending these training sessions).
- Facilitator presents and elaborate selected outcomes of baseline survey that is relevant to explain gender norms, such as Ideas about Gender Relation, Gender Roles Belief Scale (GRBS), Benevolent Sexism obtained from past research with Rohingya Refugee (research in 2016-2018), Malaysian women entrepreneurs (2020-2021) and Plantation & refugee women (PAR 2022).

Percentage of respondents agreeing to the statements in Ideas about Gender Relation Scale				
Statements in Ideas about Gender Relation Scale	Rohingya Community)		Malaysian Women entrepreneurs	PAR 2022 with Plantation & Refugee Women)
	n=15 men	n=15 women	n=21	n=31 (10 Plantation women; 21=Refugee Women)
1. A woman should obey her husband	100%	100%	66.67%	48.39%
2. Working women should give their wages to their husband	80%	87%	0.0%	87.10%
3. Men should have the final say in all family matters	93%	93%	4.8%	54.84%
4. Men should share the work around the house with women	13%	20%	100%	58.06%
5. A woman needs a man's permission to work	100%	100%	28.6%	19.35%
6. A woman cannot refuse to have sex with her husband	93%	87%	4.8%	35.48%

7. Children belong to the man and his family	93%	93%	9.5%	35.48%
8. Woman can't do anything about men's relations with other women	60%	80%	0.0%	35.48%
9. A man has the right to punish a woman	80%	87%	14.3%	32.26%
10. A man owns his wife because he pays dowry	100%	100%	0.0%	25.81%
11. If man beats his wife, it shows he loves her	73%	67%	0.0%	16.13%
12. Men and women should be treated equally	67%	73%	95.2%	90.32%
13. If a woman is abused, it is her fate	67%	93%	0.0%	70.97%
14. There is no point in telling others about abuse within a couple	93%	93%	0.0%	32.26%
*Note: Responses has been simplified to agree vs disagree				

Gender Role Belief Scale		
Range of core of 1-7; 1= Strongly Agree, 7=Strongly Disagree) *Mean closer toward 7 expresses tendency to disagree; whereas mean closer to 1 expresses tendency to agree with the statement*	**Mean**; Malaysian Women Entrepreneurs (n=21)	**Mean;** PAR 2022 (n=31; 10 Plantation women; 21 Refugee women)
1. It is disrespectful to swear in the presence of a lady.	2.81	3.81
2. The initiative in courtship should usually come from the man.	4.57	3.19
3. Women should have as much sexual freedom as men.	4.29	3.58
4. Women with children should not work outside the home if they don't have to financially	5.86	5.48
5. The husband should be regarded as the legal representative of the family group in all matters of law.	5.14	4.26
6. Except perhaps in very special circumstances, a man should never allow a woman to pay the taxi, buy the tickets, or pay the check.	5.29	4.19
7. Men should continue to show courtesies to women such as holding open the door or helping them on with their coats.	3.5	2.45
8. It is ridiculous for a woman to drive a bus and a man to sew clothes.	6.29	3.58

9. Women should be concerned with their duties of childbearing and house tending, rather than with the desires for professional and business careers.	6.19	5.58
10. Swearing and obscenity is more repulsive in the speech of a woman than a man.	4.86	4.16
Mean	4.88	4.028
Standard Deviation	1.073973929	0.908612128

Benevolent Sexism Scale (Range 0-5; 0=Strongly Disagree, 5=Strongly Agree);	Average Score (n=21); Malaysian Women Entrepreneurs	Average Score (n=31); 10 Plantation women & 21 Refugee women
1. In a disaster, women ought not necessarily to be rescued before men (-)	1.1	0.87
2. Women should not have to work because the men in their lives should provide for them (+)	0.62	2.26
3. Women are more sensitive and fragile than men so should be treated differently (+)	2.76	3.27
4. It is men's responsibility to make decisions to benefit the women in their lives (+)	2	2.26
5. Men need to be strong in order to protect women (+)	3.33	4.06
6. Men is more logical than women, therefore men should not cry (+)	0.9	1.77

7. Women have a quality of purity that few men possess (+)	2.52	3.1
8. Women, compared to men, tend to a have a superior moral sensibility (+)	3.62	3.29
9. Women have a more refined sense of culture and good taste (+)	3.29	3.87
10. Women is naturally more nurturing as compared to man, therefore women should only stay at home and taking care of children (+)	1.29	2.26
Mean	2.143	2.701
SD	1.11	0.99

- Discussion:
  (1) Are there any differences in gender norms among us and other communities shown in the table or chart presented above?
  (2) If any, what are the differences?
- Facilitator is to facilitate deepening of understanding of sexism and benevolent sexism by screening video
  - https://youtu.be/uOpvALcxndM (Sexism; 2:19 Minutes)
  - https://youtu.be/chw9g1tD2YM (Amazing world of Gumball: Benevolent Sexism; 0:23 Minutes)

  and followed by briefly brainstorming / discussion using the questions below:
  (1) Explain in your own words: what are sexism and benevolent sexism?
  (2) What are the consequences of sexism, including benevolent sexism?
- Core concepts on gender norms to be delivered:
  - Notion that only men or only women can do certain things, or behave in a certain way is GENDER NORM.

- Some gender stereotypes, such as men are aggressive and women are weak, or that men need to control their wives (including by use of violence), may increase GBV.
- If men or women fail to adhere to gender norms (such as when women do not clean the house, or men do not provide money), this can also sometimes increase tension and manifest in violence act.
- Some examples of gender norms being practiced: Men in the family make all decisions in house, for example deciding on what family members can and cannot do; on children's marriage; In refugee context, especially living in camp, there might be change of gender norm such as women may become breadwinner and play protector roles because women seek aid easier than men.
- It is important to understand gender norms and roles, including <u>what we believe about what the community thinks is acceptable because this can make us behave in certain ways</u>. For example - *A man may beat his wife if he thinks that the community agrees with it. However, if he knows that other people are not doing this, he may be less likely to do it; -A woman may not seek help for GBV if she thinks the community does not believe in asking for help. However, if she believes that the community supports help-seeking she may be more likely to reach out for assistance.*
- An important thing to keep in mind however, is that gender roles and norms can change over time. Gender roles and norms are also likely to change when there is a new environment and associated expectations – for example, the need for women to work to help earn income to support her family.
- Sometimes rigid ideas about 'what men and women should and can do' prevent communities from functioning successfully and can put community members at greater risk of violence.
- Violence, especially gender-based violence can be a manifestation of the way we express emotion for example anger, frustration with aggression in many forms (verbal, physical), including passive-aggressive behavior. In gender

relation with imbalanced power relation, without gender sensitivity and awareness, the person who has a more powerful position may commit aggression victimizing other persons (spouse, partner, children) who have less power in the relationship.

- Gender sensitivity and awareness and skills to manage emotion, coping skills are abilities that can be developed to avoid and prevent GBV.
- Religion and Gender Norms: when necessary, or issues of religion arise during discussion. Here are brief key points for a discussion. Certain communities place religion as the core of life practice. Religious teaching or what the communities perceive as religious teaching or belief (interpretation) influence life practices and behavior. In that way religion takes part in the formation of social norms, including gender norms. There is a connection between religion and social norms, as religious beliefs and teachings can influence and also be part of social norms. What people believe as their religious teachings, sometimes taught by religious figures, influences many people's ways of thinking, attitudes, and behavior. Different people have different religious beliefs. Generally, religions do not promote violence, but people's interpretations of cultural practices in areas where a religion is practiced often become part and parcel of religious practices/teachings. These are often misunderstood as if religions condone gender inequality. If we look back further in history before many organized religions were born, gender norms tended to determine that women were inferior to men.

Facilitators note on addressing sensitivity of religion in the discussion: This subsection is particularly useful if participants bring up religion in the discussions. In this case, the facilitator can list "religion" as topic for discussion in "a parking lot" and wait to address all questions/comments about religion during this discussion. While it is important to acknowledge the powerful role that religion plays in many people's lives, it is also

crucial to keep this discussion contained and focused on the below key message rather than allowing space for potentially divisive discussion, such as debates about meanings of specific religious texts and interpretations that are beyond facilitator expertise.

Key messages: Gender norms are the beliefs that a society has about appropriate characteristics and behaviors for men and women. Certain gender norms, such as those that suggest that men's role in a marriage is to control their wives through violence, can sometimes contribute to GBV. Unlike biological characteristics, gender norms are not inherent to men or women, and therefore can be changed. Adversity that impacts well-being can cause or trigger GBV. It can also change traditional or set roles of men and women in a relationship for example as breadwinner, child care, and or both. In a situation where community or individuals are not ready to adopt the change of roles (in conflict with gender norms), tension or stressors may arise. Adopting "human characteristics" that are fluid and interchangeable rather than adhering to strict gender roles can lead to greater equality, less tension, and less GBV.

Section 4: Gender-Based Violence and Gender discrimination in Our Environment

Exercise 4.1. Coercive Control, A Subtle Form of Gender-Based Violence in Intimate Relationship

Objectives: to discuss and gain deeper understanding of more subtle forms of GBV that can happen in intimate relationships.
Material: Videos on coercive control
https://youtu.be/36mQFefBylM (Hidden in Plain Sight; 6:11 Minutes)
https://youtu.be/HJQZlfjrxz4 (Lisa's Story: Coercive Control); 12 signs of coercive control checklist & survey result (graphic and/or table)
Duration: 60 minutes

Instruction:

- Facilitator opens the session by providing context by relating the current topic (coercive control) with previous definitions and types of GBV.
- Facilitators guide participants to fill up Coercive Control Checklist /12 Indicator of Coercive Control (if participants have not filled up the checklist prior to attending the training session). This exercise is done to introduce concept of coercive control. The checklist (and google form link) is available in Annex IV. The graphic report (result) of the Coercive Control Checklist (on google form) is to be shown to training participants to lead the reflection and discussion.
- Facilitator screens two selected links of videos about coercive control (see the full list in Annex VII).
- After the videos are screened, ask several questions to initiate discussion, such as:
  (1) What are the most interesting things visible in the videos?
  (2) Briefly define coercive control in your own words?
  (3) What are the subtypes or examples of coercive control behaviors?

(4) What are the most challenging or difficult to handle in a situation of coercive control? and why?
(5) What are possible causes of coercive control?
(6) What are the results and impact of coercive control?
(7) What can be done to help people suffering in that situation?

- After the discussion, facilitators summarize key points from the discussion.
- Facilitator presents the result of baseline survey using coercive control checklist with various groups, such as Malaysian women entrepreneurs and PAR 2022participants.

Percentage (n=21 Malaysian Women entrepreneurs participating in the workshop)					
12 Indicator of coercive control	Never	Rarely	Sometimes	Often	Most of the time
1. Isolating victims from support systems such as friends, family, etc.	76%	10%	14%	0%	0%
2. Monitoring the victim's activities, for example stalking your every move when you're out.	81%	10%	10%	0%	0%
3. Denying victim freedom and autonomy, i.e. not allowing you to go to work or school, taking your phone and changing all your passwords.	76%	5%	19%	0%	0%

4. Gaslighting or behaving that the abuser always rights and victim is always wrong and to be blamed, and force the victim to acknowledge it.	71%	10%	5%	14%	0%
5. Putting down victims, for example name calling.	67%	14%	14%	0%	5%
6. Limiting victim's access to financial means.	67%	10%	24%	0%	0%
7. Reinforcing traditional gender roles, for example childcare as women's responsibility and not taking part in it.	52%	14%	29%	5%	0%
8. Manipulating and turning children (or other family members) against the victims.	81%	5%	14%	0%	0%
9. Controlling the victim's body or appearance or health/well-being, i.e. controlling food to eat, sleep, time for bathing, etc.	76%	0%	24%	0%	0%
10. Making jealous accusations	67%	10%	19%	5%	0%
11. Regulating the victim's sexual relationship. for example demanding certain forms of sexual act, recording, frequencies of sex, etc.	81%	0%	19%	0%	0%

12. Using threats to control the victims, for example false accusations of child neglect or abuse, taking away children or custody, violent threats.	81%	0%	19%	0%	0%

*The data above can be compared with data obtained from the exercise (filling up coercive control checklist) of the current session (participants who are currently attending this workshop). Alternatively, presentation of survey results can be done in a graphic report.

Baseline survey in Participatory Action Research (PAR) by Tenaganita in 2022 also discovered the situation described below.

Coercive Control; n=31 (10 Plantation Women & 21 Refugee women)				
12 Coercive Control Indicators	Never happen n (%)	Sometimes n (%)	Often n (%)	Most of the time n(%)
1. Isolating victims from support systems such as friends, family, etc.	11 (35.48)	11 (35.48)	3 (9.68)	6 (19.35)
2. Monitoring the victim's activities, for example stalking your every move when you're out.	10 (32.26)	10 (32.26)	4(12.90)	7(22.58)
3. Denying victim freedom and autonomy, i.e. not allowing you to go to work or school, taking your phone and changing all your passwords.	17 (54.84)	6(19.35)	4(12.90)	4(12.90)

4. Gaslighting or behaving that the abuser always rights and victim is always wrong and to be blamed, and force the victim to acknowledge it.	7 (22.58)	14(45.16)	3(9.68)	7(22.58)
5. Putting down victims, for example name calling.	9 (29.03)	6(19.35)	2(6.45)	14(45.16)
6. Limiting victim's access to financial means.	7(22.58)	13(41.94)	3(9.68)	8(25.81)
7. Reinforcing traditional gender roles, for example childcare as women's responsibility and not taking part in it.	16(51.61)	6(19.35)	1(3.23)	8(25.81)
8. Manipulating and turning children (or other family members) against the victims.	11 (35.48)	10(32.26)	5(16.13)	5(16.13)
9. Controlling the victim's body or appearance or health/well-being, i.e. controlling food to eat, sleep, time for bathing, etc.	14 (45.16)	12(38.71)	2(6.45)	3(9.68)
10. Making jealous accusation	9(29.03)	16(51.61)	3(9.68)	3(9.68)
11. Regulating the victim's sexual relationship. for example, demanding a certain form of sexual act, recording, frequencies of sex, etc.	19 (61.29)	6(19.35)	3(9.68)	3(9.68)

12. Using threats to control the victims, for example false accusations of child neglect or abuse, taking away children or custody, violent threats.	19(61.29)	4 (12.90)	3(9.68)	5(16.13)

- Focus Group Discussion (FGD) in PAR 2022 also confirmed that all participants across groups of both refugee women and plantation women experienced almost all indicators of coercive control.
  - Somali women shared experience of Somali women being isolated physically (confined against her will) in Somalia. Husbands also isolated women/wife from social support; husband manipulated facts/information; husbands constantly monitor their wife; husbands belittled and looked down on, and disrespected wife; husbands distrusted wife, and turned children against mother and wife; husbands used threat to control women/wife; husband dictated women to work or not and allowing women to work according to their needs or moods. Due to prolonged coercive control & physical abuse by husband and father, Somali women shared their suffering from mental problems as well as physical health because they are controlled by husband or men (father).
  - Similarly, Afghan, Sudanese, Yemeni women lived the experience of being prohibited from visiting family and relatives. Women could not go out of the house if men did not like it. Their attire and appearance have been controlled by their husband. Women were not allowed to or prevented from working. They also shared when women worked, their husband took and controlled the money they earned. The husband threatened to take the children away from the woman/mother. Men kept school certificates/passports/ID. Men belittled and made women feel insignificant. Men

restricted women from doing many things, including hobbies. Husband also controlled women in child care, and making friends.

- Rohingya & Chin ethnic women of Myanmar specifically shared experience of constant gaslighting or being belittled and blamed; being controlled and isolated; their UNHCR cards were confiscated by their husband.
- Plantation women similarly shared coercive control experience in several forms, such as husband controlling wife communication with outsiders including friends, neighbor, other men, relatives; husband regulating wife appearance and clothing; husband's jealous accusation; wife being prohibited from working after giving birth and confined them to only doing children care; husband emphasizing traditional gender role.

In conclusion, coercive control as a subtle form of GBV is a common shared experience among all participants and many women in the community that they observed.

- Core concepts and notion to be delivered to participants on coercive control[3]:
  - Each indicator of Coercive Control does not stand alone. All indicators are interconnected, reinforce each other, and put the person in a Coercive Control relationship.
  - In all indicators of coercive control are mixture of MANIPULATION, CONTROL, ISOLATION, INVALIDATION.
  - All actions of coercive controlling partner / boss are manufactured to serve the need of controlling (narcissistic) partner or boss or superior.
  - How does a person become narcissistic (coercively controlling)? Popular theory explaining narcissistic personality development: (a) Heredity (genetic; brain): narcissistic personality disorder [NPD] is inherited, at least a certain percentage of NPD cause is hereditary [40%]; (b) Structural differences in the brain. It uses

[3] https://www.netdoctor.co.uk/healthy-living/a26582123/coercive-control/

study of the certain part of the human brain that found structural differences in the part of the brain regulating social behavior and emotional regulation, BETWEEN GROUP OF PEOPLE WITH NPD AND NON-NPD; (c) Environmental factors / stressors associated with development of narcissistic personality disorder. It focuses on experience during childhood such as [1] excessive praise / overvaluation that did not match the realities that creates grandiose sense of self, or [2] Excessive criticism, unpleasable parenting, lack of unconditional love, shaming & invalidating that create insecure attachment & hopelessness sense of self; (d) Narcissistic personality is a set of learned behaviors (in a family / parent who have narcissistic characteristics such as lack of emotional awareness, inability to regulate emotions, arrogant, lack of empathy)[45]

- Homework: to deepen and widen understanding on the topic, facilitators encourage participants to watch other short videos on coercive control. Share the links to participants via any means of sharing (email, WhatsApp group). List of short video resources can be accessed in annex VII.

Key message: Coercive control is a subtle form of GBV, especially in intimate relationships. It initially manifests in good and loving relationship. It turns into control of economic, personal life, social life, disempowering and even demeaning the other persons. Ultimately it breaks the person's self-worth, confidence, and mental wellbeing. Some countries have considered coercive control as a crime for example Scotland, but it may be difficult to bring legal action in Malaysia. However, reaching out for help from mental health support and others who understand may be able to help reducing the persons suffering. It is important to start recognizing behavior or attitude, action of coercive control and being honest and reaching out before the situation worsens.

[4] ttps://www.mayoclinic.org/diseases-conditions/narcissistic-personality-disorder/symptoms-causes/syc-20366662

[5] https://www.mentalhealthmatters-cofe.org/how-do-people-become-narcissists/

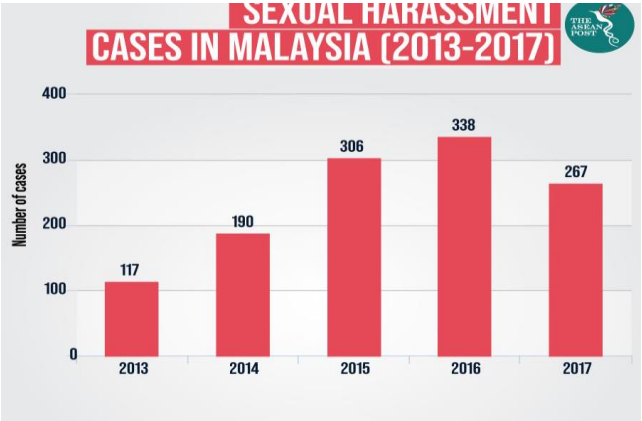
Exercise 4.2. Gender-Based Violence in the Workplace

Objectives: to establish an understanding about GBV and gender discrimination issues in the workplace; to share experience of GBV and gender discrimination in the workplace; to identify the advantages of a GBV-free working environment.
Materials: Videos (10 minutes)
https://youtu.be/1O4hKoOL9zo (Addressing Issues of Gender-Based Violence in the Workplace; 6:19 Minutes)
https://youtu.be/dOkcez2nwvg (Support Campaign to End Gender-Based Violence at Work; 2:06 Minutes)
Duration: 60 minutes

Instructions:

- Watch videos about GBV in the workplace (10 Minutes):
  - https://youtu.be/1O4hKoOL9zo (Addressing Issues of Gender-Based Violence in the Workplace; 6:19 Minutes)
  - https://youtu.be/dOkcez2nwvg (Support Campaign to End Gender-Based Violence at Work; 2:06 Minutes)
- Facilitator facilitate a discussion using some guiding question such as (10 Minutes)
  (1) What is the issue faced by women workers in the workplace based on videos you watched?
  (2) What could cause such a situation? What are the mindsets reflected in the conversation in people in the short movies?
  (3) What is the policy in the company that discriminates against women?
  (4) In your own experience as workers, have you faced GBV in your workplace? What are they?
  (5) If any, what did you do to overcome GBV at the workplace you experienced?
- Participants sharing or presentation of the discussion outcomes (10 minutes).
- Facilitator concludes the session by delivering/presenting the core notions.

- Core notion and information to be delivered:
  - Plantation women workers shared several forms of gender discrimination in the workplace in PAR 2022 such as male supervisor control amount of work of women plantation workers; supervisor did not entertain request of light duty when the women workers requested for health reason; women opinion and suggestion in the Plantation Union were sidelined by male dominated leadership; and supervisor ask for sexual favor from woman worker (or affair)
  - The latest survey conducted on 1,002 Malaysians by YouGov Omnibus found that 36 percent of women and 17 percent of men have experienced sexual harassment. From these percentages, only half of the victims reported or told someone of the incident, and women are more likely to report an incident than men, at 57 percent (*https://theaseanpost.com/article/malaysia-serious-about-sexual-harassment#*). Statistics below are based on cases reported (not only cases at the workplace) to the Royal Malaysia Police (PDRM).

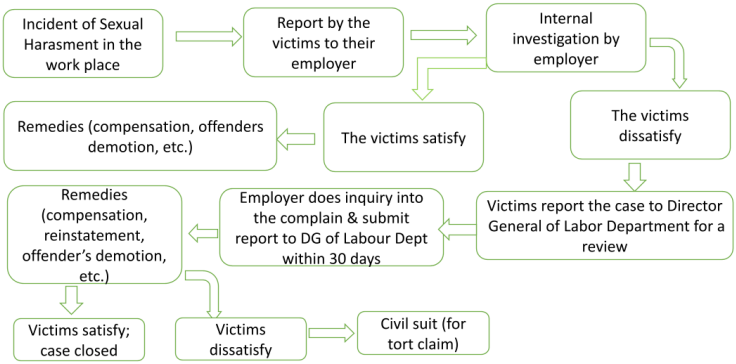


  - Reasons causing silence in Sexual Harassment in the work place: (1) Survivors/victims are questioned and doubted, and even re-victimized.; (2) The burden of proof is always placed on the victim; (3) Embarrassment or shame (54 percent) =

stigmatization of victims/survivors; (4) Victims/survivor felt that no one would do anything about (38 percent) or lack of avenue of justice; (5) Fear of repercussion (26 percent). Culture and policies are complicit in silencing and not supporting victims.

- Defining sexual harassment in the work place: Sexual harassment as an unwelcome sexual advance, requests for sexual favors and other verbal or physical conduct of a sexual nature either made explicitly or implicitly (Equal Employment Opportunity Commission -EEOC)
- Reference for remedy and prevention of Sexual Harassment in the work place: CODE OF PRACTICE ON THE PREVENTION AND ERADICATION OF SEXUAL HARASSMENT IN THE WORKPLACE requires organization to: Define Sexual harassment clearly; Provide grievance mechanism for victims; Creating policy to prevent Sexual harassment (and ensure other gender equality policy)
- Avenue of justice in Malaysia: The Employment Act 1955 ("Act") was amended in 2012 to make it a statutory requirement for employers to investigate all complaints of sexual harassment involving their employees (even those employees who do not fall within the ambit of the Act). Failure to comply the same, shall, on conviction, be liable to a fine not exceeding RM10,000.00.

Flow chart of redress



- Legal update in Malaysia on sexual harassment law: (1) The Sexual Harassment Bill was expected to be tabled for the first reading in the Parliament at the end 2020[6] (2); Anti-Sexual Harassment Act 2022 (Act 841) was enacted in October 2023; (3) The Gender Equality Bill, which seeks to level the economic playing field in Malaysia, was drafted (February 2020)[7]

Key Messages: (1) Creating a GBV-free and safe working environment regardless of the size of the organization is the responsibility of any organization, including business entities; (2) Practicing maintaining a safe and GBV-free working environment benefits employees and business owners; (3) Business actors can help women surviving GBV to fulfill their livelihood needs by employing them and fulfilling their basic needs that female GBV survivors are often deprived of as part of living their GBV experience. This is a good cause they can make a part of their business practices.

---

[6] https://www.malaymail.com/news/malaysia/2020/07/22/sexual-harassment-bill-to-be-tabled-by-year-end-says-minister/1887020

[7] https://www.nst.com.my/news/nation/2020/02/564655/dpm-gender-equality-bill-still-being-drafted

Exercise 4.3. Gender-Based Violence in School

Objectives: To explore understanding and experience of GBV (Gender Based Violence) in school; To identify signs of children suffering from GBV in schools; To encourage student/parent to seeks help when students suffer from GBV.
Material: *Videos :* https://youtu.be/cvjCeIezynM (Millennium Children: Say NO to sexual violence in schools; 3:55 minutes); https://www.youtube.com/watch?v=9Auacg43zxU (Gender-Based Violence school workshop; 4;44 minutes)
Duration: 60 minutes

Instruction:

- Opening: facilitators start a session by asking what are the most memorable experiences in school that participants had. They can be in a good or bad way. Participants can briefly answer, if no one shares, the facilitator may ask one or two participants to answer.
- Watching video (9-10 minutes):
  - https://youtu.be/cvjCeIezynM (Millennium Children: Say NO to sexual violence in schools; 3:55 minutes);
  - https://www.youtube.com/watch?v=9Auacg43zxU (Gender-Based Violence school workshop; 4;44 minutes)
- Facilitator leads brainstorming and discussion based on the videos above. The discussion (10 Minutes) can be done in a pair or small group of 5 participants. Use the guiding questions below:
  (1) What types of GBV happen to children in the video?
  (2) Who are the victims? Who are the perpetrators?
  (3) Do they happen to our children here?
  (4) Why do children in school become targets of GBV?
  (5) What are the impacts of GBV in school on the children?
  (6) What can be done to help children suffering from GBV in schools and prevent it from happening or worsening?
- Participants (group or pair) share the answers of the guiding questions above (10 Minutes)

- Facilitator concludes or summarizes and highlights the important points of discussion and presentation. If there are points that are not delivered or being talked about, the facilitator is to present several key concepts, information, and knowledge about GBV in schools below.
- Core concept, discourse, knowledge to be delivered[8]:
  - There are various types violence that can happen in schools, including GBV such as: sexual Violence, sexual harassment, molest, bullying, corporal punishment, marginalization or discrimination, child labor and exploitation, psychological abuse (WHO 2019).
  - Direct impact of GBV in school vary including:
    (1) Sexual violence in school to children (rape) can result in unwanted pregnancy, sexually transmitted disease, and damage to sexual organs and reproductive health.
    (2) Numerous cases of corporal punishment or physical fights have resulted in broken bones, organ damage, disability and even death.
    (3) It impacts the mental health of the children including low self-esteem, depression, anxiety, resentment, flashbacks, grief, increase in loneliness, self-isolation, and increase suicidal thoughts.
    (4) Students, especially girls, dropped out of school before the year ended.
    (5) Students started to work underage and child marriage increased.
    (6) Due to gender inequality, girls are likely to have less opportunity to learn and lead to low achievement. Girls are being undermined significantly in school and family.
    (7) Refugees are more likely to be marginalized because of our status, increased vulnerability to violence and sexual violations as girls without disabilities.

[8] https://www.unicef.org/media/58081/file/UNICEF-WHO-UNESCO-handbook-school-based-violence.pdf

- Several ideas of overcoming GBV in schools (UN Women, 2016):
    - GBV occurs at individual, family, community, institutional and societal levels. Therefore, stopping GBV in school requires a holistic and a whole community approach with interventions at all these levels.
    - Teachers can promote understanding and action on GBV through dialogue in the classroom; helping the school to analyze the GBV in school and develop the rules and regulations of school to protect students and implement them.
    - Educate and support individuals who disclose and seek help upon experience GBV to the right and trusted person or an organization.
    - Implement more rights awareness training such as human rights, women rights, and child rights in the community, including school.
    - Early prevention of GBV in families through sharing information of knowledge on GBV.

Key Messages: Effective school leadership and community engagement to create safe, gender-sensitive learning environments. Establishing and implementing a code of conduct that protects children and supports children who suffer from GBV.

Exercise 4.4. Gender-Based Violence in Virtual World and Social Media

Objectives: to describe the experience of GBV in social media, the impact; to increase awareness of various forms of GBV in social media; to promote empathy and compassion towards survivors of gender-based violence in social media, support and protect them.
Material: Case / scenario of GBV in social media; Video: https://www.youtube.com/watch?v=fWlnpVqiOhc (Onlibne GBV; 3:11 minutes)
Duration: 60 minutes

Instruction:

- Ice Breaker (Opening brainstorming): Start the session by drawing participants' attention with questions.
  (1) Do you have any social media accounts? What social media account/platform that you use?
  (2) What do you use your social media platform for?
  (3) Have you had good and bad experiences when you use social media? What are they?
  (4) How did/do you feel about that experience?
  (5) Have you ever seen or experienced GBV in social media, for example online harassment or bullying?
  (6) What are your thoughts, feelings, or concerns about GBV in social media?
- Watch video https://www.youtube.com/watch?v=fWlnpVqiOhc (Online GBV; 3:11 minutes) & short brainstorming: identify types of online GBV that were shown in the video. Has anyone here experienced any of those online GBV?
- Group Discussion: Provide each group with a scenario related to GBV on social media.
  - Scenario 1: An Afghan woman reported and sought help because her partner threatened to spread pictures and video of their sexual activity if she refuses to continue a relationship with him.
  - Scenario 2: A refugee women reported a rape by a Malaysian man whom she knows from Facebook. They have known each other for only a week. The man asked her to meet and promised to bring her to meet his mother. Instead, he brought her to stay in a budget hotel. The rape was committed in the hotel. The victim lodged a police report, but decided to halt the process because she did not want her family to know, even though the police officer intended to proceed with legal action.
  - Scenario 3: PAR 2023 indicated that Afghan women's real names are rarely found on Facebook. Almost all Afghan women use namesakes on Facebook.

The discussion and Sharing experience are guided by the questions below:

(1) What forms of GBV are present in the scenario?
(2) What are the potential impacts on the victim and the broader community?
(3) How do social media contribute to the normalization of harmful behaviors related to gender-based violence?
(4) How do we address and prevent such GBV in social media?
(5) Have you ever taken action or intervened in a situation involving GBV on social media? What did you do?

Core concept, knowledge, discourse to be delivered:

- Various forms of gender-based violence (GBV) that occur on social media platforms, including online harassment, cyberstalking, revenge porn, digital dating abuse, online grooming, trolling, and hate speech[9][10].
- Prevention strategies and support services available to address GBV on social media, including reporting abusive behavior, seeking support from friends and family, or accessing counseling or advocacy services.
- Skills necessary to recognize and respond to GBV on social media and contribute to a safer and more respectful online community.
- General instructions (good practice) on how to use social media to raise awareness about gender-based violence (GBV):
  (1) Set Clear Boundaries: it is important to set clear boundaries online and be safe from danger, including threats of Sexual Gender-Based Violence (SGBV), such as blocking certain individuals or setting strict privacy settings. Wise social media users communicate their boundaries clearly and assertively. For example, they could say: "I don't feel comfortable with this topic, let's change the subject" or "Please don't talk to me like that, it's disrespectful."

[9] https://www.globalcitizen.org/en/content/what-is-online-gender-based-violence-2/

[10] https://www.apc.org/sites/default/files/APCSubmission_UNSR_VAW_GBV_0_0.pdf

(2) Speak Out Against Gender-Based Violence: It is important to speak up against GBV online. Even if it does not directly affect the person. For example, sharing a survivor's story or calling out harmful behavior can raise awareness and prevent future instances of violence. Encourage participants to use their social media platform to speak up against gender-based violence. This could include sharing educational resources or using hashtags to raise awareness. Participants can call out harmful behavior in a respectful and non-judgmental way, or use their platform to amplify the voices of survivors. Connect participants who may be hesitant to speak out with support groups or advocacy organizations.

(3) Share accurate and credible information like statistics and facts. Sharing statistics and facts about GBV can help raise awareness and educate your followers about the issue. Be sure to use credible sources and fact-check your information before sharing. Before posting about GBV on social media, it is important to understand the audience and what they care about. Tailor the messaging and content to be relevant and engaging with the audience.

(4) Reporting Gender-Based Violence: approach the topic of GBV on social media with sensitivity and empathy, and to prioritize the safety and wellbeing of survivors in all messaging and actions.

Key Message: Wise and usage of social media to be safe, protected, and protecting others is our responsibility. Various types of GBV can happen to individuals via social media interaction. Understanding the experience of how refugee women and plantation women use social media in their life and harmful experience shall inspire safe usage of social media. In fact, the efforts should emphasize usage of social media to be critical, safe, obtaining and sharing knowledge that is helpful for themselves and others.

Section 5: Mental Health, Well-Being, and Gender-Based Violence

Exercise 5.1. Tissue and Marbles Exercise[11]: Introducing Stress and Coping

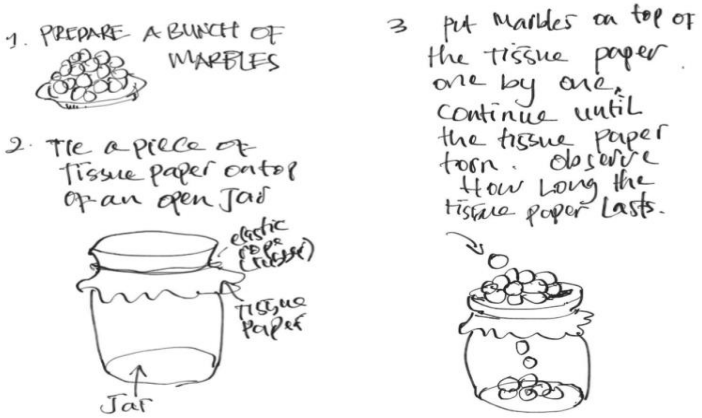
Objective: To introduce the topic of stress; to demonstrate the effects of chronic stress on mental health.
Materials: Marbles; Plastic cups or bowls with top covered by a tissue secured by a rubber band; or Recorded video of tissue and marbles exercise.
Duration: 30 minutes

Instructions:

- Opening: Tissue and marble exercise (5 minutes)
  - Facilitator leads participants to follow the instructions in the picture below step by step. If the session is online, watch a pre-recorded video of a facilitator putting marbles one by one on top of tissue paper tied on top of a glass. Alternatively, the facilitator may demonstrate it live in front of the camera in an online session. The facilitator puts the marbles one by one on top of the tissue paper until the tissue paper tied on the glass or cup hole can no longer hold it and it breaks.
  - While participants are putting marble on top of the tissue paper (or observing in online session), ask the participants be involved in the exercise by whispering to themselves when each marble fall on the tissue paper (for example … I am frustrated that my income is barely enough for daily expenses; I am so angry to my husband because …. ; I am so tired to take care of my children alone; etc.).
  - Each participant can take as many marbles as possible (or imagine taking the marbles and put them on the tissue paper).

[11] ABAAD, Danish Refugee Council. (2015).

Some stressors may come in life slowly and others happen suddenly (so probably marble can be dropped from above). See the illustration below.

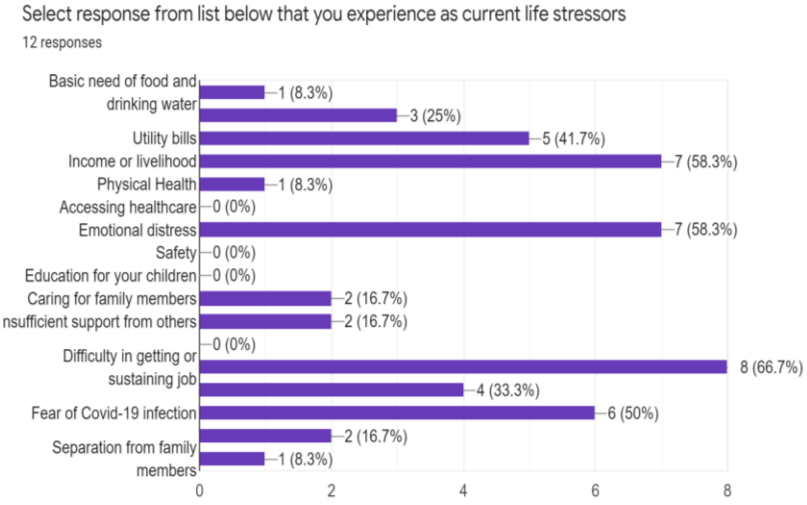


- Reflection & Discussion (10 minutes): Facilitator explains that each marble represents a stressor and the tissue represents a threshold of an individual's capacity to hold stress. Use the questions below to guide the reflection and discussion:
  1) Name and share the stressors (problem, feeling, adverse situation) that you represent with the marbles ! How many marbles were you able to add before the tissue tore?
  2) Do you think it would be possible to endlessly place marbles upon the tissue without it breaking? Why?
  3) What are the sources of your stress?
  4) What are the common sources of stress in your community?
  5) What are the results / effect of stress that you experience?
- Facilitators lead the participants to continue reflection with identifying the stressors in GBV context experienced by survivors, children, and bystanders. Use the chart below to guide participants! (5 minutes)

GBV Survivor	Children	By-Standers

- Facilitators lead the participants look at and do simple comparison of life stressors shared by Malaysian women entrepreneurs; Rohingya refugee men and women; and PAR 2022 participants below then briefly brainstorm (5 minutes)
  - what are the similarity stressors faced by 3 groups below?
  - What do you usually do when you are stressed?

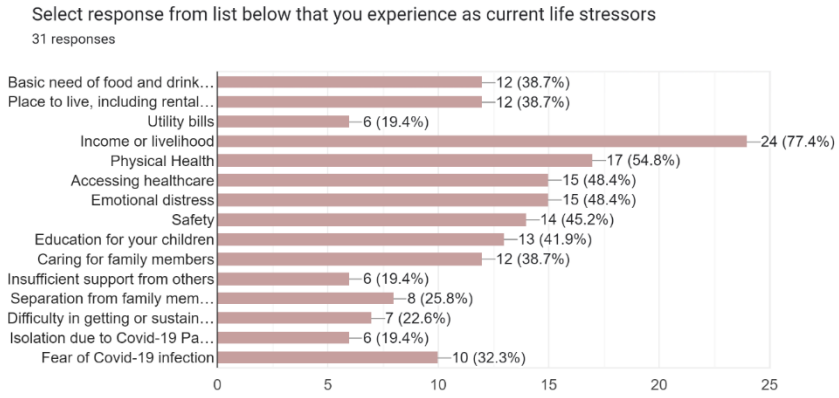
Life Stressors shared by Malaysian Women entrepreneurs is presented below.



Life Stressors shared by Rohingya Refugee Communities

Stressors	**Men (n = 15)**	**Women (n = 15)**
Fear of arrest by authorities (police, immigration)	93%	87%
Livelihood difficulties (limited work opportunities)	87%	93%
Concerns about extortion of money	60%	33%
Difficulties accessing healthcare	53%	40%
Lack of access to education for children	47%	67%
Safety concerns	47%	60%
Separation from family members	33%	20%

Life stressors of PAR 2022 participants (plantation and refugee women) are presented below.



Note: the brainstorming on coping is to be kept brief just to identify coping activity at this stage. Coping exercises are to be done in a later stage.

- Facilitator explains, summarizes points of discussion, and delivers core concepts about stressors, mental distress (5 minutes).

- Core concepts & notions on stress and coping to be delivered[12]:
  - Stress is a natural human reaction (bodily & mentally) when they experience danger, negative experience, or unable to cope with the situation. When human beings are experiencing stress, their body produces chemicals (cortisol, epinephrine, and norepinephrine) that cause increased blood pressure, heightened muscle preparedness, sweating, alertness.
  - Stress serves certain functions for human life like pushing them to take action, seeking safety, and solving problems. But when stress is not addressed, it can become chronic and causes other problems, ranging from bodily health (high blood pressure, hearth problem, decreased immune system etc.), mental functioning, capability of personal and social functioning (including career and interpersonal relationship).
  - The symptoms of stress can be a set of physical reactions such as high blood pressure elevated heart rate, ulcers, low sex drive, irregular menstrual periods, insomnia, headaches among others. They can also manifest in emotional reactions such as irritability, anger, concentration, fatigue, burnout, forgetfulness, restlessness, sadness among others.
  - Anything that causes or triggers stress is called stressors. They can be a traumatic event, daily life difficulties, relationship problems including gender based-violence, job related problems, personal problems, economic and financial problems, etc. But individual responses to the stressors can be different from person to person. It is influenced or related to the person's agility, way of thinking, past-experience, level of mental health of the person.
  - There are several core ways of stress management: (1) It starts with accepting and acknowledging the stress, understanding the causes and triggers; (2) Learning, mastering, and simply diligently doing ways of stress coping skills for example deep breathing

[12] https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress-symptoms/art-20050987

exercise, meditation, relaxation, and sports or bodily exercise; (3) altering view related to stressful event and develop positivity; (4) removing or altering situation that causing stress, or finding or creating new situations or alternative environment whenever possible. When change is not possible, accept the situation and move on; (5) seeking professional help like counseling and psychotherapy.
(https://www.medicalnewstoday.com/articles/145855#management)

- data from a pre-workshop survey with Malaysian women entrepreneurs on coping shows several ways of coping below:

- Meditation and self-awareness, journaling, calming down technique (Deep breathing exercise).
- Taking favorite snacks, watching some light comedy, eating good food.
- Workout/exercise, go for a walk, swim, dance.
- Talking and sharing with others, including friends, spouse, parent, siblings; go out with friends.
- Spirituality practice, Pray.
- Finding solution to settle the problem i.e. discussing and talking about business and even just normal chatting
- Entertainment such as watch movies, doing nothing, holiday/eating dessert
- Distracting myself with something that makes me happy, sleeping, and positive affirmations.

Key messages: It is important to understand, accept, and acknowledge stress, the stressors, and the symptoms that we have. Hence it enables us to find ways to manage stress and prevent it becoming chronic and dampening our personal and social functioning. Gender-Based Violence (GBV) is one among many other stressors. Other stressors (when stress is unmanageable, lack of coping skills) may also lead to GBV. While it is important to try to reduce the stressors in one's life (the number of marbles), these things are sometimes out of our control. We can also work to make the tissue stronger – or to learn ways to cope and to

gather support from others, seeking professional help, or even change or leave the stressors (environment causing stress).

Tip for facilitators (optional): (1) Facilitator needs to be particularly aware that marbles and tissue exercise is originally a physical activity that is done in face-to-face interaction. In an online session, facilitators may face additional challenges in participants' involvement in the activity, especially watching video of the exercise. Facilitator needs to emphasize and creatively use guided imaginary activities and reflection; (2) the facilitator can already start using some mindfulness-based activities like breathing exercise, listening to meditative music, etc. to open the session and/or ice breaking activities.

Exercise 5.2. Mental Health and Gender-Based Violence

Objective: To enable participants to define understanding of mental health and to elate mental health problems with GBV.

Materials: Data obtained from a pre-workshop survey on mental health & well-being, life stressors, Personal exposure to GBV, and coping activities; Mental Health Cards (Annex II); videos
https://youtu.be/G0zJGDokyWQ (What is Mental Health?; 3.50) &
https://youtu.be/FB49AezFJxs (How to spot the signs of mental illness; 5 Minutes)

Duration: 30 minutes

Instructions:

- Mental Health Checking Exercise using Image of Mental Health Symptoms (Annex II, 4). The exercise is to help participants self-check whether they have ever experienced several symptoms of mental health problems and obtain deeper understanding of mental health and mental health problems. The images and/or list below are common reactions to stressors (terrifying events from the past and/or current stressful circumstances: (1) Have you ever experienced them? (2) How frequent? (3) when?
  The image represents the symptoms below

- Fear, anxiety, nervousness – including current stressors such as financial problems, lack of employment
- Memories, flashbacks (memories that feel very real, as if the event is happening again), or nightmares about terrifying events.
- Difficulty sleeping
- Sadness and grief
- Depression/hopelessness – including feeling that life is not worth living
- Somatic/physical symptoms such as stomach ache, headache, losing weight
- Guilt/self-blame
- Alcohol and drug abuse (often as an attempt to cope with the symptoms described above)

- Watch 2 videos (10 minutes)
  - https://youtu.be/G0zJGDokyWQ (What is Mental Health?; 3.50)
  - https://youtu.be/FB49AezFJxs (How to spot the signs of mental illness; 5 Minutes)

  Then continue with brainstorming (10 minutes) using few questions below:

  (1) What type of mental health problems you can identify in the video?
  (2) What may cause people to suffer from mental health problems?
  (3) What is mental health? Define mental health in your own words.

  Facilitator is to take note of participants' answers on the board and summarize or conclude at the end of the brainstorming.
- Present data obtained from the pre-workshop survey on mental health & well-being, life stressor, and personal exposure to GBV. Data on mental health & wellbeing of Malaysian women entrepreneurs is presented below.

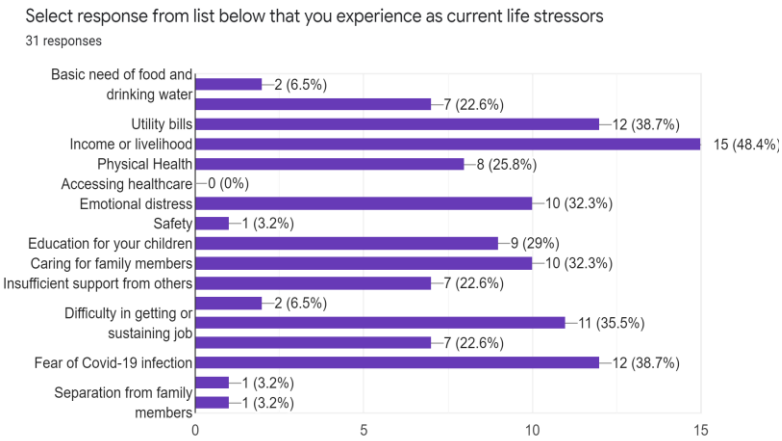
Questionnaire	Frequency of incidents (%), n=32			
	None	Rarely/so metimes	Most of the time	Don't know/no answer
1. About how often during the last two weeks did you feel so afraid that nothing could calm you down.	**62.5%**	**28.1%**	0%	9.4%
2. About how often during the last two weeks did you feel so angry that you felt out of control.	**53.1%**	**37.5%**	3.1%	6.3%
3. About how often during the last two weeks did you feel so uninterested in things that you used to like, that you did not want to do anything at all.	**43.8%**	**37..5%**	9.4%	9.4%
4. About how often during the last two week did you feel so hopeless that you did not want to carry on living.	**75%**	**15.6%**	0%	9.5%
5. During the last two weeks, about how often did you feel so severely upset about an event in your life, that you tried to avoid places, people, conversations or activities that reminded you of such event	**62.5%**	**21.9%**	3.1%	12.5%
6. The next question is about how these feelings of fear, anger, fatigue, disinterest, hopelessness or upset may have affected you. In the last two weeks, about how often were you unable to carry out essential activities for daily living because of these feelings	**62.5%**	**18.7%**	6.3%	12.5%

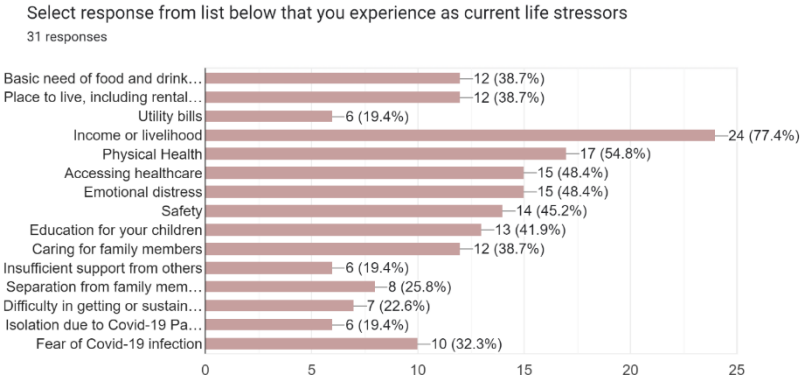
Percentage of 'rarely to often' & 'most often time' indicate the percentage of participants who experience 6 symptoms of general mental health problems (stress to depression) in those frequencies.

Compare experience of Malaysian women entrepreneurs with PAR 2022 participants (Plantation and Refuge women) in the table below:

Questionnaire	Frequency of incidents (%), n=31			
	None	Rarely/so metimes	Most of the time	Don't know/no answer
1. About how often during the last two weeks did you feel so afraid that nothing could calm you down.	16.1%	**38.7%**	**32.3%**	12.9%
2. About how often during the last two weeks did you feel so angry that you felt out of control.	29%	**22.6%**	**41.9%**	6.5%
3. About how often during the last two weeks did you feel so uninterested in things that you used to like, that you did not want to do anything at all.	32.2%	**51.6%**	9.7%	6.5%
4. About how often during the last two week did you feel so hopeless that you did not want to carry on living.	29%	**48.4%**	9.7%	12.9%
5. During the last two weeks, about how often did you feel so severely upset about an event in your life, that you tried to avoid places, people, conversations or activities that reminded you of such event	30%	**26.6%**	**20%**	23.4%
6. The next question is about how these feelings of fear, anger, fatigue, disinterest, hopelessness or upset may have affected you. In the last two weeks, about how often were you unable to carry out essential activities for daily living because of these feelings	12.9%	**58.1%**	**25.8%**	3.2%

Revisit life stressors shared by Malaysian women entrepreneurs with Plantation women & refugee women participants of PAR 2022. Find the similarities and differences of both experiences below





- Discussion: After presenting data on mental health & wellbeing, life stressors, and personal exposure to GBV, facilitator lead a brainstorming using some questions below:
  (1) What do you think about the summary data presented above?
  (2) Do they indicate any mental health problem/issue?
  (3) How serious is the problem?
  (4) How are mental health situations/challenges and GBV related?

- Core concepts and notions to be delivered:
  - "Mental health" is defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization).
  - Mental health is closely linked to physical/bodily well-being (being in good physical health) and to social well-being (having social support, feeling connected to one's community). Mental, physical, and social health together make up a state of overall well-being.
  - Metaphor of marble and tissue exercise: a strong tissue (someone with mental, physical, and social health) can hold more marbles (stressors).
  - "Psychosocial (well-being)" refer to mental, emotional, social, and spiritual well-being.
  - An example of mental health definitions shared by a local medical doctor in Malaysia defining mental wellbeing as *"the ability to make rational decisions with a calm mind and a mentally healthy person is a person with a peaceful mind, noting that when a person is overwhelmed with stress, they can't think of various ways of problem solving.":*
  - Contributing factors to mental health problems are at least: (1) life experiences, such as a history of physical, psychological, or emotional abuse; (2) psychosocial factors, for example external circumstances that lead to feelings of isolation and loneliness; (3) genetics and family history; (4) chemical imbalance in the brain or having too much or too little neurotransmitter in the brain such as serotonin, dopamine, and norepinephrine; (5) certain defect pr damage or abnormalities in the brain, for example brain tumor; (6) unhealthy lifestyle, for example having a history of alcohol or illicit drug use[13].

[13] https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968

- Sometimes lack of mental health or psycho-social well-being is related to life-threatening or otherwise terrifying events that people may have experienced, for example, being assaulted in public, being raped, being physically abused by a partner, being a victim of robbery or home invasion, surviving a traffic accident, the death of family members or friends, etc. or even witnessing these incidents.
- Other times distress may be related to the everyday stressors associated with daily survival, constant worry about insufficient/uncomfortable living conditions, unemployment or lack of income, children and their education, relationship with spouse, among others.
- Dealing with stressors can lead people to feel sad, overwhelmed, or angry – especially when they feel that things are unfair and/or feel powerless to change things. Feeling anger is a normal reaction to such circumstances. However, the ways one expresses anger can lead to positive or negative outcomes.
- Mental health issues (including stress) and lack of coping skills to manage frustrations can increase the likelihood that someone will perpetuate GBV. However, mental health problems are not the root cause of GBV and should not be accepted as an excuse for anyone who commits GBV.
- List productive coping strategies, among others are mentioned below:
    - Changing your place (by leaving the room or the house, taking a walk)
    - Notice your physical feelings of stress, irritability, anger (as we did in the deep breathing and mindfulness exercise)
    - Use self-calming techniques such as the breathing technique we learned. Other techniques include counting to ten, drinking water, stretching, progressive muscle relaxation – we can learn this technique later in the training.
    - Once people are calmer, they can think about consequences of violence, for the abuser, the one being abused, and others in the family.

    - Ask for support from others (friends, family, partner).
    - Other activities such as recreation, exercising.
  - Unhealthy coping is: alcohol & drug abuse, over eating, over sleeping, venting to others, overspending, avoidance, and denial of the problem.
  - Different people find that different coping strategies are helpful for them – we do not need to like or to use all techniques, but if you have a menu of options, you can choose one that works for you!
- In addition to survey data on coping activities presented in Exercise 5.1, facilitators facilitate reflection and evaluation whether coping activities that have been done are healthy or unhealthy.

Coping	Score Average	Coping	Score Average
Score Range 1=Not doing it at all; 4=Doing it a lot; n=21			
1. I've been turning to work or other activities to take my mind off things.	2.81	9. I've been trying to come up with a strategy about what to do.	3.38
2. I've been concentrating my efforts on doing something about the situation I'm in.	3.05	10. I've been making jokes about it.	2.19
3. I've been saying to myself "this isn't real.".	1.71	11. I've been expressing my negative feelings.	2.14
4. I've been getting emotional support from others.	2.33	12. I've been trying to find comfort in my religion or spiritual	2.90

		beliefs.	
5. I've been giving up trying to deal with it.	1.62	13. I've been learning to live with it.	2.71
6. I've been getting help and advice from other people.	2.52	14. I've been blaming myself for things that happened.	1.86
7. I've been using substances (alcohol or other drugs) to help me get through it.	1.00	15. I've been arguing and yelling to release tension	1.71
8. I've been trying to see it in a different light, to make it seem more positive.	3.19	16. I've been hitting other people to release tension	1.29

- Study the data (shared experience) above and answer or discuss some questions below:
  (1) What is your conclusion? Does the trend from data indicate healthy or unhealthy coping activities?
  (2) Which ones are healthy and unhealthy? Why?
  (3) What are the result and risks of ?

***Key message*:** Use of coping strategies can help manage stress and therefore reduce GBV. Different people find that different coping strategies are helpful for them – you do not need to like or to use all of these techniques, but if you have a menu of options, you can choose ones that work for you.

Exercise 5.3. Understanding Trauma

Objective: To define key elements of trauma; To identify trauma symptoms and reactions manifesting in day-to-day life.
Materials: Videos

- https://www.youtube.com/watch?v=BJfmfkDQb14 What is trauma? The author of "The Body Keeps the Score" explains | Bessel van der Kolk | Big Think (7:48 minutes)
- https://www.youtube.com/watch?v=m5L0T1eK07I (The Body Keeps The Score Summary (Animated) — Heal From Trauma Using 3 Science-Backed Techniques; 7:27 mins)

Duration: *60 Minutes*

Instruction:

- Watch video https://www.youtube.com/watch?v=BJfmfkDQb14. Other videos to enrich participants' knowledge can be seen in the annex VIII (8 minutes)
- After watching the video, the facilitator facilitates a brainstorming and discussion using some guiding questions below for 10 minutes. Participants can be asked to discuss in pairs or small groups of 5 and share the result of discussion (2-5 minutes).
  (1) What is trauma in your own words?
  (2) What determines an experience become traumatic and other experiences not or less traumatic?
  (3) What are the behaviors, emotions, and thought patterns of people who are suffering from trauma?
  (4) Have you ever experienced behavior, emotion, thoughts and patterns of trauma? Which ones?
  (5) If you have experienced, what are the impacts to you until now? Share with others in your group.
- Facilitator responds, summarizes, and explains key concepts of trauma, types, trauma reactions, impact of trauma, coping.
- Watching video (https://www.youtube.com/watch?v=m5L0T1eK07I The Body Keeps The Score Summary (Animated) — Heal From Trauma Using

3 Science-Backed Techniques; 7:27 mins) to start understanding and searching for ways of coping.

- Discussion on ways of coping from traumatic experiences. Use the questions below to facilitate the discussion:
  (1) What do you think about the way to overcome trauma in the video?
  (2) Have you ever tried such a thing unknowingly?
  (3) Which way is the most interesting way that you want to try?
- At the end of the session, facilitator gives homework for participants: Watching several videos on trauma (links below), choose 2 videos and write text in the WhatsApp group about 2 important lessons that participants understand (1 day before next session)
  - https://www.youtube.com/watch?v=q0UPnWfNpak (What is Trauma? (3:30 minutes)
  - https://www.youtube.com/watch?v=ZoZT8-HqI64 (6 ways to heal trauma without medication | Bessel van der Kolk | Big Think; 8:53 min)
  - https://youtu.be/z8vZxDa2KPM (Through Our Eyes: Children, Violence, and Trauma—Introduction; 7:53 min)
  - https://www.youtube.com/watch?v=4-tcKYx24aA (Trauma and the Brain ; 8:44min)
- Core concept to be delivered:
  - Trauma is rooted in Greek word (τραύμα or trávma) meaning wound. Although term trauma also applies to physical wounds (used in medical), in our context, it refers to psychological or emotional wounds. Trauma is not the incidence but the psychological and physical response of human beings to the incidence or exposure to life threat (Flannery 2015). The behavior is repeated, prolonged, persistent despite the dangerous situation no longer existing because the brain and body have been continuing to respond in the same way as when the real danger still exists (Carlson and Dalenberg 2000).
  - Three core elements that define experience to trauma: (1) Negative Valence: the incident, experience is perceived as highly

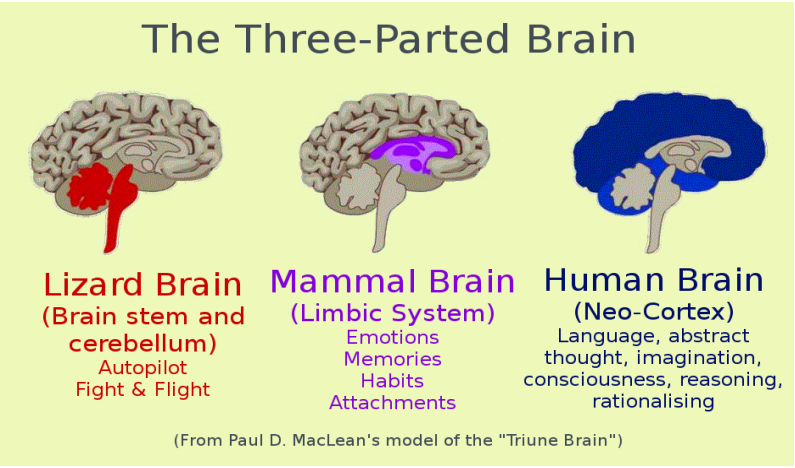
and severely negative, endangering, life threatening, threatening to the sense of security of the person. (2) Lack of controllability: the person who does not have or lost control or power to protect themselves, left feeling powerless; (3) Suddenness: the experience happened in time that is unexpected, swift, and shocking (Carlson and Dalenberg 2000).

- Understanding biological & neurological dimension of trauma: There are two autonomic nervous systems that regulate vital function of our body automatically called Sympathetic and Parasympathetic Nervous systems located in the spinal cord. In the face of danger our brain response by fight, flight, or freeze that is managed involuntary, automatic, and reflective by sympathetic nervous system that AROUSAL (adrenaline rush, blood flow, increase heart rate) that lead FIGHT OR FLIGHT[14]. When the situation is back to normal and safe (perceived). Whereas PARASYMPHATETIC NERVOUS SYSTEM calm the body down (decrease heart rate, decrease adrenaline production, digestive function activated) to enable REST and DIGEST [15]. See the picture of brain below[16]. When the trauma or danger or threat is perceived as overwhelming beyond capacity to fight or flight, the body automatically shuts down. It is called freeze response.

[14]https://biologydictionary.net/sympathetic-vs-parasympathetic-nervous-system/

[15]https://www.mhs-dbt.com/blog/parasympathetic-nervous-system-and-trauma/

[16]https://i2.wp.com/yourownbestfriend.co.uk/wp-content/uploads/2015/09/triune-brain.png?ssl=1



- Common trauma responses appear in pattern of thoughts, feelings, and behaviors below:

Reexperiencing	Paranoid Intrusive Anger, Shame Rumination (continuous negative thoughts) Agression (self-directed & outward) Low self-esteem	Flashback Intrusive thoughts	Panic attack Psycho somatic Insomnia
Avoidance	Social withdrawal Avoiding trigers (places, objects, persons, etc.) Relationship problem	Numbness (emotional, phisical pain) Derealization	Deperso nalization

- There is various type of trauma based on how they happened, when they happened, and the complexity of it: (1) acute vs chronic trauma; (2) Complex trauma; (3) developmental trauma; (4) intergenerational trauma
- Trauma can simply appear as overwhelming emotion and powerlessness (deregulation) in THE NOW, despite the

threatening traumatic events having passed. And people who experienced trauma also LOST ABILITY TO REGULATE emotion and thoughts (DEREGULATION). The effort to overcome deregulation is to train the brain to self-regulate by training self-body-awareness, deep breathing, meditation, yoga.

- Several conditions help people to cope with trauma, including resilience, good self-enhancement, good social or caring attachment with colleagues and supervisors (Flannery 2015); There is growing attention to mindfulness-based practice to overcome trauma such as meditation, yoga, breathing exercise. This practice is a tool to train the brain and body, especially the parasympathetic nervous system to calm the body-mind down and be able to FEEL SAFE. They train body and mind to UNDERSTAND SENSE OF SECURITY IN THE NOW and self-regulating body and mind.
- Necessary attitude to be learned in overcoming is COMPASSION and kindness and non-judgmental self. It is the opposite of self-defeating (negative thoughts and judgment) that people suffer from trauma (Germer and Neff 2015).

Key Messages: Understanding trauma, how body, brain, nervous system work in traumatic experience is key and first step of overcoming trauma. They are expected to direct attention to traumatic experience and take serious and continuous efforts to overcome traumatic experience by seeking professional help and acquiring self-help skills to overcome trauma in daily life.

Exercise 5.4. Coping Skills Exercises Collection

Note to facilitator: The coping skills exercises relayed in this part are to be introduced and practiced in between sessions of the whole workshop. They can also be used as icebreakers and / or closing activities as necessary. The coping skills exercises can also be part of home work that participants are encouraged and requested to practice. They are mindfulness-based exercises.

Exercise 5.4.1. Just Breathe

Objective: To encourage participants to practice deep breathing as one way of copying in distress.
Materials: video, "Just Breathe" by Julie Bayer Salzman & Josh Salzman (Wavecrest Films) https://www.youtube.com/watch?v=RVA2N6tX2cg.
Duration: 30 minutes
Instructions:

- Watch video: "Just Breathe" https://www.youtube.com/watch?v=RVA2N6tX2cg.
- Pre-exercise introduction: Facilitators start by asking participants to reflect on current physical sensations: When we spoke about stressors and some of the related difficulties people might have – like worry and sleeplessness – did any of this sound familiar to you? It can be stressful just to talk about these reactions and about conflict in relationships, especially if these things are relevant for you or others in your life. It is normal to feel anxious or uncomfortable (both emotionally and physically) when having these discussions, or when otherwise thinking about stressful things in one's life. Does anyone feel this way? How so? How does your body feel?

  As participants share feelings, facilitators highlight physical reactions, such as feeling stomach discomfort (butterflies), tension in one's chest and/or muscles, feeling "jumpy", heightened heartbeat/pulse and/or breathing. Facilitators also need to address certain emotions such as feelings of irritability and anger. Such feelings may cause us to try to avoid talking about or otherwise dealing with difficult topics – for example, to avoid talking about

mental health difficulties (even though we know that talking about things can be helpful).

- Exercise: Facilitators guide the exercise with a calm tone of voice, use the script below as one example:

  "Now we will do "just breath" to help learn to calm our bodies and minds for 5 minutes. Sit in the most relaxing and comfortable possible. Close eyes and start to inhale calmly through your nose and exhale through your mouth. Focus attention only on the air coming in, travels through lung to stomach, and warm air exhales out through the mouth. Repeat and pay attention to the breathing for 5 minutes. The facilitator will signal when the time is up."
- Post-exercise discussion: After the exercise is finished, facilitators ask participants to share their experience: *How did you feel as you do this exercise? How was your breathing? Your heart rate?*
- Homework: Ask participants to watch videos on mindfulness in the link below:
  https://youtu.be/w6T02g5hnT4 (Why Mindfulness Is a Superpower)
  https://youtu.be/vzKryaN44ss (How Mindfulness Empowers Us)
  https://youtu.be/VTA0j8FfCvs (The Science Behind Mindfulness Meditation)

Key message: Breathing well is important because it supplies oxygen to our bodies and its various organs which is vital for our survival, and helps our minds and bodies to work to their full capacity. There is a scientific explanation for why slow, deep breathing can be calming, related to the relationship between our bodies (physical states) and our minds (mental states). Research shows that the way we breathe can directly influence our emotions. Fast and shallow breathing sends a message to the brain that there is danger in the environment and can increase feelings of anxiety and fear. However, breathing deeply and slowly sends the message to the brain that the environment is safe and that it is ok to relax. In other words, calm breathing = calm feeling.

Exercise 5.4.2. Being Here and Now

Objective: To practice noticing bodily sensation as basic skills of "being here and now" and managing emotion; to establish understanding concept and practice of meditation and be motivated to practice it.
Materials: video
https://youtu.be/C-sFh5CWsQo (Meditation for Beginners)
Duration: 30 minutes

Instructions:

- Pre-activity Introduction: continuing breathing exercise, we can also do other variations of mindfulness exercise by focusing our attention on our bodily sensation. It is a way to train ourselves to focus on 'here and now' and be able to manage stress that manifests in the form of disturbing emotion, thoughts, and bodily stress.
- Here and now exercise: Give the following instructions, speaking slowly and using a relaxed tone of voice.
    - *Find a comfortable way to sit or stand. You can close your eyes, or if you would prefer, keep them open and let them half-closed to a comfortable position (feel free to open them at any time). Try to focus only on how your body feels right here, right now. Notice the feeling of your feet on the ground and how your clothes feel. Notice how you breathe - often people just breathe shallowly, in and out of their chests. Breath normally and slowly.*
    - *Distracting thought and feeling will come, bringing your attention back to bodily sensation. It is not a sign of failure. In fact, the action of bringing back attention to focus on exercise is the core of exercise that builds skills of the brain to be "here and now". It will strengthen brain connection.*
    - *When you are ready, slowly bring your awareness back to the room*.
    - *Focus of "here and now" exercise can be altered by focusing on hearing: sitting in a calm position in silence and listening to any sound that is captured by our hearing sensory. Do it for the same duration as meditation and do it every day.*

- Post-exercise Discussion: Facilitators ask some questions to guide reflection / discussion:
  (1) How do you feel now?
  (2) How does your body feel?
  (3) Do you notice a contrast with how you felt after the here and now exercise?
  (4) How did here and now exercise make you feel (emotionally, physically) compared to when you were in distress or emotionally disturbed?

Key message: Learning to notice physical sensations associated with stress when they occur is an important first step in learning to relax your body and decrease uncomfortable feelings. Here and now exercise that is done routinely strengthens our ability to focus. When this ability becomes a habitual action, we develop the ability to manage stress and disturbing emotions. For this exercise to be fully effective, it is important to practice it regularly. encourage participants to try it at home at the most comfortable time and place of their own.

Section 6: Human Rights, Laws, and Gender-Based Violence Protection

---

Exercise 6.1. Defining Human Rights

Objective: To explain concept of human rights; To Establish understanding and linkage between human rights framework and efforts to foster GBV free environment (family, work, community, society).
Materials: Human rights cards (*see Annex II);*
Duration: 40 minutes

Instructions:

- Human rights exercise:
  - Divide participants into groups of 5 (depending on the size of the group) and explain the group exercise procedure before they do the group work (or breakout room of the online session).
  - Show the images of human rights cards (Annex II), when necessary, the cards can be numbered to help the group work.
  - Ask the participants to choose 3 cards to be taken away, while imagining how their life will be like that with the rest of the cards.
  - Ask the group members to write the omitted cards.
  - Ask opinion of the group members whether they agree or disagree about the cards being taken away and ask them to explain the reason for agreement/disagreement.
  - Ask participants to describe how their lives would be when those cards are being omitted.
  - Repeat steps 2 to 5 until only 3 cards are left.
  - Ask participants to share their thoughts about how their lives would be like if they only have 3 cards?
- Group sharing / presentation: Encourage participants to share using the format below. Each group will be given 3-5 minutes to share the

outcome of the human rights exercise. The format below shall be shared to participants before they were divided into groups (breakout room).

Human Rights Cards omitted	**Reasons**	**How life will be like without these cards**

- Discussion: After all groups share their points, facilitator initiate a brief discussion or ask participants to answer the questions below: What does the term 'human rights' mean to you? Describe it in your own words?
- After eliciting participant responses present several key concept or notions below:
  - Human rights (such as freedom from unlawful imprisonment, torture, and execution) are regarded as belonging fundamentally to all persons. We all have the right to life, and to live in freedom and safety. Nobody has the right to make us a slave or to hurt or torture us.
  - Our rights may be violated by individuals or governments, despite this, a right is believed to belong justifiably to every person.
  - As plantation women or refugee women who are surviving but they are in a situation where doing business or working is no longer possible. What kind of life will participants have? What will they do?

- Human rights covers concrete rights such as food and abstract rights such as dignity/respect. Understanding these abstract needs are important throughout the workshop.
- Human rights (such as freedom of speech, the right to earn a livelihood, and the right to seek help) are regarded as belonging fundamentally to all persons. We all have the right to life, and to live in freedom and safety.
- Summary of Universal declaration of Human Rights (UDHR) is presented below. It contains 30 articles (https://www.ohchr.org/EN/NewsEvents)

Article 1: We are all born free and equal	Article 11: Presumption of Innocence and International Crimes	Article 21: A Short Course in Democracy (basis of government authority)
Article 2: Freedom from Discrimination	Article 12: Right to Privacy	Article 22: Right to Social Security
Article 3: Right to Life	Article 13: Freedom of Movement	Article 23: Right to Work
Article 4: Freedom from Slavery	Article 14: Right to Asylum	Article 24: Right to Rest and Leisure
Article 5: Freedom from Torture	Article 15: Right to Nationality	Article 25: Right to Adequate Standard of Living
Article 6: Right to Recognition Before the Law	Article 16: Right to Marry and to Found a Family	Article 26: Right to Education
Article 7: Right to Equality Before the Law	Article 17: Right to Own Property	Article 27: Right to Cultural, Artistic and Scientific Life
Article 8: Right to Remedy	Article 18: Freedom of Religion or Belief	Article 28: Right to a Free and Fair World

Article 9: Freedom from Arbitrary Detention	Article 19: Freedom of Opinion and Expression	Article 29: Duty to Your Community
Article 10: Right to a Fair Trial	Article 20: Freedom of Assembly and Association	Article 30: Rights are Inalienable

***Key message*:** Human rights must be upheld to ensure life and society function in a relatively normal way. It includes providing an atmosphere for women to exercise right to life (and livelihood), for example conducting business or be part of economic activities in general. Thus, women can enjoy freedom from mental/emotional pain and pain from violent relationships.

Exercise 6.2. Gender-Based Violence and the Law

Objective: To provide information about international, national, and local laws relevant to GBV
Materials: CEDAW at a glance (Annex VI) & GBV related laws in Malaysia (Annex V); CEDAW Short videos:
https://youtu.be/OBdDB5PKrmk (Non-discrimination),
https://youtu.be/umETapJ4b8o (State obligation),
https://youtu.be/rI8lNB-XMIk (Substantive equality)
Duration: 80 minutes

Instructions:

- Facilitator may start the session with revisit understanding of social norms and its origin by sharing this key introductory message: *Social norms are common beliefs about how people should behave. Gender norms are social norms about gender. Gender roles are a part of gender norms. Social norms (and thus gender norms) are formed by environment, culture, and law. Gender norm may influence formation of laws and reciprocally influence how the laws are enforced. The existence of laws against GBV and the enforcement*

can decrease GBV occurrence. To some extent, laws also reflect what ARE and ARE NOT considered socially acceptable.

- Watch videos about CEDAW and followed by Question and Answer and discussion (20 minutes):
  (1) What do international laws and / or human rights law say about GBV?
  (2) What is the role of international law for people living in Malaysia, including refugee?
- Brief lecture / presentation by facilitator about the following key information:
  - Freedom from violence (whether sexual, mental, emotional, financial or physical) is a fundamental human right. Domestic and family violence has serious impact on economic and business with cost projected 15.6 billions $ in 2021-2022, said Australian Human Rights Commission[17]. The right to protection from violence and to security and liberty of person is recognized in major human rights agreements[18].
  - CEDAW (Convention on the Elimination of all Forms of Discrimination Against Women) was ratified by Malaysia in August 1995 with reservations on several articles that in Malaysia's view are contravening the Federal Constitution and Islamic Law (Shari'a). Here are some articles on which Malaysia put reservations: Article 2(f), 5(a), 7(b), 9 and 16. But in February 1998, the country withdrew its reservations with respect to Articles 2(f), 9(1), 16(1)(b), 16(1)(d), 16(1)(e) and 16(1)(h). In 2010 Malaysia withdrew its reservations to Article 5(a), 7(b) and Article 16(2) while maintaining its reservation to Articles 9(2), 16(1)(a), 16(1)(c), 16(1)(f) and 16(1)(g).

[17] https://humanrights.gov.au/our-work/sex-discrimination/projects/workplace-issue-and-discrimination-issue#fn1

[18] Instituto Promundo, Salud y Genero, ECOS, Instituto PAPAI and World Education. (n.d.) *Program M: Working with young women.* Retrieved from https://promundoglobal.org/resources/program-m-working-with-young-women/p.23

- Below are the remaining articles on which Malaysia has put reservations[19]:

  Article 9 (2). States Parties shall grant women equal rights with men with respect to the nationality of their children.

  Article 16 (1). States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and shall ensure, on a basis of equality of men and women:

  (a) The same right to enter marriage;

  (c) The same rights and responsibilities during marriage and at its dissolution;

  (f) The same rights and responsibilities about guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;

  (g) The same personal rights as husband and wife, including the right to choose a family name, a profession, and an occupation;

- Internationally, CEDAW has set the standard for women rights in several aspects:

  Part I (Articles 1-6) focuses on non-discrimination, sex stereotypes, and sex trafficking.

  Part II (Articles 7-9) outlines women's rights in the public sphere with an emphasis on political life, representation, and rights to nationality.

  Part III (Articles 10-14) describes the economic and social rights of women, particularly focusing on education, employment, and health. Part III also includes special protections for rural women and the problems they face.

  Part IV (Article 15 and 16) outlines women's right to equality in marriage and family life along with the right to equality before the law.

[19] https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/MYS/INT_CEDAW_IFN_MYS_27118_E.pdf

Part V (Articles 17-22) establishes the Committee on the Elimination of Discrimination against Women as well as the states parties' reporting procedure.

Part VI (Articles 23-30) describes the effects of the Convention on other treaties, the commitment of the state parties and the administration of the Convention.

- Is it illegal for someone to abuse their partner in Malaysia? Yes. In fact, although the laws can still be improved, there are existing laws in Malaysia to govern protection of people affected by GBV. The weakness of national laws that regulate GBV that we have, among others are that they are unable to protect against some forms of GBV such as coercive control and sexual harassment. And they are still accommodating only heteronormativity and do not consider non-heterosexual relationships and interactions.

1) Domestic Violence Act 1994 (Act 521) provides access to justice for domestic violence victims/survivors in Malaysia. Any physical, sexual and psychological abuse committed by a spouse, ex-spouse, intimate partner or family member will be considered abuse under this Act.
2) Penal Code (Act 574). There are several provisions in this Code to protect abused women. A person can be charged under this code if they cause grievous hurt to their partner, rape, incest . The punishment can be up to seven years in prison. (Section 509 & 376)
3) Employment Act 1955 (Section 81A-81G). In Employment Act 1955 sexual harassment is defined as “any unwanted conduct of a sexual nature, whether verbal, non-verbal, visual, gestural or physical, directed at a person which is offensive or humiliating or is a threat to his well-being, arising out of and in the course of his employment”. Essentially, The act makes it a statutory obligation for an employer to enquire into a complaint of sexual harassment by an employee, within 30 days upon receipt of such complaint.

4) Islamic Family Law Act 1984 (IFLA 1984). In Malaysia, Muslim marriage should be in accordance with Islamic Family Law Act 1984 (IFLA 1984). IFLA 1984 - Section 50 and Section 52: A woman who married according to the '*Hukum Syara'* is entitled to a *Ta'liq* divorce (Section 50) and is also eligible to obtain an order for the dissolution of marriage or *fasakh* (Section 52) because of several reasons including when the husband treats her with cruelty (refer to annex IV for additional details).

Key message: It is illegal for someone to abuse their partner, although taking legal action takes long and complicated process. Understanding the law about GBV is useful to consider help-seeking options. Laws making GBV illegal suggest that GBV is not considered acceptable in any society.

Note to facilitators: Additional legal information available in the Annex V. Laws changes and research is needed to keep this section current. Be sure to clearly state risks of reporting for survivors and their children, and identify what are their immediate needs or pressing concerns (for example safety, mental health support, livelihood support, child care, urgent medical needs) so participants understand factors that are relevant to seek help, so that participants understand factors relevant to when they seek help.

Section 7: Help-Seeking and Help-Giving

Exercise 7.1. Strategies for Help-Seeking and Help-Giving

Objective: to identify needs of GBV survivors in preparation of providing help; to provide practical information about help seeking options and procedures in GBV cases; to encourage participants to take part in help-seeking and help giving help-giving in GBV situations
Materials: service provider booklet (see Annex VII)
Duration: 60 minutes

Instruction:

- Brain storming:
  (1) What the first thing that you think of when we know someone is suffering from GBV for example domestic violence?
  (2) What is the first step that you will take?
- Present the images of GBV survivors needs in Anex II. The images are used to start discussion (15 minutes) about needs of GBV survivors:
  (1) Are there other needs that of GBV survivors that have not ben mentioned? What are they?
  (2) What do you need to know to enable you to help GBV survivors?
- Core concepts and notion to be delivered: to enable a person to help GBV survivors, they need to understand some principles and basic knowledge, such as
  - Basic knowledge to identify situation and needs of GBV survivors. Intersectionality and its application shall help the person to better define needs, capacity, limitation of the survivors. Intersectionality shape paradigm (knowledge, point of view) that help the person to have more wholesome and critical understanding about the GBV survivors. Multiple identities and detail socio-economic status of the person shall

add tp critical understanding about complexity of the GBV survivors' oppression). Intersectionality is a lens that enable the helpers to identify the needs and potential of the GBV survivors. It shall focus the helping process on empowerment. Potentials can range from personal traits, economic, social network, etc. See figure of paradigm of GBV help-giving below.

Paradigm of Help Giving / Seeking

- Needs of GBV survivors (refer to images in Annex II, 2. Needs of GBV Survivors). Brief summary of possible needs of GBV survivors are emergency medical care, mental health care, support for child care, livelihood support including food, clothes, and other basic daily necessities, safe place, protection, social support, securing identity (citizenship/non-citizenship status and identity card) among others.
- What GBV assistance is available? The persons who are going to help need to have information about the source of GBV assistance available such as the nearest welfare department office, police station, hospital, Non-Government Organization (NGO) specialized on protection and care for GBV survivors.
- They also need to have basic understanding on necessary relevant laws and regulations, and what can and cannot be achieved by such proceeding. Summary of GBV assistance and laws are provided in Annex VII.

- Brief information provided by Women Aid Organisation (WAO) below illustrates steps of assisting GBV survivors and necessary steps needed by potential GBV survivors to safeguard themselves.

source: https://wao.org.my/laws-on-domestic-violence/

source: WAO Instragram
https://www.instagram.com/p/B9_hUEqhgsP/?igshid=14lr9n0mizm8p

Reflection: after obtaining explanation on GBV help giving and doing case studies of GBV cases in the previous session, facilitators lead reflection by asking participants to rate their self-confidence in assisting GBV.

> *"In the scale of 1-10, how confident are you in your ability to help GBV survivors in your midst? Explain briefly"*

Key messages: encourage multiple sources of support and feedback, including informal help-seeking. Acknowledge potential negative experiences with service providers, unfulfilled expectations. Encourage

help-seeking but do not raise unrealistic expectations about what service providers can offer.

Exercise 7.2. Impediments to Help-Seeking and Help-Giving in Gender-Based Violence Cases

Objective: to identify, acknowledge, and overcome barriers of help-seeking and help-giving in GBV cases
Materials: Service Provider booklet (see Annex VI), Graphic summary of data on help seeking obtained from pre-workshop survey.
Duration: 30 minutes

Instruction:

- Reflection and discussion: Facilitators guide participants to reflect on challenges found in the case studies (group work in Exercise 7.1).
  (1) What are the difficulties in assisting the GBV survivors? Identify and share!
  (2) Do you think that most victims/survivors of GBV ask for help? Why or why not?
  (3) Think about someone you know in the community who is facing this problem. Why does she/he not ask for help?
- Learning from reality and facts from the ground:
  Facilitator presents key information (experience of field research research).
  - There are some findings of past Tenaganita's research with the Rohingya Refugees community. Some indicated a willingness to ask for help, emphasizing that they would most likely seek help from family, friends and/or religious leaders. A few women indicated that they would go to the police. But many community members seemed reluctant to seek help from social organizations, legal organizations, medical services, or mental health counselors.

- Below is data on help-seeking obtained from a pre-workshop survey among Rohingya refugees. Compare that data with a pre-workshop survey among Malaysian women entrepreneur groups (workshop participants) and note the differences.

Would you tell someone…			
If being abused…		*If perpetrating abuse…*	
Rohingya refugee Men (% Yes, n)	Rohingya Refugee Women (% Yes, n)	Rohingya Refugee Men (% Yes, n)	Rohingya Refugee Women (% Yes, n)
7% (1)	60% (9)	13% (2)	50% (7)

	If being abused…		*If perpetrating abuse…*	
If you would tell, who would you tell?				
	Men	Women	Men	Women
Family	1	9	2	5
Close friends	1	3	2	3
Religious leaders	1	6	2	0
Police	0	3	0	0

Note: Numbers above based on small subcategories of those who would help-seek (n's included to clarify sample size). Participants could select multiple options from a 9-item list. Other options of social organizations, legal organizations, medical services, or mental health counselors were not selected by any respondents.

Would you tell someone	
…If being abused…	*If perpetrating abuse…*
Malaysian Women (% Yes, n=32)	Malaysian Women (% Yes, n=32)
87.5% (28)	68.8% (22))

If you would tell, who would you tell?	*If You are being*	*If perpetrating abuse… (n=28)*

	abused (n=32)	
Family	68.8% (22)	50% (14)
Partner's family	18.8% (6)	14.3% (4)
Close friends	65.6% (21)	53.6% (15)
Religious leaders	12.5% (4)	7.1% (2)
Police	43.8% (14)	10.7% (3)
Social Institutions (NGO)	15.6% (5)	7.1% (2)
Social workers	18.8% (6)	10.7% (3)
Counselors	34.4% (11)	50% (14)
Lawyers	34.4% (11)	10.7% (3)
Medical professional	9.4% (3)	7.1% (2)

Data on help seeking of PAR 2022 with refugee women and plantation women (n=31) is presented below:

Would you tell someone	
…If being abused…	*If perpetrating abuse…*
Refugee & Plantation women (% Yes, n=31)	Refugee & Plantation women (% Yes, n=31)
77.4% (24)	64.5% (20)
If you would seek help, who would you tell?	*% (n=22)*
Own Family	50% (11)
Partner's family	22.7% (5)
Close friends	31.8% (7)
Religious leaders	13.6% (3)
Police	0
Social Institutions (NGO)	0
Social workers	4.5% (1)
Counselors	4.5% (1)
Lawyers	0
Medical professional	18.2% (4)

The comparison above shows some differences: percentage of Malaysian women entrepreneurs willing to open up about GBV (victimized and perpetrating) is higher than the Rohingya refugee women; reliance on professional help, even to police is higher among Malaysian women entrepreneurs compared to the Rohingya community reliance (more reliance to religious leader); More reliance to family, friends, religious leaders for help and less to professional also shown by plantation women and refugee women in PAR 2022.

Many Rohingya community members said that there are several reasons for not seeking help (examples from table below). We shall also learn about barriers to help-seeking for victimization and perpetration of GBV, responses from interviews with the Rohingya community leaders.

Barriers to help-seeking for GBV	Representative quotes
Lack of perceived options	*If you fracture the family unit, then where are they going to go? So that is one of the fears women have.*
Belief that talking about the situation won't result in change	*This is like painful things I have experience, after talking what do I get out of it anyway, [is the person] able to help me?; People will laugh because they think there is no point in telling*
Perceived as private matter	*They think it is family matter you don't need to tell to others; We can't tell private things to others*
Belief that the couple will solve problem without help from others	*We will solve it with discussion; She is my wife and we will be good to each other again so there is no benefit in telling; I can change myself; I will settle my own family matters*
Shame; Concerns about negative perception of community by outsiders	*It is a shame in the community to talk about; How can I tell others my mistake?; It's a shame if I tell and people will laugh at me; They're already in a community with a lot of stigma, talking about this adds on another layer of stigma*
Concerns that consequences of	*Because a lot of times survivors think that reporting means that some action, some harsh action will be taken*

reporting will be too harsh	
Violence perceived as normal/acceptable	*This is a way to teach/educate my wife but I know my limits so I won't harm her*
Concerns about lack of confidentiality	*They could see someone who comes from the [area] and they can quickly identify someone and they think okay, this person is going to tell my husband now that I was seeing the UN*
Lack of documentation prevents help-seeking	*Where will we go for help? Firstly, we just have the UN and we could not go there as we do not have cards. Without documentation we cannot go to the police station as well. It's like there was no way to go for help.*
Language barriers prevent help-seeking	*…language barriers cause them [to] feel like they don't have rights under law at all so they are not entitled to seek help, knowledge.*

- Discussion: After learning from the comparison above, facilitators lead further discussion. Use the questions below as a guide:
  (1) Do those barriers to help seeking above exist in the community around you?
  (2) Are there different barriers?
  (3) What are they?
- Concluding reflection: Rate how easy will seeking help for GBV survivors in Malaysia be? 0 is Impossible and 10 is Very Easy. Facilitator asks participants to share their thoughts based on the reflective question above.

Evaluation

The evaluation will measure:

- Short term: Effectiveness of training sessions by gauging knowledge attainment and level of confidence in responding to GBV. It can also be conducted online (see Annex I Post-Knowledge Assessment questions and google form links).

ANNEX IA: Sample of Pre & Post Workshop Assessment

Pre & Post Workshop Knowledge Assessment

Read and understand the questions carefully before you choose the answer!

Name:

Date/Time:

I am part of …… community

Read the questions and statement carefully, you **can choose one or more options** when necessary, according to the instruction of each question.

1. Choose **ONE CORRECT** option that **DOES NOT DESCRIBE** Intersectionality

- Multiple identities in me that form my identity as a human being in a certain community, society, country.
- A framework to better understand the oppressions, disadvantageous conditions of a person in his/her life context.
- **A melting pot where people of different social, political, economic background live and share space to live together**
- Several social attributes that overlap to form my identity that make me privileged or unprivileged.
- I may be living in multiple discrimination and difficulties because I am a woman, refugee, do not speak local language in Malaysia, belong to religious minority group, 60 years old, do not have job although was an experienced business woman in my country of origin.

2. Choose the INCORRECT statement(s). We learn about INTERSECTIONALITY to …

- Understand our own advantage/privilege and disadvantage position in society.
- Enable us to do deeper analysis of barrier that groups or people or an Individual surviving GBV face in Society
- Learn to be more empathetic to community who are appressed and how to find better solution to overcome social problem, including gender discrimination and violence.
- Enable us to accept, acknowledge, and use our privilege for benefits of everyone, especially individual or groups who are oppressed.
- **All statements above are the INCORRECT reasons to learn about intersectionality**

3. Choose the correct application of intersectionality in analysing and taking actions according to the situation of GBV victims below. You may choose more than one option if you think it is necessary.

"Nazreen, an Afghan mother/wife reported that her husband beat her until she was unconscious. She has picked up English and started to converse in English, although it is still very limited. But she has never done paid job when she was in Malaysia. She had done embroidery work when she lived in Iran, before she and her husband and 3 children moved to Malaysia. The family have been registered as refugees in Malaysia. She does not have any immediate family nor relatives in Malaysia."

- An NGO staff asks Nazreen to lodge police report and suggest for separation immediately for her safety
- **A community women leader who accompanies her to lodge police report refer her to one stop centre crisis centre in a public hospital.**
- **A community women leader refers her to join entrepreneurship training and English class**
- **She was encouraged to workshop in the community and women support group in her place**
- All the options above are appropriate actions.

4. The following statement about Gender-Based Violence GBV are CORRECT, except.

- GBV often committed by offenders who know the victim very closely
- GBV committed by stranger is less than GBV committed by someone knowing the victims very closely
- **The violence and /or abuse is committed by men to men or women to women**
- GBV is committed by women against men or men against women
- The main reason of GBV is belief that women and men are not equal

5. What is Gender-Based Violence (GBV)?

- A man does not allow his wife to work
- A partner in a marriage relationship forces sexual act on his/her partner
- Cat-calling a woman in public
- A man often scolds and belittle his wife
- **All the above statements.**

6. Choose **ONE CORRECT ANSWER**: The **MAIN CAUSE** of Gender-Based Violence

- Emotional problems suffered by perpetrators
- Emotional problem that is worsen by gender-based violence
- **Social norms that uphold beliefs, attitudes, and behaviour of people that discriminate women and accepted by community / society**
- Life stressors that cause people suffering from mental distress
- None of the above cause GBV perpetration, because GBV perpetrated by offenders who inherently have bad character

7. What DOES NOT EXPLAIN equality between men and women mean?

- A man or a woman can cook, take care of the children and work outside of the home.
- Equal pay for equal job for men and women
- Both men and women can work outside of the home to earn a living for their family.
- **Both men and women contribute to a baby being conceived and born.**
- All statements above explain about equality between men and women.

8. What DOES NOT CONSTITUTE a social norm?

- A custom or belief held by most members of a society/community about how the members should behave.
- Actual behavior of most individuals in community or society performed over long period of time
- **A social event that everyone is welcome to attend.**
- Society expectation about sets of behaviours that certain group of people shall perform
- All statements above describe social norms.

9. Which statement(s) show(s) patriarchy in our society

- Father and/or oldest man in the family decide on children marriage
- **Employment law in a country that make PATERNITY LEAVE mandatory, not only maternity leave.**
- A cultural practice that celebrates the birth of boys with grander celebration, but less for birth of a girl
- Women who had to take career break due to childcare face tremendous difficulty to return to work because of less employers are wiling to hire women return to work after the long break.
- Women victim of GBV who seek for divorced face extremely difficult legal battle because the husbands refuse to grant divorce.

10. What is the MOST APPROPRIATE definition of optimum mental health or well-being condition?

- A condition where basic needs in a person's life are met such as food, water, shelter.
- A condition of not being physically sick.
- A state of well-being whereby the person can cope with the normal stresses of life.
- **A condition where the person functions well as a person, a social being and in all aspects of their lives and happily fulfils their full potential.**
- All the above definitions are correct.

11. Choose ONE STATEMENT that DOES NOT describe psychological trauma:

- **Bad things that happened to the person, not the emotional response to them.**
- Response of the person towards the negative experience that is threatening her/his sense of safety, beyond her/ability to control the situation, and the situation occurred unpredictably.
- Trauma impairs ability of the person to experience happiness
- People who experience trauma have difficulty to regulate her/his negative emotion and thoughts.
- Children who grew up in abusive relationship can become adult who lack of ability to build trusting relationship with others.

12. What is the relationship between GBV and mental health?

- Relationship between GBV and mental health differs across communities and therefore can't be explained.
- **GBV harms mental health and mental health problems may increase the possibility of GBV.**
- There is no clear causal relation between GBV and mental health problems.
- Parents who commit GBV or become GBV victims may contribute to children perpetrating GBV or become GBV victims.
- None of the above statements are correct.

13. What are examples of human rights?

- The right to be treated with respect, and not to be mistreated.
- Rights to a citizenship
- Right to seek protection in another country when you are persecuted
- Right to own property
- **All the rights mentioned above are human rights**

14. One of the women rights stated in the CEDAW (Convention on Elimination of All Form of Discriminations Against Women) that was not accepted by Malaysia when it ratified the convention is .....

- **Women have equal rights with men in marriage and family & granting citizenship to their children**
- Right to equal pay for equal job
- Equal right to education
- Women have equal rights to access health care, including sexual reproductive health, family planning services, and pre-and postnatal Care.
- Women are to be treated equal before the law

15. If you would need to assist a woman in your neighborhood who suffers from domestic violence, where or whom would you refer the person to? (List down or briefly describe).

……..

16. In scale 1 to 5 how would you rate yourself in ability to seek help if you become a GBV victim? (1=unable and 5=confidently able)

17. In scale 1 to 5 how would you rate yourself in the ability of assisting GBV survivors within your reach to seek your help? (1=unable and 5=confidently able)

ANNEX IB: Pre-Workshop Assessment of Gender Equality Module Version 2.0

Urdu https://bit.ly/46ios5r	Somali https://bit.ly/3EHoqIs
Farsi https://bit.ly/3RucFNf	Burmese https://bit.ly/3RnXh4E
Arabic https://bit.ly/45QhkgA	English https://bit.ly/48fPv2Z

ANNEX IC: Post-Workshop Assessment of Gender Equality Module Version 2.0

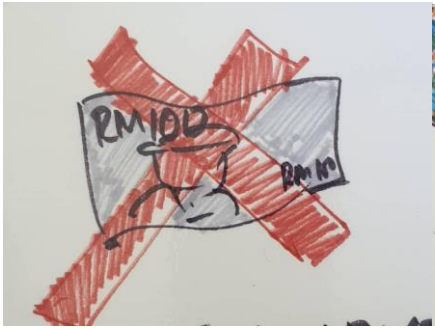
Farsi https://bit.ly/45adHku	English https://bit.ly/459phMG
Burmese https://bit.ly/3POj7gH	Arabic https://bit.ly/48sxX3x
Urdu https://bit.ly/3tbk7Tm	Somali https://bit.ly/46qbkLg

Annex ID: The PAR Baseline survey 2023 questionnaires

PAR Baseline Survey 2023_Urdu	PAR Baseline Survey 2023_Somali
https://bit.ly/4336Hpr	https://bit.ly/3WzHLmT
PAR Baseline Survey 2023_Arabic	PAR Baseline survey 2023_Burmese
https://bit.ly/3WvfrlC	https://bit.ly/3olrsO5
PAR Baseline Survey 2023_Farsi	PAR Baseline Survey 2023_English
https://bit.ly/41ulxUd	https://bit.ly/3KbxuZM

ANNEX II: Visuals Used in Workshop.

1. Gender-Based Violence.



2. The needs of Gender-Based Violence survivors


SOCIAL SUPPORT


PROTECTION

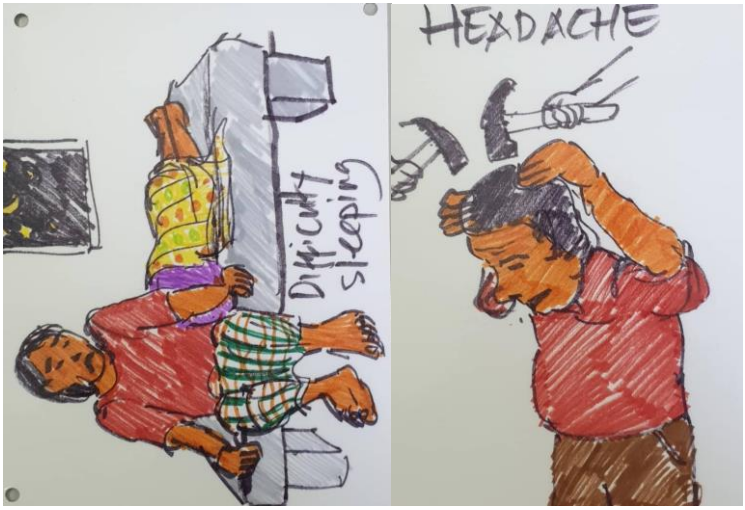

SAFE PLACE

3. Gender norms

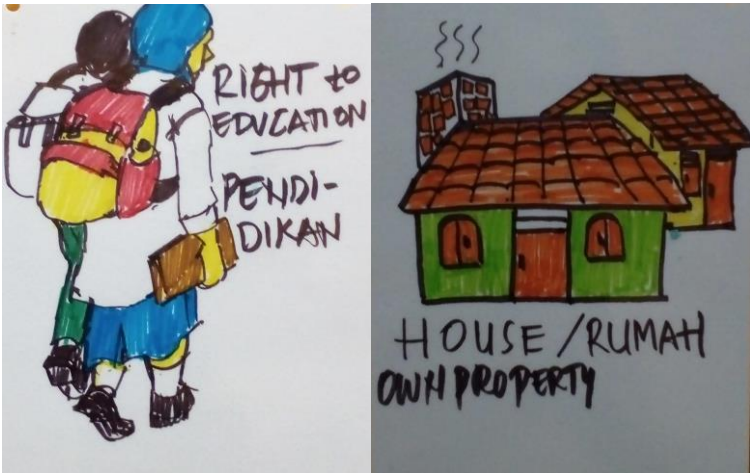

DOING HOUSEHOLD CHORES
MELAKUKAN KERJA RUMAH TANGGA
LOVING - CARING
MENCINTAI.
CRYING - MENANGIS
BREAST FEEDING
MENY SUI ANAK
MOUSTACHE
MISAI

4. Mental Health Issues


NIGHTMARES
STOMACHACHE


Difficult sleeping
HEADACHE

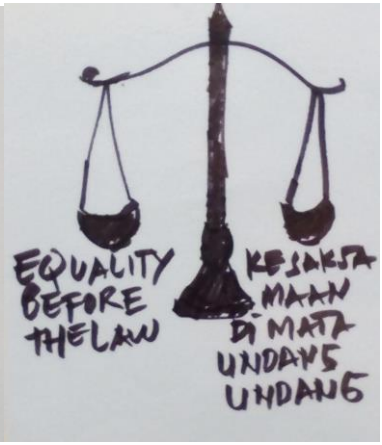
5. Human Rights




BESI BUBUL
SERAI
JOB /
PEKERJAAN


SEEKING ASYLUM
MENCARI SUAKA
KE NEGARA LAIN


Food/MAKANAN


EQUALITY
BEFORE
THE LAW
KESAMA
MAAN
DI MATA
UNDANG
UNDANG


FREEDOM
KEBEBASAN


SECURITY-KESELA-
MATAN
HOT TOPIC
TURED-
BEBAS
dari
pada
Rengan
oy xo


NATIONALITY
CITIZENSHIP - IDENTITY
KEWARGANEGARAAN-
IDENTITI


CLOTHES /PAKAIAN

ANNEX III: CASE STUDIES[20]

A Case Study of Gender-Based Violence (GBV) of a Pakistani woman. The story of Zara Ayaan, a mother of three young children is one of heartbreak and struggle. She arrived in Malaysia in 2016 as a person of concern fleeing from an abusive marriage in Pakistan. Her ex-husband, Ayaan Ahmad had come to Malaysia in 2014, and Zara joined him shortly after. Zara's eldest daughter, Neha, was born in Pakistan, while her two kids, Aryan and Hamza, were born in Malaysia.

Zara's marriage was fraught with frequent fights and abuse by her husband. Ayaan (Her current ex-husband) earned a meager income of RM1200, and there were times when Zara had to ask him for just RM2 to buy milk for their children. However, he would often deny her, leaving her and the children in dire situations. Zara endured physical violence during her pregnancies, including her husband kicking her stomach and throwing hot tea on her. He even forced her to have an abortion during the Covid-19 pandemic. In fact, he had pressured her to abort their children for all pregnancies.

When Zara was in labor with her third child, she asked Ayaan to take her to the hospital, but he dismissed her as being dramatic. He only took her to the hospital the next morning and left her there, without phone credit to call her family. After the delivery, she returned home to a dirty house without food. When she asked Ayaan for food for their newborn baby, he started to fight with her and eventually gave her a divorce verbally two days later. The divorce papers were issued by the Ahmadi Community Organization in Malaysia. Ahmadi community leader attempted to reconcile them for the sake of the children. However, the abuse continued, and Ayaan gave her another divorce, leaving Zara and her children in a precarious situation.

[20] Original names have been altered. The cases are included with consent

Ayaan provided a meager RM600 per month as financial support for the children, but that too stopped after Zara filed a police report against him for forcefully entering her house and physically abusing her. Zara's request for file separation with the UNHCR was granted due to the prolonged abuses she had endured, but her ex-husband's actions continued to threaten her and children's safety.

Throughout the story, Zara has never been able to work or earn an income as she has had to care for her three young children. Despite facing immense challenges and hardships, Zara remains determined to provide a safe and secure future for her children. She seeks help from various organizations and communities to protect herself and her children from further abuse and to pursue a better life for them.

A case study of GBV of a Myanmar Ethnics Woman. Fey arrived in Malaysia in 2009. They left their home in Myanmar due to discrimination that they endured because of her religion and their ethnicity (belonging to the ethnic minority). When she was in her original country, she was forced to do physical labor which she never got the compensation for, while she had to provide meals and water for herself. She was not able to practice her religion freely as her country was predominant by different religions.

After residing in Malaysia for many years, she applied for registration as an asylum seeker to UNHCR. Unfortunately, her refugee claim was rejected. She had to live in Malaysia without refugee status.

She had to work to survive. She worked in the nail salon for her survival. She earned Rm1500 per month and from that little amount, she was still providing for her elderly father who was already 65 years old while she also used her earnings for her own expenses.

In 2019, she dated a man named Hui. They were very fascinated and attracted to each other, and decided to live together in the same flat. Fay and Hui dated for 4 years. Hui told Fay how much he loved her and adored her and chose her among all the ladies to be his lasting wife. He kept promising to marry her once they saved enough money to solemnize the wedding. Fay trusted him as they had been staying as a husband and wife for such a long year and she gave all her salaries to him as she was commanded to.

But then, Hui has caused Fay pressure. He kept tracking with whom she talked to and she worked with. He always checked her phone out-and-in-call logs as soon as she reached home. There were a few times when she was assaulted verbally by him. Eventually, Fay was pregnant even though she was using the contraceptives. Once Hui learned that Fay was pregnant, he forced her to abort the fetus against her will. Fay refused to do so as that is against her religion. She wanted to deliver the baby instead of abortion. Fay put her trust in the promise that he made to her, even though he has been very abusive to her. Hui later disconnected his contact from her, because she refused to do the abortion. Hui even forced Fay to leave the flat where they were living together, and he dated another woman. Fay was desperately in distress because of her partner's acts. She was severely depressed and hopeless. There were many times that she attempted suicide because she does not have a courage to encounter her community. She knew that her community would criticize, blame, and stigmatize her. She did not reveal her situation even to her elderly father. Due to bearing the unwed child, she was fearful to seek antenatal care as well as due to lack of financial support, because the cost of maternity care is double for undocumented people. In the end, she chose to deliver the baby at home. As such, she is struggling with the challenge of being a new mom and a single parent to raise her child.

Case Study of GBV of A Rohingya Woman. Sekena, a 30-year-old woman, shares her harrowing journey from a happy marriage in 2014 to a life marked by domestic abuse and uncertainty. This case study delves into the traumatic experiences she endured during her pregnancy and the subsequent divorce. It sheds light on the challenges she has been facing in providing a stable future for her two children, aged 8 and 3. Sekena and her husband had a loving relationship in the initial years of their marriage, with the approval of their families. However, everything changed when she became pregnant for the first time in 2015. Sekena's husband's behavior took a drastic turn during her pregnancy. He began subjecting her to severe physical abuse, leaving her with visible marks and scars on her body. This abuse was often triggered by his displeasure with her food choices, reflecting a disturbing level of control and cruelty. Sekena did not only endure physical abuse, but also emotional torment. Her husband repeatedly threatened to divorce her during their arguments. He used this to manipulate and control her. This continuous cycle of abuse left her feeling powerless and unable to protest against his actions. Unable to bear the ongoing torture, Sekena and her husband eventually divorced. After the divorce, she made the difficult decision to relocate to another state, sought safety and a fresh start for herself and her children. Sekena now finds herself in a challenging situation. She is the sole caregiver for her two children, both of whom are very young. She lacks a stable source of income, sometimes resorting to working in people's homes to make ends meet. Her own lack of education compounds the difficulties she faces in securing a stable future for her family. Sekena's primary concern revolves around the future of her children. She worries about their education, well-being, and the ability to provide for them adequately. Her own limited educational background adds to the uncertainty of her future prospects.

Case study of GBV of a Sudanese woman. Bianca, 29 years old, was married to her cousin in 2015 in Sudan (forced marriage). At that time her husband was in Japan. After marriage, he brought her to Malaysia as a dependent on his student visa. When she was studying in college, he visited her from time to time. He appeared to be a good man to her at that time. Before she finished the foundation in management, she went back to Sudan to visit her family for a short time. When she expressed her intention to finish her degree, he refused. In 2018, she gave birth to a daughter. She has only one daughter. He changed the way he treats her. He became more violent. Her family asked her to be patient because of her daughter. She had endured the violence and forced herself to live with his violent husband because she was left without any support. In 2020 he divorced her for no clear reasons and stopped paying any bills for her or even for their daughter. He also told lies to her family that caused severe tie between her and her own family. Her family said that they do not want to see her face again. If they see her, they will kill her because her family thought that she brought shame to her own family. She found herself alone in a foreign country with nothing. She has been suffering from severe depression, until some of her community leaders had to refer her for help. Even now, she thinks that the reality is that she is herself as a destroyed single mother.

A Case Study of Gender-Based Violence of a Somali Woman. A 25-year-old woman named Amina, has a husband and 3 children. They lived in a rural area of Somalia. She was raped by a group of armed men while collecting firewood outside her village. Amina's husband, who was away at the time, returned to find his wife traumatized and injured. However, instead of supporting her, he blamed her for the rape and abandoned her, leaving her and her of three children. Amina faced numerous challenges after the assault, including physical injuries, emotional trauma. People around her called her a prostitute. Even the same people called her children 'bastard". People in her community called her a "damaged goods". She and her children were further isolated. Amina also struggled to access medical care, to go anywhere as there were no hospitals or clinics nearby that could provide treatment for her injuries or address her psychological needs. Fortunately, Amina was able to find help through a local man who worked in the United Nation that provided her with counseling, medical care, and legal support and then sent her to Malaysia. Amina went to the UNHCR in Malaysia and told what happened to her and her children in Somalia. She once stayed among the Somali community in Malaysia, and when some people who know her in Somalia saw her, they still called her a prostitute. Because of that, Amina tried to find a place to stay out of her own community.

A Case Study of Gender-Based Violence of a Yemeni Woman. Ati is 33 years old, a mother of 3 children. She has been experiencing severe domestic abuse committed by her husband in many forms, including physical, verbally, mentally. Everything started when she felt something was wrong when her husband stopped providing family needs. So, she had to dig after him and discovered that he was having an affair. He tried to control her, including stopping her from going out, working. He also prohibited her from using her own salary, and controlled her dresses. He left the country and traveled overseas, leaving the family without any financial support nor good communication with the children. He asked many people around her to spy on her and send him all the updates about her movement. In September 2022, she went to another state to avoid danger from her husband. After she received a threat that he was coming to take the children, she came back to the house after she spent 3 nights out. She had to hide her original marriage certificate and last child birth certificate in her friend's house. Then her husband went to the embassy to obtain a passport. He wanted to separate the children from the mother's passport. Once Ati's husband looked for her at her house, but did not find her. Then he went to her brother's workplace and threatened to kill him if he did not come with Ati's children. For several years, her husband left her and her children. Even though he did not support her and the children financially, whenever she started finding jobs, her husband always found out. Whenever she asked him for support for children, her husband always told her to give the children to him, then only he would agree to divorce her. Ati's children have been depressed and experiencing social withdrawal, hiding at home and do not want to meet their friend. They started to shake when the phone rings. The children hate the father, every time he calls, the father curses and calls the children with bad names like, children of whore, son of prostitutes. Ati and children security risk is now still heightened, because Ati husband & children father is likely still trying to take the children. Ati can't leave the house because her husband has many relatives that are constantly monitoring her and her children from far away. It has been highly damaging for Ati and her children's wellbeing.

A Case study of Gender-Based Violence of An Afghan Woman. Fatime is 39 years old from Afghanistan. She lives with her husband, mother-in-law and three children. She has many problems with her family. Her husband never shows love to her. He says, I love to have a baby but I cannot pay for diapers and milk. She even said that they have not had sex for two or three months. She tried to commit suicide but couldn't do so. Her children and her mother-in-law often blamed her because when they got married, her father asked too much money for the dowry. Fatima's husband lets her work, but he controls her salary. He would never let her use her own money. She is afraid to report to the UNHCR. She says, instead of solving problems, they make it bigger and will separate her from her children.

ANNEX IV: 12 Signs of Coercive Control (checklist)

Here are 12 major signs of coercive control. It shall help you to observe experience in the intimate relationship. It is advised that you choose to focus on his own experience. But if that is not possible, you may choose to examine another specific individual, for example your father or mother. In examining every sign, ask yourself whether the sign (in the checklist) happened and how frequent are they generaly.

Indicate your observation by choosing one of the following options: never happened; very rarely; sometime; often; most of the time.

Facilitator is advised to use this link below in administering the checklist to obtain instant graphic report.

https://bit.ly/3MpfcEj

I am now

- Examining my own experience
- Examining other particular individual

1. Isolating victims (spouse, partner) from support systems such as friends, family, etc.

- Never happen
- Rarely happen
- Sometimes
- Often happen
- Happen most of the time

2. Monitoring victim's activities, for example stalking your every move when they are out.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

3. Denying victim freedom and autonomy, i.e. do not allowing victim to go to work or school, taking their phone, and changing their passwords.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

4. Gaslighting or behaving that the abuser always rights and victim is always wrong and to be blamed, and force the victim to acknowledge it.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

5. Putting down victims, for example name calling

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

6. Limiting victim's access to financial means.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

7. Reinforcing traditional gender roles, for example childcare as women's responsibility and not taking part in it.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

8. Manipulating and turning children (or other family members) against the victims.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

9. Controlling the victim's body or appearance or health/well-being, i.e. controlling food to eat, sleep, time for bathing, etc.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

10. Making jealous accusation

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

11. Regulating victim’s sexual relationship. for example, demanding certain form of sexual act, recording, frequencies of sex, etc.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

12. Using threats to control the victims, for example false accusations of child neglect or abuse, taking away children or custody, violent threats.

- Never happen
- Rarely happen
- Sometimes
- often happen
- Happen most of the time

ANNEX V: Gender-Based Violence Related Laws in Malaysia

Introduction: Historically women's groups in Malaysia have lobbied for a stand-alone statute Domestic Violence Act.

1) Domestic Violence Act 1994 (ACT 521)

Domestic Violence Act 1994 (ACT 521) is a procedure protecting and providing access to justice for domestic violence survivors in Malaysia. Any physical, sexual and psychological abuse committed by spouse, ex-spouse, intimate partner or family member will be considered an abuse under this Act. A perpetrator would be charged with a criminal offence if convicted of doing the action.

Process wise, the victim shall lodge a police report and apply for Interim Protection Order within the investigation process conducted (or apply for Protection Order within trial process period) to obtain protection from the police in case the perpetrator pursues violent action.

The act define acts of Domestic Violence as:

a. Wilfully or knowingly placing, or attempting to place, the victim in fear of physical injury;
b. causing physical injury to the victim by such act which is known or ought to have been known would result in physical injury;
c. compelling the victim by force or threat to engage in any conduct or act, sexual or otherwise, from which the victim has a right to abstain;
d. confining or detaining the victim against the victim's will;
e. causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to the victim;
f. dishonestly misappropriating the victim's property which causes the victim to suffer distress due to financial loss;
g. threatening the victim with intent to cause the victim to fear for his safety or the safety of his property, to fear for the safety of a third person, or to suffer distress;
h. communicating with the victim, or communicating about the victim to a third person, with intent to insult the modesty of the victim through any means, electronic or otherwise;

i. causing psychological abuse which includes emotional injury to the victim;
j. causing the victim to suffer delusions by using any intoxicating substance or any other substance without the victim's consent or if the consent is given, the consent was unlawfully obtained; or
k. in the case where the victim is a child, causing the victim to suffer delusions by using any intoxicating substance or any other substance.

The above acts have to be committed by an offender, whether by himself or through a 3rd party against: (a) his or her spouse, (b) his or her former spouse, (c) a child who is a member of the offender's family or of the family of the offender's spouse or former spouse (d) an incapacitated adult; any other member of the family (e.g. adult children, parents or siblings of the offender). The Domestic Violence Act 1994 expressly refers to spouses and does not apply to unmarried couples.

Three types of Protection Order defined by Domestic Violence Act 1994:

1) Emergency Protection Order (EPO): Applied by adult victim, guardian of child victim, or lawyer; issued by Nearest Social Welfare Dept (JKM); Valid for 7 Days (pending IPO / PO).
2) Interim Protection Order (IPO): Applied by Applied by adult victim, guardian of child victim, or lawyer at Social Welfare Dept (JKM) with Police Report; Issued by Magistrate Court; Valid until completion of criminal investigation.
3) Protection Order (PO): Issued by Magistrate Court; Valid for 12 Months

Punishment for breach of protection orders:

4) Fine not exceeding RM2,000 or imprisonment not exceeding six months or both.
5) If EPO / IPO / PO is breached by using violence on a protected person, fine not exceeding RM4,000 or imprisonment not exceeding one year or both.
6) Repeated breaches of the EPO / IPO / PO by using violence on a protected person will result in imprisonment of not less than 72 hours and not more than two years, and a fine of not exceeding RM5,000.

2) Penal Code (Act 574)

There are several provisions of criminal offences to protect abused women. They are:

a) 319.Hurt
b) 320.Grievous hurt
c) 321.Voluntarily causing hurt
d) 322.Voluntarily causing grievous hurt
e) 354. Assault or use of criminal force to a person with intent to outrage modesty
f) 375. Rape
g) 375A. Husband causing hurt in order to have sexual intercourse
h) 376A. Incest
i) 377D. Outrages on decency

The punishment for causing hurt is an imprisonment of one year or a fine of two thousand ringgit or both and the punishment for causing grievous hurt can be up to seven years or liable to a fine.

Below are several important clauses within Penal Code that are relevant to GBV cases:

> 375. A man is said to commit "rape" when he has commit sexual intercourse (a) against her will; (b) without her consent; (c) with her consent, when her consent has been obtained by putting her in fear of death or hurt to herself or any other person, or obtained under a misconception of fact and the man knows or has reason to believe that the consent was given in consequence of such misconception; (d) with her consent, when the man knows that he is not her husband, and her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married or to whom she would consent; (e) with her consent, when, at the time of giving such consent, she is unable to understand the nature and consequences of that to which she gives consent; (f) with or without her consent, when she is under sixteen years of age.
>
> 376. Whoever commits rape shall be punished with imprisonment for a term of not less than five years and not more than twenty years, and shall also be liable to whipping.

376A. A person is said to commit incest if he or she has sexual intercourse with another person whose relationship to him or her is such that he or she is not permitted, under the law, religion, custom or usage applicable to him or her, to marry that other person. Punishment for incest

376B. (1) Whoever commits incest shall be punished with imprisonment for a term of not less than six years and not more than twenty years, and shall also be liable to whipping. (2) It shall be a defence to a charge against a person under this section if it is proved— (a) that he or she did not know that the person with whom he or she had sexual intercourse was a person whose relationship to him or her was such that he or she was not permitted under the law, religion, custom or usage applicable to him or her to marry that person; or (b) that the act of sexual intercourse was done without his or her consent.

Section 509. "Whoever, intending to insult the modesty of any person, utters any word, makes any sound or gesture, or exhibits any object, intending that such word or sound shall be heard, or that such gesture or object shall be seen by such person, or intrudes upon the privacy of such person, shall be punished with imprisonment for a term which may extend to five years or with fine or with both."

3) Employment Act 1955

In Employment Act 1955 sexual harassment is defined as "any unwanted conduct of a sexual nature, whether verbal, non-verbal, visual, gestural or physical, directed at a person which is offensive or humiliating or is a threat to his well-being, arising out of and in the course of his employment". Essentially, The act makes it a statutory obligation for an employer to enquire into a complaint of sexual harassment by an employee, within 30 days upon receipt of such complaint (Section 81 A-81 G).

Claim of damage of sexual harassment can also be done through civil suit under Tort Law. The Federal Court allowed the victim's counterclaim for general and aggravated damages for the emotional and mental stress and trauma suffered by the victim arising from the sexual harassment via **tort of sexual harassment.** The decision has also affirmed that sexual harassment applies to both genders. Example: Case of **Mohd Ridzwan Abdul Razak v Asmah Hj Mohd Nor** (2016)

3) Islamic Family Law Act 1984 (IFLA 1984)

In Malaysia, Muslim marriage should be in accordance with ISLAMIC FAMILY LAW ACT 1984 (IFLA 1984).

IFLA 1984 - Section 50 and Section 52

A woman who is married according to the '*Hukum Syara'* is entitled to a Ta'liq divorce (Section 50) and also eligible to obtain an order for the dissolution of marriage or fasakh (Section 52) because of several reasons including when the husband treats her with cruelty.

Islamic Family Law Act 1984

Section 50. Divorce under ta'liq or stipulation.

(1) A married woman may, if entitled to a divorce in pursuance of the terms of a *ta'liq* certificate made upon a marriage, apply to the Court to declare that such divorce has taken place.

(2) The Court shall examine the application and make an inquiry into the validity of the divorce and shall, if satisfied that the divorce is valid according to Hukum Syara', confirm and record the divorce and send one certified copy of the record to the appropriate Registrar and to the Chief Registrar for registration.

Section 52. Order for dissolution of marriage or fasakh.

(1) A woman married in accordance with Hukum Syara', shall be entitled to obtain an order for the dissolution of marriage or fasakh on any one or more of the following grounds, namely -

(a) that the whereabouts of the husband have not been known for a period of more than one year;
(b) that the husband has neglected or failed to provide for her maintenance for a period of three months;
(c) that the husband has been sentenced to imprisonment for a period of three years or more;
(d) that the husband has failed to perform, without reasonable cause, his marital obligations (nafkah batin) for a period of one year;
(e) that the husband was impotent at the time of marriage and remains so

and she was not aware at the time of the marriage that he was impotent;
(f) that the husband has been insane for a period of two years or is suffering from leprosy or vitiligo or is suffering from a venereal disease in a communicable form;
(g) that she, having been given in marriage by her *wali Mujbir* before she attained the age of *baligh*, repudiated the marriage before attaining the age of eighteen years, the marriage not having been consummated; *[Am. Act A902: s.16]*
(h) that the husband treats her with cruelty, that is to say, *inter alia* -

(i) habitually assaults her or makes her life miserable by cruelty of conduct; or

(ii) associates with women of evil repute or leads what, according to Hukum Syara', is an infamous life; or

(iii) attempts to force her to lead an immoral life; or

(iv) disposes of her property or prevents her from exercising her legal rights over it; or

(v) obstructs her in the observance of her religious obligations or practice; or

(vi) if he has more wives than one, does not treat her equitably in accordance with the requirements of Hukum Syara';

(i) that even after the lapse of four months the marriage has still not been consummated owing to the wilful refusal of the husband to consummate it;
(j) that she did not consent to the marriage or her consent was not valid, whether in consequence of duress, mistake, unsoundness of mind, or any other circumstance recognized by Hukum Syara';
(k) that at the time of the marriage she, though capable of giving a valid consent, was, whether continuously or intermittently, a mentally disordered person within the meaning of the Mental Disorders Ordinance 1952 [*Ord. 31 of 1952*] in the case of the Federal Territory of Kuala Lumpur, or the Lunatics Ordinance [*Sabah Cap.74*] in the case of the Federal Territory of Labuan, and her mental disorder was of such a kind or to such extent as to render her unfit for marriage; *[Am. Act A828: s.5]*
(l) any other ground that is recognized as valid for dissolution of marriages or *fasakh* under Hukum Syara'.

(1A) Any person married in accordance with Hukum Syara' shall be entitled to obtain an order for the dissolution of marriage or *fasakh* on the ground that the wife is incapacitated which prevents sexual intercourse. *[Ins. Act A902: s.16]*

(2) No order shall be made on the ground in paragraph (*c*) of subsection (1) until the sentence has become final and the husband has already served one year of the sentence.

(3) Before making an order on the ground in paragraph *(e)* of subsection (1) the Court shall, on application by the husband, make an order requiring the husband to satisfy the Court within a period of six months from the date of the order that he has ceased to be impotent, and if the husband so satisfies the Court within that period, no order shall be made on that ground.

(4) No order shall be made on any of the grounds in subsection (1) if the husband satisfies the Court that the wife, with knowledge that it was open to her to have the marriage repudiated, so conducted herself in relation to the husband as to lead the husband reasonably to believe that she would not seek to do so, and that it would be unjust to the husband to make the order.

Section 127. Ill-treatment of wife.
Any person who ill-treats his wife or cheats his wife of her property commits an offence and shall be punished with a fine not exceeding one thousand ringgits or with imprisonment not exceeding six months or with both such fine and imprisonment.

Section 128. Failure to give proper justice to the wife.
Any person who fails to give proper justice to his wife according to Hukum Syara' commits an offence and shall be punished with a fine not exceeding one thousand ringgits or with imprisonment not exceeding six months or with both such fine and imprisonment.

ANNEX VI: CEDAW AT A GLANCE

IWDA INTERNATIONAL WOMEN'S DEVELOPMENT AGENCY

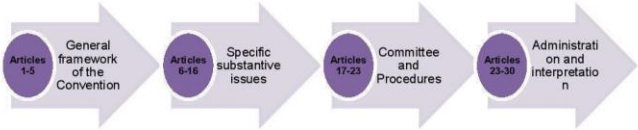
WAVE

CEDAW at a Glance

The United Nations' Convention on the Elimination of all forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly in 1979. It has often been described as the international bill of rights for women and sets out a comprehensive set of rights for women in civil, political, economic, social and cultural fields. It also provides a definition of discrimination against women.

CEDAW Definition of Discrimination
"…any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." (Article 1)

CEDAW has a preamble (introduction) and 30 Articles (clauses).



Summary: Articles 1-16

Article	Summary
1. Definition of discrimination	Discrimination against women includes any distinction, exclusion or restriction that affects women's enjoyment of political, economic, social, cultural, civil or any other rights on an equal basis with men.
2. Policy measures	States must make laws and regulations, implement policies and change practices to eliminate discrimination against women.
3. Equality	Women are fundamentally equal with men in all spheres of life. States should take action to ensure women can enjoy basic human rights and fundamental freedoms.
4. Temporary special measures	Affirmative action or **temporary special measures** should and can be used (e.g. quotas or women-only services) to accelerate women's equality.
5. Sex roles and stereotyping	The Convention recognises the influence of culture and tradition in restricting women's enjoyment of rights. States must modify or abolish

Ministry of Foreign Affairs of the Netherlands

	discriminatory cultural practices and take appropriate measures to eliminate sex role stereotyping and prejudice stemming from the idea of the inferiority or superiority of one sex over the other.
6. Trafficking and prostitution	States Parties must take all measures, including legislation to stop all forms of trafficking and exploitation of women for prostitution.
7. Political and public life	Women have equal rights to vote, hold public office and participate in civil society.
8. Participation at the international level	Women should be able to represent their country internationally and work with international organisations on an equal basis with men.
9. Nationality	Women have equal rights with men to acquire, change or retain their nationality and that of their children.
10. Equal rights in education	Women have equal rights to education including vocational training and guidance, continuing education, sport and scholarships. The content of the curriculum should prevent the repetition of negative stereotypes and sexual health education should be available.
11. Employment	Women have the right to work, employment opportunities, equal remuneration, free choice of profession and employment, social security, and protection of health. Discrimination on the grounds of marriage, pregnancy, childbirth and childcare is prohibited.
12. Healthcare and family planning	Women have equal rights to access health care including sexual health, family planning services and pre and post-natal care.
13. Economic and social benefits	Women have equal rights to family benefits, financial credit and to participate in recreational activities, sports and cultural life.
14. Rural women	Rural women have the right to adequate living conditions, participation in development planning, and access to education, healthcare, transport and financial services.
15. Equality before the law	Women are to be treated as equal before the law. Women have the legal right to enter contracts, own property and to choose where to live.
16. Marriage and family	Women have equal rights with men within marriage including family planning, property ownership and occupation.

CEDAW's Optional Protocol

An optional protocol is a treaty that adds to or complements an existing treaty[1]. The Optional Protocol to CEDAW enables the CEDAW Committee to consider complaints by individual women or groups of women (via the communications procedure) concerning the violation of rights protected by the Convention and/or to conduct inquiries into grave or systematic abuses of women's rights (via the inquiry procedure). This will only apply if the Optional Protocol has been ratified by the State.

[1] International Womens' Rights Action Watch Asia Pacific (IWRAW), OP CEDAW Overview, 2016, Available at: http://www.iwraw-ap.org/op-cedaw/what-is-op-cedaw/op-cedaw-overview/

Ministry of Foreign Affairs of the Netherlands

https://iwda.org.au/assets/files/CEDAW-at-a-Glance.pdf

ANNEX VII: Service Providers Booklet

ANNEX VIII: Video Resources

Topic: Intersectionality

Topic (duration)	Video link
Intersectionality 101 (3:03)	https://youtu.be/w6dnj2IyYjE
What is intersectionality? (2:49)	https://youtu.be/O1islM0ytkE
Intersectionality (3:29)	https://www.khanacademy.org/test-prep/mcat/social-inequality/social-class/v/intersectionality
Kids Explain Intersectionality (2:14)	https://youtu.be/WzbADY-CmTs

Topics: GBV, coercive control

Title (duration)	Video link
Ending violence against women and girls - Meron's story	https://www.youtube.com/watch?v=7WfT7FjJnwk
Keganasan Rumahtangga (VIOLENCE) (4:22)	https://youtu.be/kVguMowX-1w
Gender-based violence (2:28)	https://youtu.be/ehhrLC9Eg98
Violence Against Women Throughout the Life-Cycle (4:26)	https://youtu.be/vIsdFwCCyRU
Indian Kids Asked To Slap A Girl (3:04)	https://youtu.be/HXEwBl5BWoI
Inspiration: What is Gender Based Violence? (2:50)	https://youtu.be/3AF9Rjki0DE

Part 1: Psychological and Economic Gender-Based Violence (2:14)	https://youtu.be/eXjHDAX4I9w
Part 2: Physical and Sexual Gender-Based Violence (2:07)	https://youtu.be/zeoGv9Abcxs
Ending Violence against women and girls: If not you, then who?' (2:38)	https://youtu.be/W_ZPHPutN-c
The effects of COVID-19 on gender-based violence (GBV) (4.30)	https://youtu.be/lthLW7Ik6Ck
Gender equality: the power of change (2:25)	https://youtu.be/OIsyVZCB3KM
Gender Equity (5:00)	https://youtu.be/JKHAmvcHSPk
Hidden in Plain Sight - Coercive Control and Domestic Abuse (6:11)	https://youtu.be/36mQFefBylM
Walking On Eggshells (16:55)	https://youtu.be/hC1pCi-GwGU
Coercive Control - Liminal Coaching (18:24)	https://youtu.be/V09xM7EbSd8
Getting Free From A Coercive Control Relationship (2:51)	https://youtu.be/h_634hhVs_0
Lisa's Story: Coercive Control - Controlling and Coercive Behaviour (6:15)	https://youtu.be/HJQZlfjrxz4
How to spot signs of coercive control part 1 (9:03)	https://youtu.be/NdjBn-P62v0
How to spot signs of coercive control part 2 (10:04)	https://youtu.be/nL7RXbQOTCY

How to prove coercive and controlling behaviour (18:36)	https://youtu.be/L0wIuiXvYsQ
Coercive Control, Invisible Victims (1:00:46)	https://youtu.be/sLsccr287zg
Evan Stark, Rutgers University, Author, "Coercive Control" (4:31)	https://youtu.be/NLlXXt6WNsM
Understanding Coercive Control with Professor Evan Stark (16:06)	https://youtu.be/6RCEQpIot34
Professor Evan Stark: Coercive Control and Children (13:06)	https://youtu.be/kvHbVzTzpX0
Coercive Control - Tech Abuse - A short film by Sutherland Shire Domestic Violence Committee (1:04 Minutes)	https://www.youtube.com/watch?v=PHvyUOMRBS4
Through Our Eyes: Children, Violence, and Trauma— Introduction (7:53 minutes)	https://youtu.be/z8vZxDa2KPM
Gender-Based Violence school workshop (4:44 Minutes)	https://www.youtube.com/watch?v=9Auacg43zxU
Millennium Children: Say NO to sexual violence in schools (3:55 minutes)	https://youtu.be/cvjCeIezynM
Coercive Control - Where is the line?	https://www.youtube.com/watch?v=DmbTqFH4x0w
Online Gender Based Violence (GBV (3:12 Minutes)	https://www.youtube.com/watch?v=RfN-RYJsG5c

Online Gender-Based Violence Explained (5:56 Minutes)	https://www.youtube.com/watch?v=fWlnpVqiOhc

Topic: Gender norms contributing to GBV

Title (duration)	Video link
Gender Roles in Society (1:45)	https://youtu.be/LdEAz3mjaSw
#SayEnough Together We Can End Violence Against Women & Girls (1:45)	https://youtu.be/ova_C9v7F90
Gender Inequality & Domestic Violence (5:43)	https://youtu.be/UpgZ5PCuf8A
Gender Roles and Stereotypes (1:47)	https://youtu.be/Ulh0DnFUGsk
Gender Stereotyping (6:05)	https://youtu.be/L1m3XR4Y7T8
What are Gender Stereotypes? (2:56)	https://youtu.be/HdHSDaJNQSg
Gender Stereotypes (3:06)	https://youtu.be/FigeKLGSsRk
Gender Stereotypes and Family Role (4:15)	https://youtu.be/h-XtWrLmbCA
Girl and Boy (2:00)	https://youtu.be/pF1j22x-yU8
Benevolent Sexism (5:09)	https://www.youtube.com/watch?v=X0Im1Xhligs
Everyday Sexism: 'You're too aggressive, too passionate, too blunt, too emotional' (4:23)	https://www.youtube.com/watch?v=ZeD47CFrNNk

Topic: Mental health

Title (duration)	Video link
What is trauma? The author of "The Body Keeps the Score" explains | Bessel van der Kolk | Big Think (7:48min)	https://www.youtube.com/watch?v=BJfmfkDQb14
(The Body Keeps The Score Summary (Animated) — Heal From Trauma Using 3 Science-Backed Techniques; 7:27 mins)	https://www.youtube.com/watch?v=m5L0T1eK07I
What is Trauma? (3:30 minutes)	https://www.youtube.com/watch?v=q0UPnWfNpak
6 ways to heal trauma without medication | Bessel van der Kolk | Big Think (8:53 min)	https://www.youtube.com/watch?v=ZoZT8-HqI64
Through Our Eyes: Children, Violence, and Trauma—Introduction (7:53 min)	https://youtu.be/z8vZxDa2KPM
Trauma and the Brain (8:44min)	https://www.youtube.com/watch?v=4-tcKYx24aA
What is Mental Health? (3:39)	https://youtu.be/G0zJGDokyWQ
How to spot the signs of mental illness (5:07)	https://youtu.be/FB49AezFJxs
Mental Health: In Our Own Words (6:40)	https://youtu.be/_y97VF5UJcc
Rewiring the Anxious Brain -	https://youtu.be/zTuX_ShUrw0

Neuroplasticity and the Anxiety Cycle (Anxiety Skills #21) (14:16)	
Why Mindfulness Is A Superpower: An Animation (2:43)	https://youtu.be/w6T02g5hnT4
How Mindfulness Empowers Us: An Animation Narrated by Sharon Salzberg (2:21)	https://youtu.be/vzKryaN44ss
The Science Behind Mindfulness Meditation (6:35)	https://youtu.be/VTA0j8FfCvs
How to Defeat Negative Thinking: An Animation (2:22)	https://youtu.be/_XLY_XXBQWE
Meditation for Beginners - Featuring Dan Harris and Sharon Salzberg (6:37)	https://youtu.be/mtsdz_jhB7c
Alfred & Shadow: A short story about emotions (education psychology health animation) (7:03)	https://youtu.be/SJOjpprbfeE
Emotions and the Brain (2:02)	https://youtu.be/xNY0AAUtH3g
Self Compassion (4:42)	https://youtu.be/-kfUE41-JFw

Topic: CEDAW

Topic (duration)	Video link
CEDAW Quick & Concise: The principle of substantive equality (3:38)	https://youtu.be/rI8lNB-XMIk
CEDAW Quick & Concise: Examining the Principle of Non Discrimination	https://youtu.be/OBdDB5PKrmk

(4:29)	
CEDAW Quick & Concise: The principle of state obligation (5:13)	https://youtu.be/umETapJ4b8o

Responding to GBV: Help seeking & Giving

Topic (duration)	Video link
Responding to Disclosure of a GBV Incident (4:00 Minutes)	https://www.youtube.com/watch?v=n_YhXzMv1E4

BIBLIOGRAPHY

ABAAD, Danish Refugee Council. (2015) *Practical Guidelines on Engaging Men against Gender-Based Violence for the Promotion of Gender Equality.* Retrieved from *https://www.abaadmena.org/documents/ebook.1496120823.pdf*

ABAAD, Promundo. (2016). *Programme Ra.* Retrieved from https://promundoglobal.org/resources/programme-ra/

ABAAD, World Vision. (n.d.) *Varying Perceptions, One Outcome: Field studies monitoring the attitudes and perceptions of women and men towards women's rights in Lebanon.* Beirut: Abaad – Resource Center for Gender Equality.

Alexander-scott, M., Bell, E., Holden, J. (2016). *DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG).* London: VAWG Helpdesk.

Berkowitz, Alan (n.d.) *A Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: social norms toolkit.* Retrieved from http://www.alanberkowitz.com/Social_Norms_Violence_Prevention_Toolkit.pdf

Center for Victims of Torture. *Restoring Hope and Dignity: Manual for Group Counseling.* Retrieved from https://www.cvt.org/group-counseling-manual

Coaston, J. (May 28, 2019). The intersectionality wars. https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discriminationDomestic Violence ACT, ACT A1538, 1984 (2006).

Donovan, RJ, Vlais, R. (2005) *VicHealth Review of Communications Components of Social Marketing/Public Education Campaigns Focusing on Violence against Women.* Melbourne: Victorian Health Promotion Foundation.

ECOS, Instituto PROMUNDO, PAPAI, Salud y Genero. (2002). *Project H: Working with Youth Men Series* Retrieved from https://promundoglobal.org/resources/program-h-working-with-young-men/?lang=english

Heartland alliance international (HAI), United Nations Relief and Works Agency (UNRWA). (2015). *Community workers Guide to understanding Gender-based violence and child protection basic concepts.* Retrieved from http://www.socialserviceworkforce.org/system/files/resource/files/Community-Workers-Guide.pdf

Instituto Promundo, Salud y Genero, ECOS, Instituto PAPAI and World Education. (n.d.) *Program M: Working with young women.* Retrieved from https://promundoglobal.org/resources/program-m-working-with-young-women/

Hussein, Z. (n.d.). *Abused in Silence-Domestic Violance / Full Documentary-HD* [Video File]. Retrieved from https://www.youtube.com/watch?v=2kq1WAui3N8

Islamic Family Law (Federal Territories) Act 303, Laws Of Malaysia Reprint, 1984 Incorporating All Amendments Up To 1 January 2006 (2006).

Penal Code, Act 574, Laws Of Malaysia Reprint Incorporating All Amendments Up To 1January 2006, (2006).

SalafiManhaj Editor. (n.d). Syaikh AbdusSalam Burjis on Wife Beating and Domestic Violence (fataawah), 2005-2014. Retrieved from http://salafimanhaj.com/wife-beating-and-domestic-violence

SASA. (n.d.) *Training Module: Raising awareness about the imbalance of power between women and Men*. Retrieved from http://raisingvoices.org/wp-content/uploads/2013/03/downloads/Sasa/SASA_Activist_Kit/AWARENESS/Training/Awareness.Training.InfAttitudesModule.pdf

The Reproductive Health Response in Conflict (RHRC). Consortium. (2004). *Gender-based Violence Tools Manual.* New York: RHRC Consortium.

UN Women (2016). Global Guidance on Addressing School Related Gender-Based gender.

Welton-Mitchell, C., James, L., Santoadi, F., Amiruddin, A.N., Bujang, N.A., Husein, S., Hussin, H., Anwar, M.S., and Hamid, K., (2018, February). *Development and testing of a gender-based violence intervention to address intimate partner abuse among Rohingya in Malaysia.* Poster presented in International Conference on Future of Women '18, Kuala Lumpur, Malaysia.

Women's Aid Organisation (2017). Perspectives on Domestic Violence. Petaling Jaya: Women's Aid Organisation.

World Health Organization. (2002). Chapter 4. Violence by Intimate Partners. *World Report on Violence and Health.* Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/

World Health Organisation. (2019). "Mental Health". Retrieved from https://www.who.int/news-room/facts-in-pictures/detail/mental-health

YW Boston. (march 29, 2017). What is intersectionality, and what does it have to do with me? https://www.ywboston.org/2017/03/what-is-intersectionality-and-what-does-it-have-to-do-with-me/

Your Dictionary (Intersectionality Theory Examples. https://examples.yourdictionary.com/intersectionality-theory-examples.html

Carlson, E. and C. Dalenberg (2000). "A eonceptual framework for the impact of traumatic experiences. trauma, Violence, & Abuse." Trauma, Violence, & Abuse **1**(1): 4-28.

Flannery, R. B. (2015). "Treating psychological trauma in first responders: A multi-modal paradigm." Psychiatric Quarterly **86**: 261-267.

Germer, C. K. and K. D. Neff (2015). "Cultivating self-compassion in trauma survivors." Mindfulness-oriented interventions for trauma: Integrating contemplative practices **43**: 58.

James, L. E., et al. (2021). "Development and testing of a community-based intervention to address intimate partner violence among Rohingya and Syrian refugees: a social norms-based mental health-integrated approach." International journal of environmental research and public health **18**(21): 11674.

Welton-Mitchell, C., et al. (2019). "Intimate partner abuse among Rohingya in Malaysia: Assessing stressors, mental health, social norms and help-seeking to inform interventions." Intervention **17**(2): 187.

WHO (2019). School-based Violence Prevention: A practical Handbook.

This manual is a guide for community facilitators to conduct training for community members on elimination of Gender-Based Violence (GBV) and promote gender equality. It contains material collaboratively adapted and curated by Participatory Action Research (PAR) Collaborators including refugee women, plantation women, Tenaganita team in 2022 supported by Rosa Luxemburg Stiftung South East Asia. It aims to raise awareness about GBV, gender norm, mental health consequences, help seeking-giving when community members experience GBV and ultimately enable community members to practice gender equality in daily life.

Tenaganita
Women's Force

ROSA LUXEMBURG STIFTUNG
SOUTHEAST ASIA – MANILA OFFICE

ISBN 978-967-25640-3-4