



Gender-Based Violence (GBV) in the Refugee Community in Penang and Kedah: Understanding, Responses and Challenges

**Penang Refugee Network
June 2026**

TABLE OF CONTENTS

Executive Summary	6
1.0 Background and Context	9
2.0 Specific Purposes of the Research	10
3.0 Methodology	11
3.1 Community Survey	11
3.2 Focus Group Discussions	12
3.3 Stakeholder Feedback	12
4.0 Research Findings	14
4.1 Understanding of GBV	14
4.2 Issues related to Domestic Violence	15
4.3 Issues related to Rape	30
4.4 Issues related to Online Violence	32
4.5 Other forms of GBV	36
4.6 What can be Done	38
5.0 Conclusions	41
Recommendations	43

List of Tables

List of Statements

LIST OF TABLES

Table 1: Breakdown of Respondents by sex and age

Table 2: Do you know what is gender-based violence?

Table 3: Can you give examples of what is gender-based violence?

Table 4: In your opinion, does violence between partners happen a lot in our community?

Table 5: Out of 10 households, how many do you think would be suffering from violence?

Table 6: In your opinion, is it okay to leave it to the couple to work things out?

Table 7: What usually happens when there is violence between a husband and wife?

Table 8: Who do you think should step in and help?

Table 9: What will happen after the end of help?

Table 10: Are you aware of any case where someone helped?

Table 11: Who helped?

Table 12: Did it help the situation?

Table 13: Would you be able to tell someone where to go for help for domestic violence?

Table 14: Do you think we need to be offering more help to the person who is suffering violence?

Table 15: What sort of help do you think we should be offering?

Table 16: Is this help available now?

Table 17: How long should we be offering help?

Table 18: Does rape happen a lot in our community?

Table 19: Where does rape happen?

Table 20: Do you know of girls or women or men who have been raped?

Table 21: Do you think online/internet safety is an issue for our community?

Table 22: Do you know of girls or boys who have had problems because of being online?

Table 23: Types of online issues

Table 24: Do boys and girls seek help for online issues?

Table 25: Where do they go for help?

Table 26: What can we do to improve the situation?

Table 27: Do you know of girls or women or men who have been sexually harassed?

LIST OF STATEMENTS

Statement 1: A man is allowed to beat his wife if she does not perform her domestic duties properly.

Statement 2: Violence is usually the woman's fault.

Statement 3: Violence is usually the man's fault

Statement 4: A woman should not complain about violence because it brings shame on her family.

Statement 5: We should not get involved with problems between husband and wife.

Statement 6: If a woman is raped, it brings shame on her family

Statement 7: Being online is dangerous, especially for girls.

Statement 8: It is okay for a girl to get married at 15.

Statement 9: Our community should take action to reduce GBV

Statement 10: We need better awareness of all these matters.

Statement 11: We are refugees, there is nothing much we can do.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Acknowledgements

In the conduct of this research, we are indebted to several people.

Firstly, to the Mixed Migration Centre for supporting this project and giving us every encouragement along the way.

Secondly, to all those women and men who participated in the survey and in the focus group discussions, whose opinions and experience form the basis of this report.

Thirdly, to the refugee women, men and youth from the Penang Refugee Network who designed and conducted the surveys and focus group discussions. A special mention to Abu Waidar for his consistent and capable project management.

Finally, to James Lochhead, for his help in the drafting of this report and his support over many years.

EXECUTIVE SUMMARY

This research was conducted by the Penang Refugee Network (PRN) in early 2026 to better understand how women, men and youth in the refugee community in Penang, Malaysia perceive, experience and respond to Gender-Based Violence (GBV).

The study comes at an important moment. Recent reductions in international funding and services for refugees and asylum seekers, including the closure of key referral pathways, have created uncertainty regarding the support available to GBV survivors and programmes. In this context, increasing attention is being given to whether and how community-based and community-driven approaches can contribute to safe, effective, and sustainable GBV prevention and response. At the same time, refugee-led groups like PRN are concerned that any partnerships or programmes are based on a clear understanding of how persons in the community, women, men and youth, experience and respond to GBV so that the best possible approach is taken with a view to providing optimum support and extension of awareness.

METHODOLOGY

With this in mind, the research targetted persons within the refugee and asylum seeking communities in Penang and Kedah. It used a mixed-methods approach consisting of 81 community surveys conducted one-to-one with persons from the communities, supplemented by eight focus group discussions involving refugee women, men and youth. It included Rohingya women and men (who comprise the majority of refugees in Penang) as well as Burmese Muslim women and men, who made up four of the focus groups. Most of the participants live in Penang, with a few from the neighbouring state of Kedah.

The research sought to understand community perceptions of GBV, including definitions of GBV, the prevalence of different forms of violence, existing help-seeking practices, and suggestions for improving support for survivors. While the results should not be taken as definitive of the experience and thinking of all refugees in Penang or Kedah or elsewhere, they do indicate some interesting, possibly surprising and potentially relevant findings. It is hoped that these will contribute to the on-going discussions about best approaches to identifying and tackling the many issues related to GBV in relation to refugees and asylum seekers in Penang, Kedah and possibly Malaysia as a whole.

KEY FINDINGS

A central finding of the study is that GBV is overwhelmingly understood within the refugee community as domestic violence between husbands and wives. While most respondents stated that they were familiar with the term "gender-based violence", very few spontaneously identified rape, child marriage, sexual harassment or other forms of GBV that are commonly included in international definitions. This suggests a significant gap between the language and frameworks used by humanitarian agencies and the ways in which GBV is understood within the community.

A further key finding was that the present response to situations of GBV was overwhelmingly from the community. Participants in this project identified family members, community leaders, religious leaders and neighbours as the primary sources of help when intervention into the violence does occur. NGOs, UN agencies and police were mentioned by only a minority. This emphasis on the existing community-based response was also supported as the preferred option when respondents were asked who they think *should* be providing support.

Domestic Violence

In the discussions related to domestic violence, both survey respondents and focus group discussants stated that violence between intimate partners is a frequent occurrence within the community, with nearly three-quarters of respondents giving their opinion that the incidence is very high, affecting at least half of all households. Responses from both women and men also indicated how far they see this as 'normal' and that, in their perception, both women and men are to blame. A substantial proportion of respondents, both women and men, believed that violence between spouses should remain a private matter; many felt that community members should intervene only when violence becomes more severe. These findings reflect the responses of survey and FGD participants, our sample, but may be indicative of the persistence of social norms that can discourage survivors from seeking support and make community-based prevention efforts more challenging.

Participants linked domestic violence to multiple factors, including financial hardship, unemployment, family tensions, social media influences, gambling, and the broader stress associated with displacement and marginalisation.

Rape, Online Violence and Other Forms of GBV

Although participants did not spontaneously identify rape, child marriage and online abuse as forms of GBV, they did acknowledge them as concerns when asked directly about them. Most associated rape with experiences during displacement journeys from Myanmar or refugee camps rather than incidents occurring within Malaysia. The participants also highlighted the strong concerns about stigma and shame associated with rape as contributing to underreporting and reluctance to seek support.

Online violence was identified as an important concern, including for girls and young women. Participants reported concerns regarding online relationships, potential elopements, sharing of private information, blackmail, scams and pornography. Both survey respondents and focus group participants called for greater awareness and education regarding online safety.

Improving Community-based Responses

Although participants indicated that they commonly relied on and preferred community-based responses, they also highlighted their perception of the need for more structured, coordinated,

and survivor-centred support options. On-going discussions, including at a recent January 2026 workshop referenced in the report, note the many challenges faced by service providers and community efforts in responding to GBV situations and to support survivors, including a lack of consistent investment in structured and coordinated community response mechanisms.

Women and men participants emphasised the low level of awareness about GBV and associated issues, and of available external services. Focus group participants, both women and men, consistently reported the uncertainty about how to access formal support. Fear of authorities, concerns about confidentiality, stigma, and the lack of legal status experienced by refugees further discourage survivors from seeking help outside the community. The most commonly identified needs for support included temporary shelter, emergency financial assistance, counselling and practical assistance to escape abusive situations.

Implications and Recommendations

The findings give rise to a number of suggestions and recommendations which emphasise the perception that future GBV initiatives and interventions must begin with a deeper understanding of community perceptions, attitudes and realities. Programmes that rely solely on externally developed definitions, approaches and language are likely to struggle to gain trust and effectiveness. This is particularly true if community women, men and youth are not involved in the design and delivery of such programmes.

Key recommendations presented by this report include that at community level, there is a clear need to strengthen community awareness of the full range of GBV issues, including domestic violence, rape, sexual harassment, child marriage and online abuse. This should go together with a strengthening of community knowledge of available referral pathways and support services.

It is suggested that community-led groups are best placed to do this, either autonomously or perhaps supported through a partnership with a non-refugee group(s).

Indeed, all stakeholders, refugee led and non-refugee led, are encouraged to explore the potential and practice of partnerships which hold the possibility of better acknowledging and including the perceptions, experience and lived realities of women, men and youth in the refugee and asylum-seeking community in Penang and elsewhere, as fundamental to planning programmes and strategies, including related to GBV.

All this would take place in the context that stakeholders will continue to highlight that the issues of GBV in the refugee community are significantly linked to the overall status of refugees in Malaysia, where the lack of status precludes refugee individuals and families from (for example) earning a secure livelihood, being confident in accessing affordable healthcare and housing, and finding protection under the law.

1.0 BACKGROUND AND CONTEXT

The issue of Gender-Based Violence (GBV) has always been of considerable relevance to the ongoing work of Penang Refugee Network (PRN) and to the refugee and asylum seeker communities in Penang and the northern region of Peninsular Malaysia. This includes in relation to domestic violence, rape and sexual violence, child marriage, community perceptions and dynamics and help-seeking barriers, including limited access to survivor-centred support.

In conducting this research within the refugee community in Penang, the Penang Refugee Network (PRN) were motivated by two main concerns.

One, there has long been some unease at community level about certain definitions, programmes and interventions related to GBV which are designed externally by non-refugee actors but which are not necessarily sensitive to either the situations or the contexts faced by persons within the community.

In the definitions used by agencies like the United Nations, GBV of course encompasses a number of components including domestic violence (intimate partner violence), rape, other forms of sexual assault, the many forms of sexual harassment (including verbal and mental abuse), child marriage, online abuse, bullying, and more.

A gap between the community and those 'helping the community' has meant that, for GBV as for other issues, definitions and interventions are not always fully understood or accepted by and within the refugee community. This has created hesitation, mistrust, confusion and, in some cases, trauma. Can a community documentation help elaborate this and find ways forward accordingly?

Two, the issues and the different understandings around GBV over the past year have become more urgent significantly due to the recent funding cutbacks affecting NGOs and UN agencies which have been involved in GBV service provision. For example, in Penang the sudden closure of the office of the NGO the International Catholic Migration Centre (ICMC) has left a gap in services available to GBV survivors and refugee-based organisations, not least in relation to case management, referral, information sharing and counselling.

Two consequences can be highlighted.

Firstly, a major referral pathway has been closed, meaning that both community members and other NGOs/agencies became more uncertain about where survivors could go for help, what services were still available, and who could safely support them.

Secondly, there is a pressing need to take this opportunity to learn from the past and come together to work out together a sustainable strategy going forward. This strategy should and would take into central consideration the perceptions and the resources from within the refugee communities in Penang, working out the optimum partnerships between community-based persons and groups like PRN and external agencies, including UN, Malaysian government and non-government organisations. Again, conducting a community survey and organising several community-involving focus groups may highlight the areas of concern and hopefully feed in to this on-going collaborative strategic discussion.

The timeliness of this community documentation is good. There were already important discussions happening within the community, within PRN, and between PRN and non-refugee partners (including members of the Penang Working Group) regarding the best way to approach GBV. This has been characterised by the fact that PRN and others have been actively conducting community awareness with women, men and youth about GBV and GBV related issues, including child marriage. At the same time, PRN have been at the forefront too of exploring with other partners (including UN agencies, NGOs and government agencies) how a community-based group like PRN can play a more structured role in responding to GBV. Here, PRN has been concerned to combine our understanding of the attitudes and realities of women, men and youth in our community with the proposed responses to survivors, and to GBV generally, offered by other NGOs and external agencies. As part of our advocacy relating to attitudes and realities on the ground, undertaking this project was seen as potentially very helpful.

This has become even more relevant following a coincidental organising of a workshop in Penang on SRH and GBV, in January 2026. This followed UNFPA announcing that they were to support a short-term GBV-related initiative in Penang. PRN quickly advocated that there was no time to waste in getting people together to look at the wider picture of SRH and GBV in Penang (as it affects the refugee and asylum seeking community) and some 57 persons from a wide variety of organisations and capacities attended. Refugees (women, men and youth) made up more than half. The discussions ended with a commitment to continue to work together under the Penang Working Group (an informal forum for collective discussion and action on refugee-related issues in Penang) to find optimum initiatives over the long-term.

This report therefore comes at an important time. It aims to help us help others comprehend the understanding of GBV by women and men in the refugee community, their attitudes to GBV, their experience of where survivors currently seek help and where they might seek help, and some suggestions for what role the community and PRN might safely and responsibly play.

Putting this together with other on-going PRN work and work being done by Penang Working Group and others in Penang and Malaysia will help enhance our mutual understanding of the issues especially from the central point of view of women, men and younger persons in the community. This will then feed in to the discussions to find better strategies and more appropriate initiatives to help tackle the many issues and suffering associated with GBV.

2.0 SPECIFIC PURPOSES OF THE RESEARCH

The first purpose of this research was to understand how GBV is interpreted by respondents to the survey and [participants in the FGDs. The second was to gain insight into the perceived extent of GBV. The third was to find out the experience of the kinds of GBV cases occurring within the refugee community in Penang, and what the preferred and actual options are for survivors to get help. For the latter, we wanted feedback from women and men in the community as to whether survivors do and/or should approach community leaders, religious leaders, family, friends, neighbours, NGOs, police, UNHCR or other sources of support, or whether to remain silent.

We wanted to gather information about what respondents think can be done by the community itself, including a community-based organisation like PRN. What services can realistically be provided at community level? What are the barriers identified by respondents to the survey and discussions in the focus groups to taking actions?

In framing the questions for the survey and the composition of the focus groups, we were interested to see if there were any differences in experience and opinions in terms of the sex and/or age of the respondents. Differences in responses between women and men were of particular interest. We might say at this point that there were very few obvious differences in the responses by age group; where there were, we have duly commented. But there were differences in the feedback from women compared to men on certain of the points, and these have been presented and discussed.

All this was then intended to feed in to on-going stakeholder discussions about the extent of GBV and the best response to GBV situations in the refugee community, which are currently being undertaken, as noted above.

Internally, the undertaking of this research was also designed to help build the capacity of persons within PRN in research methodology. This was an important element. Given the sensitive nature of GBV research, it was highlighted that strengthening the skills within PRN in ethical data collection, confidentiality, informed consent, and safeguarding was essential. At the same time, exposure to discussions and training related to deeper analysis skills and improving our research reporting was indicated to support PRN members in improving survey design, facilitation of focus groups, data analysis, and structured reporting.

3.0 METHODOLOGY

The project set out to use a mixed-methods approach combining a community survey, focus group discussions and stakeholder discussions and feedback. These methods were intended to complement one another and allow us to gather both in-depth perspectives and broader community trends. In the end we only did the first two: a community survey and focus group discussions. The stakeholder element was made redundant by the workshop held in January, reported above.

The context for our selection of the samples for both the community surveys and the focus group discussions is that the official refugee population in Penang and Kedah is significantly comprised of Rohingya refugees, with much smaller populations of Burmese Muslim (the next largest group) and other ethnicities from Myanmar, including Arakanese, Chin, Karen, Kachen and Mon. The most recent figure from UNHCR is that some 24,000 refugees are registered in Penang, about 83% of whom are Rohingya. 35% are women. There are relatively few refugees of other nationalities – most of these are to be found in the Klang Valley.

It also needs to be remembered that, in addition to those that are registered, there are an uncertain number of asylum seekers, unregistered. In Penang and Kedah, the numbers will run to many thousands, and the experience of PRN is that again the majority of these will be Rohingya. For the purposes of this report, most of the interviewees for the survey were from the Rohingya community whilst half of the eight focus groups comprised of women and men from the Burmese Muslim community.

3.1 COMMUNITY SURVEYS

81 surveys (via structured interviews) were conducted with refugee or asylum seeker women, men, and youth in Penang and Kedah.

Table 1: Breakdown of Respondents by sex and age

<i>Age</i>	Women		Men		Total	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
18-24 years old	20	51	8	19	28	35
25-35 years old	14	36	22	52	36	44
36+ years	5	13	12	29	17	21
Total	39	100	42	100	81	100

The interviews included women and men from three different age groups. In the analysis of the data which follows, there were relatively few occasions when the responses disaggregated by age were significant. Whereas there were significant differences between the responses of women and men, as will be detailed.

The interviews were conducted in different locations on the Penang mainland and in the neighbouring state, Kedah (12%). In both these locations, the majority of refugees are Rohingya, and 99% of the interviews were with Rohingya persons.

The interview questions covered respondent's understanding of GBV, what types of GBV situations they see happening, and their experience of where people do go and should go for services or support. Questions also covered whether this support was effective, and whether more should be done (and if so, what). The survey of course was supplemented by the feedback provided by the FGDs. The aim was not only to capture experiences and perceptions of the respondents, but also to gain a broader picture of insights into attitudes and realities amongst women and men in the community.

3.2 FOCUS GROUP DISCUSSIONS

Eight focus group discussions were conducted with different community groups: teenage girls, teenage boys, older women, and older men (including community leaders), with two focus groups for each category. Six persons attended each focus group. Half of these were with members of the Burmese Muslim community, and half were Rohingya.

These discussions explored community understanding of GBV, types of cases happening, barriers to reporting, and where survivors go for help. Participants discussed what should be done and to what extent the community can safely play a role in resolving GBV cases. There was exploration of both prevention and response, as well as community attitudes toward intervention.

It can be noted that the guiding questions for each focus group were not identical. The discussion guide was adapted according to the specific group, taking into account gender differences, age differences, and community hierarchy. For example, discussions with teenage girls differed in framing

and emphasis from discussions with older men or community leaders, as each group plays a different role within the community and experiences GBV differently. This differentiated approach ensured that conversations were relevant, culturally appropriate, and sensitive to power dynamics.

The focus groups provided additional insights into social norms, perceptions, and lived experiences that were not able to be captured through surveys alone.

Each participant in either the survey or the focus group discussion was informed about the purpose of the research, the nature of their involvement, that participation was voluntary, and that responses would be treated with the utmost confidentiality. Each participant duly signed a consent form.

3.3 STAKEHOLDER ROUNDTABLE

The interviews and FGDs carried out for this report coincidentally happened at the same time as a UNFPA-funded project relating to SRH and GBV services for the refugee and asylum seeking communities in Penang. As part of this, PRN were co-organisers of a workshop held in January 2026 in Penang which brought together 57 stakeholders including women, men and youth refugees (including from PRN), NGOs, UN agencies and others engaged in SRH and GBV provision for refugees and asylum seekers in Penang. The inputs and discussions at this workshop were and are most relevant to the contexts of this report, and the outcome from the workshop also may provide a good framework for ongoing collaboration in seeking best practices and ways forward¹. It is hoped that this is one 'ready-made' forum into which the findings of this report can be disseminated and discussed and collaborative follow-up strategies agreed.

¹ Report of the Workshop: Existing Provision of Gender-based Violence (GBV) and Sexual and Reproductive Health (SRH) initiatives in Penang: Planning for 2026 and beyond. January 10th 2026. UNFPA, PRN and Host Malaysia. Penang

4. RESEARCH FINDINGS

4.1 UNDERSTANDING OF GBV

One of the issues which is increasingly being raised in the wider discussions about GBV and the refugee communities in Malaysia, not least by groups like PRN, is the gap in understanding of what exactly constitutes GBV and indeed whether the phrase itself is understood by persons in refugee communities. This was mentioned during the stakeholder meeting/workshop in January 2026 in Penang mentioned above.

The first question in our survey directly asked this.

Table 2 : Do you know what is gender-based violence?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	38	97	38	90	76	94
No	0	0	4	10	4	5
Not sure	1	3	0	0	1	1
Total	39	100	42	100	81	100

It can be noted that most responded in the affirmative. But the response to a second question perhaps throws a slightly different light on this. Here, respondents were asked to give specific examples of what constituted GBV.

Table 3: Can you give examples of what is gender-based violence?

	Women		Men		Total	
Domestic violence	38	98%	41	98%	79	98%
Verbal abuse	26	66%	32	76%	58	72%
Grooming	7	18%	17	40%	24	30%
Online abuse	7	18%	17	40%	24	30%
Sexual harassment	3	8%	9	21%	12	15%
Child marriage	3	8%	8	19%	11	14%
Rape	2	5%	8	19%	10	12%
Stalking	5	13%	5	12%	10	12%

Note: Respondents were able to identify more than form of GBV. There were 39 women and 42 men respondents.

The responses to this question confirm that for most persons in the community, irrespective of age or sex, GBV is very much identified as domestic violence. Significantly few spontaneously identified rape or child marriage as forms of gender based violence. Perhaps interestingly, many more men identified rape as a form of GBV than women. Nearly a third highlighted online abuse and grooming, and further questions below explored this a little more. It is notable that nearly three-quarters of the respondents to the survey identified verbal abuse as a form of gender based violence, something

which was also flagged by some in the FGDs, but as part of the domestic violence. It is possible that here too respondents were referring to the verbal abuse between spouses.

There were a number of specific comments from respondents which help highlight the range of responses. For example, 'the girls in our community are mostly victims of GBV', or 'GBV is very common in our community, there's no way to stop it', or 'GBV is unacceptable, it's a big issue in the community'.

Feedback from the FGDs confirmed some of the main points from the survey responses. In all eight focus groups, participants described GBV mainly as conflict between a husband and wife. Beyond this, there was little discussion of additional forms of GBV. Some forms were mentioned in passing, and included rape; the violence experienced during the migration journey, perpetrated by agents, smugglers or traffickers; parent - child related conflicts; In-law abuse of daughter-in-law; sexual harassment of girls; workplace harassment; abuse by caregivers or foster carers; abuse and discrimination by authorities or outsiders; bullying of new arrivals; and increased vulnerability among undocumented refugees .

These responses may indicate the gap which groups like PRN have been concerned about, relating to whether there is common understanding of the phrase GBV and therefore the causes and possible 'solutions' for such violence. International and national agencies, including humanitarian agencies and NGOs, have introduced the phrase with the specific idea that this refers to violence which is directly related to gender. But it may be pertinent to question whether the understanding of this 'gender' aspect is something that can be assumed to be understood by persons in the refugee and asylum seeking communities. The list in the paragraph above would indicate that for some members on our sample it is 'violence' rather than 'gender based violence' which may have led to their choices, and even then some situations may fall outside that. And, as this report will present, the kind of gendered attitudes and assumptions reported at least by our participants, both women and men, may indicate attitudes which are a long way away from those held by GBV specialists and workers in international and national agencies and organisations.

From the responses of our participants, what is important is that for so many respondents, GBV is strongly identified to domestic violence. This overwhelming association of GBV to domestic violence is then important in highlighting that this is a key area for discussion for both women and men in the community, and a key area for suggesting what can and should be done to tackle it. And again, it is important to bring the perceptions and attitudes to wards domestic violence from the community (explored below) to this discussion, so that all stakeholders understand the kind of environment in which responses and interventions will take place. This also applies to any 'awareness building' programmes which will benefit from an appreciation of the prevailing attitudes and opinions held by women and men from the community - often ignored.

4.2 ISSUES RELATED TO DOMESTIC VIOLENCE

The focus groups were able to spend a little time going in to more detail of what constitutes domestic violence. All groups highlighted the physical violence between spouses (two of the women's groups described it as 'physical abuse by husbands toward wives') together with the verbal abuse/shouting between partners. Five groups mentioned the emotional abuse (disrespect, humiliation, control) and the psychological harm that results.

The focus groups talked about the reasons why domestic violence happens. The eight groups were pretty much aligned in what they covered.

All groups highlighted the links to financial issues, where disputes arise due to expectations around money or gold. The financial pressures because of the low and precarious income is a major factor in the lives of most refugees in Malaysia. The need to pay bills and disputes over household expenses were cited as possible triggers to violence. It was noted that this might be exacerbated by gambling, cited by both women's and men's groups as a potential contributing element. One (men's) group mentioned the possibility of tension because it is the man who controls the income (this was not mentioned by others).

One (men's) group highlighted 'changing family roles', which another (younger, men) group echoed by citing cases where wives show resistance or "power" with family support. We need to note that this aspect, arguably most closely aligned to the 'gender' aspect of 'gender-based violence', did not receive extended discussion and was not mentioned by any of the women's groups. It would seem then that, at least among our participants, the 'gender' aspect of 'gender-based violence' is certainly not 'mainstream' thinking.

Three groups mentioned tensions not helped by in-laws.

One of the younger men's group highlighted how incidents often started from small misunderstandings and escalate over time. They emphasised issues such as lack of patience, poor communication, unmet expectations, and emotional buildup. The same group talked about men's lack of attention to their wives, financial stress, and influence of social media and online relationships. One of the women's groups also highlighted 'situations where husbands blame wives and act violently over small issues' and cited 'a crying child' as an example.

One of the men's groups talked of violence being driven by poverty and by social media influence. The (negative) impact of the latter was very much a part of each groups' discussion. Social media was blamed by both men and women in the focus groups for exacerbating a 'loss of family responsibility', and helping cause marital breakdown due to jealousy or infidelity following online relationships. We return to the issue of online violence below.

Infidelity as a cause of domestic violence was noted by two of the groups. Cases were cited whereby a wife returns to her parents, or a 'husband leaves with another woman', or 'the man marries another woman and abuses the first wife', the latter two situations highlighted by a woman's group.

Survey questions then went on to explore aspects of the specific issue of domestic violence, which so many of the respondents had identified as a/the form of GBV. These questions covered the extent it happened and the sort of responses that both exist at the moment and which might be suggested for the future.

Table 4: In your opinion, does this (violence between partners) happen a lot in our community?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	36	92	37	88	73	90
No	3	7	4	10	7	9
Not Sure	0	0	1	2	1	1
Total	39	(99)	42	100	81	100

Again, we can note the overwhelming number who affirmed that it happens, although the nearly 10% who said it did not is slightly modified by the responses in the next table. There was little difference here between the responses of women compared to men.

The affirmation indicated by the above table is given further emphasis by the replies to the next question.

Table 5: Out of 10 households, how many do you think would be suffering from violence? (by sex)

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Less than 10% (1 in 10)	1	3	4	10	5	6
Approximately 25% (1 in 4)	6	15	10	24	16	20
Approximately 50% (1 in 2)	14	36	14	33	28	35
Over 70% (7 in 10)	18	46	14	33	32	39
Total	39	100	42	100	81	100

This is a very significant response. Nearly 40% of respondents stated that domestic violence occurs in at least 7 out of 10 households, a very high incidence. It may be noted that more women (56%) than men (44%) identified as such. If we add together the bottom two rows, nearly three-quarters (74%) of respondents are saying that domestic violence is a feature of at least half the households in their community. Of these, 82% of women respondents shared this perception and 66% of men did likewise. In other words, in the experience and opinion of our respondents, the incidence of domestic violence within the community is extensive.

This is echoed by the opinions of the participants in the eight focus groups. All agreed that domestic violence is widespread, with two groups of women estimating it affects most families and one group of younger men estimating it occurs in around 50–60% of families.

This finding links to discussions which talk about the 'normalisation' of (domestic) violence, not least within the Rohingya community. Long experience of many types of violence, including sexual violence, in Myanmar, in the Bangladesh camps and on the journey to Malaysia, has been argued to be factors to explain this 'normalisation', whereby it is suggested that members of the community have learned to live with violence not least because they feel powerless to stop it.

The next set of questions allow us to add insight to this.

Table 6: In your opinion, is it okay to leave it to the couple to work things out?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	18	46	14	33	32	39
No	8	21	16	38	24	30
Depends	13	33	12	29	25	31
Total	39	100	42	100	81	100

Again, an informative response. Nearly four out of ten respondents thought that leaving the couple to work it out was ok. The breakdown between women and men was that more women (56%) than men (44%) expressed this opinion. Around a third were not happy to leave the couple alone. And the same number said that they would assess the situation before deciding. This indicates that a significant number of respondents were okay with the situation whereby no one intervened.

There were additional responses to the answer 'it depends'. Some respondents would 'wait and see' for a few days, since sometimes 'it is resolved' and 'that's why better not to involve'. Some said that 'it's their issue, leave them to solve by itself' unless the violence escalated. Others said 'if they can settle between themselves it's fine, if they can't then they should talk to community leaders' or 'sometimes they can settle, sometimes they need to bring family members or readers to arbitrate. If the situation is worst then people should interfere if not leave to them to solve it'.

The concerns that respondents would take into consideration with regard to the 'depends' response include the level of violence. Here it was instructive that many respondents indicated that a certain level of violence was permissible (see later with regard to the 12 propositions). One reply said 'If the fight has been happening often and going on for long then people should step in'. Others were ready to suggest an intervention 'if injury' or if 'the husband or wife beating each other badly', or 'if the husband starts beating the child'. But 'if fight once in a while is ok' or 'if it's small fight or fight for the first time' then this is also okay. Or as one respondent summed up: 'If the fighting is small then leave them alone and if the fighting is very serious then intervene and stop them and advise'.

At the end of the survey, respondents were confronted with a series of propositions. They were asked to indicate whether they strongly agreed, agreed, were neutral, disagreed, or strongly disagreed. Some of these propositions related to who was seen to be responsible for the violence. The responses are potentially important and instructive.

Statement 1: A man is allowed to beat his wife if she does not perform her domestic duties properly.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	16	41	9	21	25	31
Agree	13	33	14	33	27	33
Neutral	9	23	4	10	13	16
Disagree	1	3	9	21	10	12
Strongly disagree	0	0	6	15	6	8
Total	39	100	42	100	81	100

There are two informative aspects to these responses. Firstly, the fact that over 50% of respondents agreed with this statement. Secondly, the fact that significantly more women than men agreed with the statement. Although again we must remember these are the perceptions of only our sample women and men, such responses may indicate a persistent and harmful social norm that can increase survivor-blaming and reduce help-seeking.

Two propositions were then presented to respondents. One ascribed the blame for the violence to the women, and one to the man. The specifics and difference in responses is striking.

Statement 2: Violence is usually the women's fault.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	11	29	9	21	20	25
Agree	13	33	13	31	26	32
Neutral	10	26	9	21	19	24
Disagree	3	7	3	8	6	7
Strongly disagree	2	5	8	19	10	12
Total	39	100	42	100	81	100

Again, as for Statement 1, there are more persons agreeing with this statement than not. Again, more women agree with the statement.

What is perhaps even more illustrative are the responses to the counter proposition, as follows

Statement 3: Violence is usually the man's fault

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	9	23	5	13	14	17
Agree	10	26	7	17	17	22
Neutral	14	36	11	26	25	31
Disagree	3	7	7	16	10	12
Strongly disagree	3	7	12	28	15	18
Total	39	(99)	42	100	81	100

A significantly less proportion of women agree or strongly agree with this statement compared to where it is the woman's fault. And, possibly unsurprisingly, many more men strongly disagree with the statement., that it is men's fault.

Some overall points can be made from all this.

Firstly, there seems to be an acceptance that there is extensive domestic violence happening in the community. The very high response that it is happening in more than 50% of households, as made by the respondents, is backed by the responses from the FGDs.

Secondly, there seems to be a high level of acceptance of its incidence. The idea that it is okay for a man to beat his wife is reported by the majority of both women and men respondents, albeit some respondents would say that this is only acceptable to a particular level of violence (see below). Some of the feedback from the FGDs include 'it's common for a man to beat his wife' and 'fights between husband and wife are normal'. We noted above some comments about the opinion that 'GBV is very common in our community, there's no way to stop it', which would be a comment too about the incidence of domestic violence.

The responses present an even more stroking picture when the topic moves to 'who is to blame'. The fact so many women (and men) identify that it is the woman to blame (more so than the man) indicates an attitude that would run directly counter to approaches and 'trainings' provided by non-refugee NGOs and UN organisations. There is a very large gap in understanding of the causes of GBV and therefore what needs to be done to combat it.

A wider context is indicated in comments like 'Violence is happening everywhere because no status', referring to the highly marginalised and insecure situation refugees in Malaysia find themselves in (because of their lack of any legal or administrative status). The lack of status has many consequences, including opportunities for secure livelihoods. 'GBV happens in the community because of many reasons, not only because of husband and wife. It's because of no money, no work, not enough for the family. There problems come.' The role that (lack of) money plays was highlighted in the FGDs especially. Persons from the FGDs highlighted the difficulty of paying bills, meeting expectations, and struggling with a lack of income. Money pressures then become a flashpoint for domestic tension, which may result in domestic violence.

As mentioned previously, the 'gender' aspect of domestic violence is rarely recognised, although there was some comments along the lines of 'We should tell people that both husband and wife is equal. They play different roles, one make money and one look after the household and family'. Gender dynamics, gender inequality, the role of patriarchy in defining the violence was not something highlighted by the majority of respondents and participants. This would stand in contrast to the analysis and basis of many of the awareness and support programmes introduced by NGOs and other outside agencies. Further evidence of this can be indicated by the response to the following proposition.

Statement 4: A woman should not complain about violence because it brings shame on her family.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	15	38	21	50	36	45
Agree	11	29	13	31	24	30
Neutral	6	15	0	0	6	7
Disagree	2	5	3	7	5	6
Strongly disagree	5	13	5	12	10	12
Total	39	100	42	100	81	100

Here, similar to the response about rape and shame (see below, Statement 5), there is strong preference shown by both women and men that avoiding the potential shame of the situation is given higher priority. Again, this may be indicative of a social norm that may inhibit help-seeking behaviour. As one of the FGD participants said: 'we avoid interference to maintain dignity'.

Again, where there is a collaborative effort across many stakeholders (refugee and non-refugee), the understanding of this aspect is important to allow us to frame the optimum suggestions for ways forward. Finding ways to reduce feelings of stigma and shame will be important and not easily done.

Intervention

If intervention was deemed necessary, respondents to the survey were asked who usually was the one who stepped in.

Table 7: What usually happens when there is violence between a husband and wife?

	Women		Men		Total	
	Number	%	Number	%	Number	%
Community leader intervenes	13	33	27	64	40	49
Family member intervenes	22	56	14	33	36	44
Neighbour intervenes	15	38	17	40	32	40
No one helps	13	33	15	38	28	35
Survivor goes to relative	4	10	7	17	11	14
Police involved	2	5	6	16	8	10
Divorce	1	3	1	2	2	2
One partner leaves	1	3	1	2	2	2
NGO involved	1	3	0	0	1	1

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

Here, it may be informative that just over a third (35%) said that no one intervenes, that the couple were left to sort it out themselves.

In terms of the other choices of who would step in, there was a fairly even spread of various persons from the community itself (community leaders, relatives, neighbours). As will be a trend in responses to other similar questions below, men were more likely to identify turning to community leaders than women. We comment on this later.

It is also be instructive that only one person identified an NGO or UN agency as intervening, although some 10% said that the police get involved, a possibly surprisingly high figure given the lack of protection refugees have in Malaysia (due to lack of any legal or administrative status) and the very uneasy relationship which exists between refugees and the police.

One context of this discussion of who should intervene is the context that it is possible that the majority of women and men in the community would see intervention as very much a last resort. The reply to the following proposition indicates this.

Statement 5: We should not get involved with problem between husband and wife even if violent because it is a private matter. No need to do anything.

	Women		Men		Total	
	Number	%	Number	%	Number	%
Strongly Agree	18	46	16	37	34	43
Agree	15	39	17	41	32	39
Neutral	6	15	3	8	9	11
Disagree	0	0	1	2	1	2
Strongly disagree	0	0	5	12	5	6
Total	39	100	42	100	81	100

Following some of the discussion above, here too it is striking that no woman disagreed with this statement, whereas six men did, with 5 of them strongly disagreeing. It is notable that overall, 66 out of 81 survey participants agreed or strongly agreed that others should not get involved in violence between husband and wife because it is a private matter.

The picture was a little different from the focus groups, where the women's groups were much more inclined to intervene, although flagged that they felt that they lacked the tools to do so.

Assuming intervention is an option, a question was then asked to see who the respondents thought *should* intervene.

Table 8: Who do you think should step in and help?

	Women		Men		Total	
	Number	%	Number	%	Number	%
Family	28	72	27	64	55	68
Community Leader	16	41	37	88	53	65
Neighbour	13	33	19	45	32	40
Friends	6	15	11	26	17	21
NGO	3	8	6	14	9	11
Police	2	5	5	12	7	9
UNHCR	1	2	1	2	2	3

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

Here, the top choice was family, followed by community leader (which includes religious leaders), neighbours and friends. Again, it should be emphasised that all these persons are from within the community: there would seem to be a strong opinion that cases of domestic violence are being and should be dealt with from within the community. Again, the numbers identifying community leaders

were significantly more men than women. It may be noted that of those identifying 'community leaders', 12 specifically mentioned 'religious leader', of which 9 were men. The preference for external agencies to get involved is muted: only 11% said NGOs (mainly some women), 9% said police and 3% said UNHCR.

There was considerable discussion on this point from the focus groups. Building on the fact that each of the focus groups said that domestic violence was all too common in the community, the questions of who might helpfully intervene, who had what knowledge of potential referral pathways, and whether intervention was effective or not were explored.

Similar to the responses to the survey questions, all focus groups highlighted the centrality of community-based responses, and the centrality of community leaders who included religious leaders. A common opinion was that 'mediation can help, especially when our leaders are involved'.

Most groups mentioned the police and hospitals, but to be referred to 'only in severe cases, especially when injury occurs'. Different people in the different groups knew of some of the NGOs offering services, and some were named. Most mentioned UNHCR. But the overall feedback was that knowledge was low, information related to referral pathways outside the community was limited, and the reliance was significantly on finding community persons to help, if needed.

In terms of present practice, all groups agreed that community responses are mixed. Several participants talked of it was neighbours who intervene directly to try to stop violence, although many neighbours avoided involvement due to fear of being blamed or getting into trouble. Some participants in the focus groups highlighted the involvement of family, though this was agreed not always to be helpful.

All focus groups agreed involvement of community leaders was more likely to be successful (though not guaranteed, see below). According to the focus groups, the intervention of a community leader, possibly a religious leader, could lead to good advice to the couple, the affirmation of good religious practices, and a possible pathway to involving other agencies (NGOs, police) where necessary. It was also mentioned that intervention could include the provision of food and other material support.

The issues around the referral of cases to outside (non-community) groups are presented below. Survey respondents were then asked if the intervention was successful.

Table 9: What will happen after the end of help?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Rejoin perpetrator	22	56	26	61	48	59
Become independent	3	8	5	12	8	10
Dependent on community	5	12	4	10	9	11
Depends	4	10	2	5	6	7
Divorced	1	3	2	5	3	4
Other Partner	1	3	1	2	2	3
Other	3	8	2	5	5	6
Total	39	100	42	100	81	100

Instructively, nearly three out of five persons (59%) said that the couple would get back together. There was a slightly higher response to this effect from men than women, but both identified this outcome as easily the most probable. Where the couples did part, respondents indicated that the couple may divorce, and/or the survivor may become independent, may end up relying on the community for support, or may find another partner.

This response, that it was most likely that the couple would remain together despite the violence may indicate a general attitude that once married, couples should try to stay together if at all possible, through thick and thin.

But it may also follow from something else. Given that, as we have seen, the majority held view amongst both women and men is that any help or support be provided by persons from the community, it then is important to understand the likely preferences for 'solution' that may be offered by these persons. If the preferred outcome is to keep persons together, and especially if linked to a perception that the perpetration of violence is 'normal' and that the woman may be equally or even more to blame than the man, we might expect that the 'usual' outcome is that the couple keep together or get back together.

And even if there is intervention by an outside agency, we should pay attention to the discussions and literature which have highlighted the difficulty in finding appropriate options to support a survivor. Funding challenges mean that the support able to be offered by outside NGOs may be limited and subject to criteria and/or delays. Options for finding safe spaces (shelter) for survivors where needed are also compromised; there are very few organisations offering shelter places and these are very limited in number. The options for financial support for a survivor (and possibly children) leaving their partner are also difficult to find.

All these issues are currently being given good discussion amongst the various stakeholders (including UN agencies, NGOs, community organisations and leaders, and others).

Some of these issues were covered in the focus group discussions. Whilst all the focus groups affirmed intervention was often necessary and can sometimes reduce violence or prevent serious harm, all groups also agreed that there were a number of inhibiting factors that might limit the effectiveness of intervention.

The fact that community responses were at the moment inconsistent was flagged as a big impediment. Groups agreed that although community leaders (including religious leaders) were key to support survivors of (domestic) violence, there was no structured support system and support was therefore a little arbitrary. Two comments might exemplify this: 'there is no agreed community approach' and 'intervention depends on informal judgment'.

Some of the focus groups highlighted that without a coherent prevention framework, and with a weak survivor-centred focus, interventions do not follow a coherent plan with regard to issues like confidentiality, safety, and longer-term support. The present situation means it is often unclear what happens to survivors after the initial intervention. It is also not clear what the present strategy might be beyond just a general 'advice' and 'awareness' approach.

The response from the couple was also noted by some of the group discussions, both women and men, as a limiting factor. Many said that couples may not listen to the advice, may resent the

intervention, and may ignore it. In some cases, this was put down to the fear of reporting and possibly the fear of separation or losing the children. It was also acknowledged that some survivors are too shy or afraid to seek help, and that some husbands may threaten their wives if they try to seek support.

One of the women's focus groups noted that intervention is often difficult due to lack of clear authority or mandate, a possible fear by the person intervening that they may face some kind of retaliation, and that intervention is limited by the lack of resources such as shelter and possibility of financial support for survivors. These are important factors.

There are other key factors too. Given that the discussion had highlighted underlying causes of the violence, and that a key cause was identified as financial hardship and challenges, if nothing is done to rectify that, the frustrations and the violence may just continue.

Further, for those with UNHCR cards (described amongst each other as 'undocumented'), their especial vulnerability may dissuade them from seeking any help, especially if it is possible it will lead to involvement of the authorities.

The point was made in more than one focus group that because GBV was overwhelming associated with domestic violence and was normalised as “family conflict,” the response was not adequately framed. If it is seen as a human rights issue, going beyond just mediation and hope for a (at least a temporary) domestic resolution, there might be more motivation to design a more comprehensive approach to 'solution'.

At this point we can add that a further issue being explored more commonly nowadays is how far the community itself can respond, not least in conducting its own casework, finding its own safe spaces for survivors and either find its own emergency funding or at least administer funds from outside (at the moment in very short supply).

At the same time, discussions have highlighted the limitations to expectation that any refugee community in Malaysia can be left to handle its own cases, given the lack of any legal or administrative status, the lack of funding and resources, and the very many competing priorities faced by community-based organisations. This is very much an on-going debate.

The responses from this project are relevant to this discussion. They indicate a preference and a practice that the community responds to its own domestic violence situations rather than rely on or call in outside agencies. This then further adds motivation to explore as fully as possible the present and potential capacity for a community (and its community-based organisations and leaderships) to respond, and if partnerships with outside organisations are deemed to be the way forward, what exactly each partner's role can be and should be.

To correlate these responses, respondents were asked whether they were aware of any case in which someone had helped.

Table 10: Are you aware of any case where someone helped?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	29	74	40	95	69	85
No	8	21	2	5	10	12
Not sure	2	5	0	0	2	3
Total	39	100	42	100	81	100

The large majority of respondents had known of a particular case, not least amongst the men. It was then asked who had helped.

Table 11: Who helped?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Community Leader	15	38	27	64	42	52
Family Member	18	46	16	38	34	42
Neighbours	12	31	14	33	26	32
Friends	3	8	8	19	11	14
NGO	3	8	7	17	10	12
Police	2	5	3	7	5	6
UNHCR	1	3	0	0	1	2

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

Here, community-based support was overwhelmingly identified as the help source. The women respondents identified community leaders, family members and neighbours as the three main sources of help, with friends also being a reference point. Few women specifically identified religious leaders in identifying community leaders (just three of them). For the men, community leaders were the main source of support, and the 12 of the 17 men specifically stated that this would be the religious community leader. Men were also more likely to identify more than one source, including friends. And men were more likely to identify outside agencies for help, although, as for the women, only a minority did so.

It is noticeable that the person(s) identified to give support for any GBV are slightly different depending on if the respondent is a man or a woman. Men tend to identify community leaders (including religious leaders) more than women, who are most likely to identify family as the support. In other words, men are more likely to look for the more 'formal' community leadership channels for help, whereas the women in our survey indicate that the more 'informal' networks of family are likely to be preferred sources of help. This could lead us to speculate about the impact of community structures on responses to issues like GBV. Where such structures are mainly dominated by men, as in the Rohingya community, it then follows that men are more likely to see these as more accessible and relevant, whereas women may not necessarily see this as much.

There were interesting responses to the question about whether the help worked.

Table 12: Did it help the situation?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	21	54	31	74	52	64
No	8	21	9	21	17	21
Not sure	6	15	2	5	8	10
N/a	4	10	0	0	4	5
Total	39	100	42	100	81	100

Although outcomes were reported more positively than negatively, around one in five survey participants indicated that the help did not improve the situation. Women were a little more likely to be sceptical. The responses here may be put against the discussions from other questions, not least what people saw as the actual outcome and what could be done about it.

A question asked whether survey participants would know where to refer someone experiencing domestic violence.

Table 13: Would you be able to tell someone where to go for help if they are suffering domestic violence?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	19	49	27	64	46	58
No	16	41	8	19	24	30
Not sure	3	7	7	17	10	11
N/A	1	3	0	0	1	1
Total	39	100	42	100	81	100

When asked if respondents would be able to refer persons to the appropriate help, 58% said they could, 30% said no and 12% were unsure.

Again, one of the subjects under discussion in the wider debates happening under the Penang Working Group, for example, centres on community awareness of the issues of GBV and where to go for help.

The fact that nearly three fifths do feel able to give advice may be considered positive. At the same time, some might consider the fact that 30% did not know also a high figure. It should be noted that slightly more men said they could give advice than women, and that there was no appreciable difference in the ages of the respondents (true throughout this survey).

The focus group discussions presented further information on this topic. All stated that there is 'low awareness'. And there was a reported limited awareness of what help is available, especially from outside the community (NGOs and UN agencies, for example). Within just the eight focus groups, there was a very different range of exactly what referral possibilities could be identified. One of the

women's groups was able to name a wide range of clinics and NGOs that were offering support and services for domestic violence survivors, but this was exceptional. Most focus groups managed a few but all agreed that overall awareness of where to go for help was too low. This suggests a distinction between general knowledge of possible sources of help and practical knowledge of how to safely access specific services.

Three groups categorically stated that even if they knew of an organisation, they did not know how to properly contact these services. They said that only those directly affected know about available support. There was a strong recommendation for regular community outreach sessions (monthly or bi-monthly) involving women, men and youth to improve awareness and help-seeking behaviour. We will return to suggestions for actions later.

It was noted that for those with undocumented status, asylum seekers without a UNHCR card, the fear of the authorities precluded their reporting cases of violence. One group did note that because the understanding of GBV was so limited (mainly to domestic violence), awareness of GBNV services was similarly limited.

Offering Support

Some questions focussed on the provision of help: whether the community should be doing more, and how long the help should be provided for.

Table 14: Should we be thinking more about offering help to the person who is suffering violence?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	39	100	41	98	80	98
No	0	0	0	0	0	0
Not Sure	0	0	1	2	1	2
Total	39	100	42	100	81	100

The response to this question was an overwhelming 99% who said yes.

Table 15: What sort of help do you think we should be offering?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Counselling (both partners)	30	77	37	88	67	83
Counselling (for the man)	1	3	3	7	4	5
Counselling (for the woman)	2	5	2	5	4	5
Emergency Cash Assistance	12	31	15	36	27	33
Shelter (safe space)	10	27	11	26	21	26
Help to escape situation	9	23	4	10	13	16
Help making Police report	2	5	7	17	9	11

Refer to NGO	2	5	1	2	3	4
Take to clinic	1	3	0	0	1	2
Help divorce	1	3	0	0	1	2
Leave Alone	0	0	1	2	1	2

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

When asked what form this help should take, the significant majority of both women and men highlighted the need for counselling, for both partners (83%) or separately for the man (5%) or separately for the woman (5%). A word of caution: this identification is unlikely to mean the 'formal' professional counselling that NGOs and others are beginning to offer in more quantity, but is much more likely to be identification that the couple (or man, or woman) need a 'talking to'. This is clearer when we remember that it is community-based sources of help that are overwhelmingly identified for domestic violence and other forms of GBV, and there are few instances where either women or men are looking to bring in outside help or support.

Many of the respondents advocated 'counselling' but supplemented it with other more material support. 33% highlighted the need to provide emergency cash assistance to the survivor, 26% highlighted the need to provide a safe space (shelter), and 13% just said that more help was needed to allow the survivor to escape the situation. 11% said more help was needed to support the making of a police report, the majority of them men (again perhaps indicating the more 'formal' avenues of help are more likely to be identified by men, who are more used to acting in the public domain).

We asked if this help was available.

Table 16: Is this help available now?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	18	46	22	52	40	49
No	14	36	12	29	26	32
Not Sure	6	15	8	19	14	17
N/A	1	3	0	0	1	2
Total	39	100	42	100	81	100

Respondents were fairly even split on whether they thought this help was available. Nearly half said yes, with the other half either saying it does not exist or were not sure. We do know from experience that finding emergency cash assistance and safe shelter space, for example, is a challenge both for NGOs and for community-based organisations, and it is possible that this is why there is a certain hesitancy in some responses to this question. It is easy to say what help is needed, but in this present environment whereby funding for NGOs and for refugee based groups is getting increasingly difficult, actually providing the relevant services/support is far more challenging.

Respondents were then asked as to how long help should be made available.

Table 17: How long should we offering help?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
1 month	9	23	13	31	22	27
2 months	5	13	-	-	5	6
3 months	6	15	6	14	12	15
+ 3 months	16	41	17	41	33	41
Not sure	3	8	6	14	9	11
Total	39	100	42	100	81	100

Here, again, respondents were a little split. Around half of both women and men respondents indicated that help should only be offered for up to three months but 41% of each sex said it should be over 3 months (longer-term). This indicates the need to explore longer-term options, which at the moment are in relatively short supply amongst the various agencies, NGOs and CBOs engaged in trying to provide solutions.

4.3 ISSUES RELATED TO RAPE

One major component of GBV as listed in UN and other definitions of GBV is of course rape. Yet as we saw earlier, just 12% of respondents to our survey identified it as part of GBV. This is significant and should not be forgotten. Nevertheless, we asked further questions about respondents perceptions about the extent to which rape happens.

Table 18: Does rape happen a lot in our community?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	28	72	25	60	53	65
No	7	18	14	33	21	26
Not Sure	4	10	3	7	7	9
Total	39	100	42	100	81	100

Here, the majority of both women and men identified that it did happen, once this form of GBV is 'named'. Women were more likely to affirm the existence of rape, with 72% of women respondents saying it did occur and 18% say that it did not. This compares to 60% of men who acknowledged that it happened, with one in three men (33%) stating that it did not happen. We can note that this is an example of where people in our community are likely to identify the occurrence of a 'GBV' violence only if it is named, rather than spontaneously identify it as part of 'GBV'.

When asked if they actually knew of someone who had been raped, the differences between women and men were somewhat reversed.

Table 19: Do you know of girls or women or men who have been raped?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	13	33	25	60	38	47
No	25	64	17	40	42	52
Not Sure	1	3	0	0	1	1
Total	39	100	42	100	81	100

Overall, there was a relatively even split between those that said that they did know of someone, and those who said no. But, at least from these respondents, there were significantly more men than women who said that they did know someone who had been raped.

If we again recall that only 12% had originally identified rape as part of GBV (Table 2), it seems likely that there was an 'under-identification' of rape as part of GBV given the numbers reported in these two tables. Again, to reiterate, this may indicate that we cannot take for granted that the use of the phrase 'Gender Based Violence' (and everything that it covers) will be readily understood by everyone. As we will return to, the responses to this survey and to the FGDs would indicate that if we are aiming to 'build awareness' of the issues, it may be far better to present the issues one by one, separately, if we want community women and men to become involved in the discussions.

We also asked where respondents thought rape happened.

Table 20: Where does rape happen?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
On the journey to Malaysia	31	79	35	83	66	81
In the camps or in Myanmar	7	18	6	14	13	16
At home	5	13	7	17	12	14
In public spaces	5	13	3	8	8	10
Rarely/none	0	0	5	13	5	6

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

The major location identified by both women and men was that rape happens/happened during the journey to Malaysia. This response echoes experience documented elsewhere of the huge vulnerabilities of anyone making the journey from Myanmar or the Bangladesh camps to Malaysia, especially those travelling by boat, and especially if they are women or girls. The complete lack of protection exacerbates the chances of violence, including sexual violence, being perpetrated against persons making the journey. This includes being perpetrated by the human smugglers or traffickers.

The other locations identified include before the journey started (meaning the overwhelming identification of location is 'outside Malaysia' and historical). A relatively small number identified that rape does happen in the community in Penang, either in the house or outside.

This is one area on which on-going discussions continue to focus; suggestions for how better to support survivors once they are in Malaysia are part of the overall, collaborative search for optimum responses to GBV in the refugee community. This includes looking at how to offer counselling and support for mental health and trauma.

But in framing an optimum response and support for rape survivors, one important aspect of the community response to rape is indicated in the table below.

Statement 6: If a woman is raped, it brings shame on her family

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	15	38	21	50	36	44
Agree	11	28	13	31	24	31
Neutral	6	15	0	0	6	7
Disagree	2	6	3	7	5	6
Strongly disagree	5	13	5	12	10	12
Total	39	100	42	100	81	100

There is a difference between women and men, with more men strongly agreeing or agreeing. Of the women respondents, 38% strongly agree, compared to 50% of men. 28% of the women agree, compared to 31% of the men. Combine these two and 26 out of 39 women agree (66%) compared to 34 out of 42 men, which represents a significant 81%. It may be noted that for the women, 4 out of the 5 who strongly disagreed were in the 24-35 age bracket.

Similar to the responses about who is to blame for domestic violence, this response will provide much food for thought. For UN agencies and most NGOs, the reason that the phrase 'gender-based violence' is used is to highlight the specific gender aspect of the violence, with an encouragement for people to understand it from this basis. The responses from this survey might indicate that for the refugee (not least the Rohingya?) community in Penang, there is still a considerable way to go before there is any grasp of this.

This affects proposals for intervention by outside agencies, especially any intervention which prioritises the victim/survivor over the perpetrator. It cannot be taken for granted that such interventions will be appreciated by the community, neither by the women not the men.

4.4 ISSUES RELATED TO ONLINE VIOLENCE

In the original question asking respondents to identify types of GBV, it may be recalled that 30% had said online abuse. We also asked this specific question, about whether respondents thought it an issue in the Penang community.

Table 21: Do you think online/internet safety is an issue for our community?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	32	82	37	88	69	85
No	6	15	2	5	8	10
Not Sure	1	3	2	5	3	4
No Answer	0	0	1	2	1	1
Total	39	100	42	100	81	100

A large majority (85%) said that they do think it is a problem, with just 10% saying it was not. 82% of the women thought that it is, with an emphatic 88% of men thinking the same. So here again, when the issue of GBV is presented as a separate issue, 'named', people are very likely to identify it as an issue. Again, we would flag that it is risky to assume that everyone in the community will readily understand that this is categorised as GBV: they are unlikely to be aware of the specific phrase and import of 'gender-based violence'.

Similar for the issue of rape, we asked if respondents actually knew of someone suffering online abuse.

Table 22: Do you know of girls or boys who have had problems because of being online?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	19	49	38	91	57	70
No	20	51	4	9	24	30
Total	39	100	42	100	81	100

Here the response was different for women and men. Although 70% of all respondents said they did know of younger people having problems because of being on online, there were significantly more men who said so. Over 90% said they knew someone, compared to just under half of the women. Only 10% of men said they did not know of anyone; for women, it was just over 50%. We might note that 60% of women aged 18-24 saying that did not know anyone, even though this age group might be expected to be 'closer' to the problem. Although again we would flag that these figures represent the opinions of just these respondents, the differences in the responses between women and men may raise a few eyebrows.

When asked about the types of online issues and consequences that were happening, respondents identified several different aspects.

Table 23: Types of online issues

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Sharing private photos / information	26	67	29	69	55	68
Secret relationships / dating	19	49	29	69	46	57
Eloping after meeting online	12	31	25	60	37	46
Exposure to pornography	9	23	22	52	31	38
Blackmail	7	18	16	38	23	28
Scammed	5	13	12	29	17	21
Bring shame / lose dignity	1	3	2	5	3	4
Husband + wife have issues from online use	1	3	2	5	3	4
Waste time / become lazy from internet use	0	0	2	5	2	2
Become isolated from society	1	3	0	0	2	2
Corrupts younger people / learn bad behaviour	1	3	1	2	2	2
Discrimination / anti-Rohingya sentiment	1	3	1	2	2	2
Verbal abuse online	1	3	0	0	1	1

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

Here a range of issues were identified. Top of the list were the negative consequences of having online 'relationships', which are identified as possibly leading to the sharing of private information of photos ('sexting'). A further consequence that is being discussed more and more within our community is the situation where especially young girls start a relationship 'online' and then end up actually going to meet the 'friend' and potentially eloping. For nearly 70% of men, these issues were of major concern. And men were more likely to highlight pornography, scamming and blackmail. In other words, from these responses, it would seem that men are very much more likely than women to highlight multiple forms of online violence and abuse because they are more aware of them?

This (online safety/online abuse) is something of course that is gaining more attention across societies, so is by no means an issue experienced only by those in the refugee and asylum-seeking communities. But it is an issue and arguably is an issue especially because of the marginalisation or isolation of refugees and asylum seekers as a whole from mainstream society (as in Malaysia), and especially because of the comparative social isolation of women and (teenage) girls. Going online then becomes one of the few moments when one can feel that one is exercising some autonomy (if one is a woman or a (teenage) girl, mainly kept at home), and awareness of the pitfalls and dangers of chat rooms and online 'relationships' may be either non-existent or put aside because one wants to believe in a hope or a positive.

The situation where younger teenage girls have few options other than to be at home 'waiting to get married' may also be a contributing factor. Although we do know from other sources that there would seem to be a changing attitude to child marriage in our community (also given some evidence from the responses to Statement 8 below), it is still a prospect for many younger girls. Is going online a way to 'escape', asserting that one can make one's own choice of partner, however ill-advised that turns out to be?

One of the propositions highlighted the potential danger especially to girls being online.

Statement 7: Being online is dangerous, especially for girls.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	26	68	24	57	50	62
Agree	8	20	12	28	20	24
Neutral	2	5	0	0	2	3
Disagree	3	7	4	10	7	8
Strongly disagree	0	0	2	5	2	3
Total	39	100	42	100	81	100

Here, a significant majority of both women and men either agreed or strongly agreed. And some respondents volunteered the consequences of internet use and exposure to online abuse. Some said that it brought shame to the family. One said that it made one 'lose one's dignity'. Many indicated that 'internet is good or bad, depending'. The opinion that 'on the internet are so many problems' would seem to be a shared concern, especially amongst men, given the numbers affirming online abuse is a problem.

Further comments from the survey included that 'online can be useful and harmful, many are using it to benefit them, improve their knowledge. But some only take the negatives one. So, we need to teach people to only take the good ones'. This is a plea for more awareness.

From the focus groups, discussion about online abuse centred on the way online relationships are formed, leading to elopement or infidelity. Some said online promotes unrealistic expectations. Men were more animated on this subject, women less so. Some of the comments included: 'What they see on social media, they want in reality'; 'They form online relationships and then elope'; 'They becomes isolated from society'; 'It makes the younger ones become bad'. There is considerable concern.

When asked if they thought girls or boys seek help for an online problem, these were the responses.

Table 24: Do boys and girls seek help for online issues?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Yes	13	33	18	43	31	37
No	12	31	8	19	20	25
Sometimes	8	20	12	28	20	25
Not Sure	1	3	2	5	3	4
No Answer	5	13	2	5	7	9
Total	39	100	42	100	81	100

Here, 37% of total respondents said that people did seek help, 25% said they did not, 25% said 'sometimes' and 13% were unsure or did not answer. Again, it was the men who were more likely to say people did seek help: 71% of men said they either did seek help or 'sometimes', compared to 54% of women.

When we aggregate the response of the men to their responses earlier (more likely to know of persons who have suffered online abuse and more likely to highlight multiple issues), it is a little difficult to know why this might be the case. Are men more worried about online abuse happening to their wives and daughters? Are younger men more likely to share their experiences of being online with each other compared to younger girls, who may keep quiet? The fact that men were more likely to highlight multiple issues of online abuse, including the issue of pornography (see table below), may indicate they have become more aware of the multiple dangers of being online, possibly because women and girls are more isolated? We will continue to explore this.

Respondents were asked where people go for help.

Table 25: Where do they go for help?

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Supportive Family	19	49	17	40	36	44
Unsupportive Family	2	5	1	2	3	4
Friends	7	18	18	43	25	31
Community Leader	5	13	15	36	20	25
Police	1	3	3	7	4	5
Solved alone	1	3	5	16	6	7
NGO	1	3	0	0	1	1

Note: Respondents could identify more than one option. There were 39 women and 42 men respondents.

Here, easily the most common 'help' was the family, with the majority seen as supportive (only a very few were seen not to be supportive).

A number of respondents, especially men, identified a community leader as someone to whom the person facing abuse might go. And, again, predominantly men suggested that friends might help. In a few cases (5%), it was suggested that the police get involved, again possibly a slightly surprisingly high number given the suspicion that exists by refugees of the authorities (mentioned earlier, a consequence of the vulnerability faced by refugees given their lack of legal status in Malaysia).

Table 26: What can we do to improve the situation?

	Women		Men		Total	
	Number	%	Number	%	Number	%
More awareness	36	92	37	88	73	90
More education programs for children	0	0	1	2	1	1
More support to those suffering	8	20	14	33	22	27
Not much we can do as refugees	4	10	12	29	16	20
Restrictions on online use	0	0	1	2	1	1
We need to teach how to use internet for good	0	0	1	2	1	1
Total	39		42		81	

Note: Respondents could indicate more than one option

We will return to the 'what can be done' theme later in this report. Here we can note that a substantial number of both women and men (90% overall) said that there should be more awareness programmes. 27% said there should more support to individual sufferers. We did get the response that again we will return to later: an interesting 20% said that there was not much that can be done because 'we are refugees', with men being much more pessimistic than women.

4.5 OTHER FORMS OF GBV

One of the underlying issues in any discussion of GBV in the refugee community in Malaysia is the way persons in the community understand GBV. Our earlier Table 3 presented the aspects of GBV identified by respondents and the extent to which they were identified. Other than domestic violence (likely to also include verbal abuse), online violence, child marriage, rape, and stalking were named as other forms of GBV. We have discussed rape above. Here we briefly cover the responses to the issues of sexual harassment and child marriage.

Sexual Harassment

Table 27: Do you know of girls or women or men who have been sexually harassed?

	Women		Men		Total	
	Number	%	Number	%	Number	%
Yes	20	51	24	57	44	54
No	19	49	16	38	35	43
Not Sure	0	0	2	5	2	3
Total	39	100	42	100	81	100

Again, slightly more men than women affirmed that they did know someone. This was one of the few examples where a consideration of age was informative: it was within the younger age group (18-24) of men that the affirmation of knowing someone was most prevalent.

Again, we can note that there are significant responses of incidence, but this was not an issue that was much identified in the general question of what constitutes GBV (Table 3).

Child Marriage

One form of GBV as defined by UN agencies and the NGO community is child marriage. But this is not something the community readily identifies as a priority issue. We will recall some 14% identified it as part of GBV, in the earlier Table 3.

One proposition in our survey highlighted the issue.

Statement 8: It's okay for a girl to get married at 15.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	3	7	9	21	12	15
Agree	3	7	7	17	10	12
Neutral	2	5	1	2	3	4
Disagree	7	18	8	19	15	18
Strongly disagree	24	62	17	41	41	51
Total	39	(99)	42	100	81	100

This is for us an informative response. Earlier work done in 2020 by PRN documented, from the community's point of view, the attitudes and practises surrounding child marriage especially in the Rohingya community in Penang. We highlighted the reasons many parents might choose to marry their daughter young, including the perception that this was the safest way of providing protection to their daughter in an environment where there was/is considerable vulnerability and uncertainty. This led to a second report in 2024, outlining strategies for tackling child marriage.

Throughout this period, the various PRN teams (women, youth and men) have been engaged in promoting discussions within the community about child marriage, linking it to child development and better awareness too of the relevant SRH issues. It was always appreciated that changing peoples' attitudes takes time, but the response to the above proposition may carry some hope that things are changing. This is not to underestimate the work that still needs to be done: child marriage and the circumstances that dictate parental choices to marry their daughter young remain important issues which PRN and others will continue to engage with.

The fact remains that many parents perceive that marrying their daughter (young) is the best option to secure her safety and future. Many families in the Bangladesh camps and in Myanmar continue to be desperate to find their young daughters safe haven, which includes the perception that this 'safe haven' is a marriage in a country like Malaysia. But at least this table shows that there is clearly considerable understanding that there are negative consequences, even if 27% still consider the practice 'acceptable'.

4.6 WHAT CAN BE DONE

A key part of the work of PRN of course is to highlight not just the issues faced by the community from the community's perspective, but also to suggest ways forward and help implement these.

So as part of the survey and FGDs, participants were asked whether they thought the community should take action and if so, what might that be. This included three propositions in the survey, as follows:

Statement 9: Our community should take action to reduce GBV

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	19	48	22	52	41	51
Agree	11	28	17	41	28	35
Neutral	7	18	3	7	10	12
Disagree	1	3	0	0	1	1
Strongly disagree	1	3	0	0	1	1
Total	39	100	42	100	81	100

Here, only two women and men disagreed with this, with around half of women and half of men strongly agreeing.

The response to a second proposition corroborated this.

Statement 10: We need better awareness of all these matters.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	21	54	21	50	42	52
Agree	12	31	16	38	28	35
Neutral	5	13	4	9	9	11
Disagree	1	2	0	0	1	1
Strongly disagree	0	0	1	3	1	1
Total	39	100	42	100	81	100

Again, a significant majority of both women and men agreed or strongly agreed. Slightly more than half of women strongly agreed; half of the men also strongly agreed. Clearly there is support for some programmes to help build understanding and awareness on the issues.

Some of the additional comments from respondents to the survey included 'I want to stop any violence in the community', 'the community should come together to prevent GBV happening, it's a big matter', 'with more discussions among community, we should act more awareness about GBV', and 'rape and assault are very sensitive, top in the community, require awareness'.

The focus groups were able to explore in more detail what sort of actions could be taken. Suggestions covered a wide range of initiatives. Both women and men, younger and older, emphasised the need and opportunity for more awareness building to reach all the different groups in the community: women, youth and men. Some stressed the importance of linking programmes to religious teaching, with input from men highlighting this more than women did. Similarly, the opportunity for social media campaigns, flagged especially by the younger focus groups, and 'more community gatherings and discussions' was also highlighted. The possibilities of house-to-house visits were mentioned by one group.

Specific awareness/discussion programmes were also suggested on the following:

- parenting, including 'encouraging parents to support their daughters more'
- preparing couples before marriage, including on how to manage money
- responsibilities of each partner in marriage
- training on anger management and stress
- family decision-making

Two groups specifically linked GBV to 'human rights' (one group mentioned the need for better understanding of women's rights and responsibilities in marriage) and encouraged discussion on this. Some participants also stressed action was needed on issues such as forced marriage and lack of education. One group urged an initiative to improve the ability to respond collectively to violence, perhaps through the formation of stronger community protection groups.

Two groups did highlight that it would be good to encourage reporting. One women's focus group highlighted the need to do this to tackle mental health and possibilities of suicide. Others mentioned the need to be more aware of referral pathways despite the fact that they did not always work. Two groups stated the importance of better access to services for undocumented refugees.

In the context of the on-going work in which PRN and others are engaged, we can be buoyed by these responses. Looking ahead, all of us who have been quietly conducting outreach and other programmes for some years (knowing that our efforts are never sufficient) are helped by feedback like this, indicating that efforts are clearly meeting a need supported by women and men in the community.

We are aware that there are still challenges. Participants in the focus groups did express a shared personal concern, that they wanted to help relatives experiencing abuse but were fearful and thought that they lacked the necessary knowledge. It was also highlighted that family pressure might prevent them from intervening. These are factors that are real and will take to overcome.

Further, and importantly in this regard, we do need to note the response to another of the propositions in the survey. This is something which also has come up in additional answers to other survey questions.

Statement 11: We are refugees, there is nothing much we can do.

	Women		Men		Total	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Strongly Agree	20	51	18	43	38	47
Agree	9	23	14	33	23	28
Neutral	6	15	2	5	8	10
Disagree	3	8	5	12	8	10
Strongly disagree	1	3	3	7	4	5
Total	39	100	42	100	81	100

We have emphasised that the situation in which refugees find themselves in Malaysia, with no legal or administrative status, severely impacts pretty much all areas of our lives. This includes recognising and responding to GBV. So we do need to be aware that there is an understandable scepticism that we in the refugee community have much power or influence to affect significant changes.

The scepticism needs to be recognised, but, as the earlier two tables demonstrate, does not have to define our response as a community. There are plenty of persons in the community who do think actions are needed, and especially more discussions and awareness need to be supported. It is now our collective task to find ways to make this happen more extensively and effectively in the immediate and long-term future.

5.0 CONCLUSIONS

The results of this project will be most useful in feeding in to the on-going discussions about GBV in the refugee community, especially in Penang. When this project was proposed, in late 2025, it was thought that this would be a spark to discussion in forums like the Penang Working Group. But coincidentally and very much positively, a workshop organised in January 2026 has already brought together key stakeholders engaged with SRH and GBV issues in Penang, and the outcome has been commitment to on-going sharing and strategic discussions to find optimum responses and 'solutions'. The participants at the January workshop included representatives from UNHCR, UNFPA, key NGOs and women and men from the refugee community, including PRN. Refugees made up over half the 57 participants. We will certainly feed the results from this project here, and elsewhere, as appropriate.

What can we learn from this project, from the results of the survey and the focus group discussions?

Firstly, that the phrase GBV may have limited use if used in the refugee community. Although there was phrase recognition, the identification of the actual components of GBV were limited. There was overwhelming identification of GBV with/as domestic violence, with only a few voices highlighting rape, other sexual violence and harassment, online safety and child marriage, for example. But when the violence is named, as in the specific questions on rape and online safety, then women and men will respond and indicate the existence of such violence.

And if we are using the phrase GBV with explicit assumption that people understand *the gender dimension* to the violence, this survey adds evidence that this is misplaced. The agreement across survey respondents and focus group discussants was that domestic violence is endemic in the community, but with strong indication that it had become 'normalised'. And when asked who was to blame, women more than men identified that it was as much, if not more, the woman's fault. Elsewhere, it is possibly surprising that many more men identified rape as a form of GBV than women - until we consider the stigma and shame that many women in our community feel (are taught to feel?) which means they may not want to acknowledge it. Clearly there is a long way to go before the gendered aspect of violence is recognised by the community, let alone tackled as a 'gender' issue.

Some of the responses highlighted differences between the responses of women compared to men. It is difficult to be definitive as to the explanations of this, but the context of the community and the roles people play in our community need to be borne in mind. Men are more likely to operate in the public domain. More formal community leadership including religious leadership is likely to be men. Men are still seen to be the main breadwinners. Women's opportunities to get out of the house are more limited; they are likely to be more isolated. At the same time, depending on their individual history, women (especially the older women) may have had little or no access to education. Girls may have had better opportunity to find at least some schooling, but many lose this opportunity on achieving puberty, partly because there is a lack of provision of alternative schooling (refugees cannot access mainstream Malaysian schools) and partly because of parental decision.

All this may mean that men have more opportunity and a better position to be more 'aware' of 'what is happening in the world' and may more readily identify the harms of (for example) going online, of the possibilities of enlisting support from (men) community leadership and may be more confident

to think of the police as a resource (for example). The latter is shown in some of the answers about where to go for help, but we would stress that even among men it is still very much a minority who would choose to go out of the community for help.

And that is a major point from the survey and the focus groups. It is the overwhelmingly the community that respondents identify as the source of help and support, whether in practice or in theory (when asked who *should be* providing help). Family are very much at the centre of this, together with community (including religious) leaders, friends and neighbours. There is very little reference to the need or practice to involve NGOs or other outside agencies including the police and UNHCR.

PRN has over the years been consistently highlighting the very real gaps between the understanding and response of 'outside' agencies and humanitarian groups to issues in the refugee community including GBV, and the practical, lived experience of women, men, youth and children in our community. One example of this has been over the issue of child marriage, where PRN has highlighted that to insist on 'outside' intervention in situations of child marriage on the basis that it is GBV and a child protection issue has caused serious confusion and indeed trauma to refugee women, men, girls and boys whose understanding of the choices and situation is very, very different. We are not saying that we should abandon notions of gender violence or child protection, or that child marriage is a good thing. But we are saying that we need to pay very close attention to where women and men and youth in our community are, in terms of attitude, situation and choices, and work with them from that.

As a corollary to this, PRN has been recently very much exploring 'partnerships' with outside NGOs, looking at how these sorts of partnerships can work in a way where these sorts of gaps are bridged and where the different experiences and resources of each partner can be best mobilised for optimum outcome. This exploration has been given impetus from 'the other side' by the cuts in the funding environment that have been so extensive to NGOs and UN agencies especially. This has arguably forced them to think about what the potential contribution of the community itself might be in addressing issues like GBV. Can the community provide shelter? emergency assistance? awareness programmes?

The answer is of course 'maybe'. PRN has long argued that the resources, skills, experience and potential of people in our community have long been undervalued if not outright ignored. Now we find ourselves ironically arguing that our skills and resources should not be over-valued - meaning, that suddenly everyone (outside) is saying that it is the community that should look after itself ('empowerment'!). Exploring the limitations which we have whilst continuing to insist that we (refugee groups and people) must be central in the discussions, decisions and funding, is where we are up to, and is to our mind the right way forward. It is instructive that many respondents highlighted limitations to community-based action (especially Statement 12), not least that 'we are only refugees, what can we do?' The reality is that we do have limitations because of our (lack of) status, not least when dealing with authorities and Malaysian public services and not least in being unable to establish a 'legal' organisation with a bank account. Refugees in Malaysia are precluded from doing this. So, partnerships are necessary and that is one area where we are putting serious effort. This study has helped highlight why.

It is encouraging that so many respondents, women and men, in our project advocated for initiatives to tackle the issues, not least the low levels of awareness. We would argue that it is persons from the

community, with the community, who can best understand the starting points for discussions, and are therefore in the best position to design and deliver awareness programme content more effectively than outsiders. Input from the latter will still be valuable, and PRN will continue to explore this, with our women, men and youth teams reaching their respective peer groups.

We will also continue to lead and participate in discussions on strategic planning over the longer-term, with other partners and stakeholders. So many programmes funded by funding agencies, including on GBV, are short term, lacking in continuity or an overall strategic perspective. People may be waking up to this. The responses to our survey and the feedback from our focus groups tells us that there needs to be a steady, consistent, long-term programme of community education and discussion: attitude changes come slowly and will not happen because of one or two or three 'awareness programmes'. PRN is already engaged with others in Penang to find the best strategy for 'awareness', looking at what is needed for women, for men, for youth, for schoolchildren, and how such programmes can optimally be delivered, over the medium and long term. This project has given good input into this and indicates that there are very many women and men in our community ready to participate in such programmes.

The realities presented through responses to the survey and to the focus groups with regard to domestic violence (it is 'normal', it is difficult to find a solution, women as much as men carry the blame), to rape (incidence is suppressed, there is stigma and shame) and on online safety (it is happening, but many more (women) need to be aware of its potential abusive consequences) help show the context in which awareness and planning for support responses are taking place.

So, despite the many challenges, we take positives from this project. The actual implementation of the project has already exposed more women and men refugees to the issues and affirmed that their experience and opinions are hugely valuable. Further, going forward, we will take the results and their implications to the various forums, not least the Penang Working Group and the on-going collaborative groups focussing on GBV. There is as always a long way to go, but this project has been a good step, and we are very appreciative of all those who have supported it.

RECOMMENDATIONS GOING FORWARD

The findings support the perception that future GBV initiatives and interventions must begin with a deeper understanding of community perceptions, attitudes and realities. Programmes that rely solely on externally developed definitions, approaches and language are likely to struggle to gain trust and effectiveness. This is particularly true if community women, men and youth are not involved in the design and delivery of such programmes.

The findings will encourage PRN to work within the community and with others as appropriate to:

- Strengthen community awareness of the full range of GBV issues, including domestic violence, rape, sexual harassment, child marriage and online abuse
- Strengthen knowledge of available referral pathways and support services

- Help develop structured community-based response mechanisms that prioritise survivor safety, confidentiality and accountability

PRN will also continue to work in partnership with other stakeholders, including within the Penang Working Group, to:

- continue to explain the perceptions, experience and lived realities of women, men and youth in the refugee and asylum-seeking community in Penang as fundamental to planning programmes including related to GBV
- continue the on-going potential of partnerships between PRN, other refugee groups and leaders, NGOs, UN agencies and government stakeholders.
- continue to explore options for increasing practical support, including safe shelter options, emergency financial assistance and counselling.
- continue to highlight that the issues of GBV in the refugee community are significantly linked to the overall status of refugees in Malaysia, where the lack of status precludes refugee individuals and families from (for example) earning a secure livelihood, being confident in accessing affordable healthcare and housing, and finding protection under the law.

And, since funding is such an important of the landscape, it may be timely for donors and funders to come together to work out a plan for multi-year, flexible funding for refugee-led GBV prevention and response work, including community awareness, referral mapping, survivor-centred training, safe transport, emergency assistance, and coordination with professional service providers.

© Penang Refugee Network 2026