



Domestic Violence Shelter Standards & Toolkit

First Edition
March 2016



WOMEN'S AID ORGANISATION
PERTUBUHAN PERTOLONGAN WANITA

Women's Aid Organisation

P.O.Box 493, Jalan Sultan
46760 Petaling Jaya, Selangor
Malaysia

Tel: +603 7957 5636/ 7957 0636
Fax: +603 7956 3237
Email: womensaidorg@gmail.com
Website: www.wao.org.my
Facebook: www.facebook.com/womens.aid.org
Twitter: @womensaidorg

ISBN: 978-983-40325-7-9

Copyright © 2016 Women's Aid Organisation (WAO)
All rights reserved.

Cover Image is a drawing of the WAO Refuge, as seen by a child survivor of domestic violence, who lived there for three months in 2015.

Written by: Women's Aid Organisation
Printed by: Valley Printers

The Domestic Violence Shelter Standards & Toolkit was developed through funding support provided by the Canadian Fund for Local Initiatives.



The work done for women survivors of domestic violence and their children at the WAO Refuge is supported through funding from Yayasan Sime Darby.

Acknowledgements

Women's Aid Organisation expresses heartfelt thanks to the following Malaysian Government officials, agencies, departments, non-governmental organisations, shelter organisations, and individuals for supporting this Project and participating with us in the development of the Domestic Violence Shelter Standards & Toolkit:

Y.B. Dato' Sri Hajjah Rohani Binti Haji Abdul Karim
 Y.B. Senator Datin Paduka Chew Mei Fun
 Bahagian Dasar, Kementerian Pembangunan Wanita, Keluarga dan Masyarakat
 Jabatan Kebajikan Masyarakat (JKM)
 D11 Bukit Aman, Polis Diraja Malaysia (PDRM)
 Kementerian Kesihatan Malaysia (KKM)
 Kementerian Pendidikan Malaysia (KPM)
 Jabatan Peguam Negara (JPN)
 Jabatan Kemajuan Islam Malaysia (JAKIM)
 Lembaga Penduduk dan Pembangunan Keluarga Malaysia (LPPKN)
 Jabatan Pembangunan Wanita (JPW)
 Rose Virginie Good Shepherd Center (Ipoh, Perak)
 Women's Center for Change (Penang)
 Princess Anne Shelter (Kota Kinabalu, Sabah)
 Pusat Jagaan Sri Murni (Kota Kinabalu, Sabah)
 NCWO-YWCA Shelter (Kelang, Selangor)
 Johor's Women League (JEWEL in Johor)
 Shelter Home for Abused Women and Children (Seremban, Negri Sembilan)
 Sarawak Women for Women Society
 Sabah's Women's Action Resource Group
 Perak Women for Women Society (PWWS)
 Pusat Jana Diri Inovasi (PUJI in Selangor)
 Mang Tha Chin Refugee Community Group
 The Office of the United Nations High Commissioner for Refugees in Malaysia
 The Canadian Fund for Local Initiatives

WAO expresses gratitude to Yayasan Sime Darby and the United Nations Gender Theme Group, Malaysia for providing additional funding support for the launch of the Domestic Violence Shelter Standards & Toolkit.

Special thanks to these individuals for their hard work, support, dedication and expertise in the management, drafting and review:

Sharifah Nazneen Agha, Consultant
 Sharifah Shazana Agha, Consultant
 Shoba Aiyar, Board Member of Women's Aid Organisation
 Lynda Lim, Consultant
 Mok Chuang Lian, Treasurer of Women's Aid Organisation
 The Staff and Executive Committee of Women's Aid Organisation

Most importantly, our deepest appreciation and enduring respect goes to the former and current women and child residents of the WAO Refuge.

About Us

“There is life after abuse. This is mine.”

— *Lindsay Fischer, The House on Sunset*

Through the Domestic Violence Shelter Standards & Toolkit, Women’s Aid Organisation honours the brave and empowered women and children who are surviving and have survived domestic violence. Their voices and views are mainstreamed throughout this document. They help us understand the risks and struggles women and their children continue to endure even when courageously seeking to leave their abusive home to forge a safe, peaceful future. They also help us see the positive impact that supportive and safe shelter can have on their lives. We must keep their support, safety and empowerment at the front and centre of our coordinated response.

Women’s Aid Organisation is one of Malaysia’s leading domestic violence shelter, re-integration and case management service providers, supporting women and children through the challenge of evolving from domestic violence victims into empowered survivors. We match our services with strong, sustained advocacy work to create intolerance for violence against women.

Our work aims to increase women and child survivors’ access to justice and protection. We do this through many platforms, including advocacy, shelter services at the WAO Refuge and Child Care Center, and case management support.

If you are a survivor, or if you work in domestic violence response, WAO would be keen to hear your views on the Domestic Violence Shelter Standards & Toolkit. Please get in touch by email at: womensaidorg@gmail.com.

Together, we can reclaim our power and change lives.

Call the WAO Hotline at +603 7956 3488 or SMS TINA at +6018 988 8058 if you or someone you know is experiencing abuse at home.

Table of Contents

Introduction	6
0.1 Why The Shelter Standards	7
0.2 Working Together: The Multi-Stakeholder Approach	8
0.3 Empowering Survivors: The WAO Philosophy	9
0.4 Points of Consideration	10
0.5 Introduction to the Toolkit	12
Unit 1: The Accountability Framework	13
1.1 The Responsibility to Shelter	14
1.2 The Domestic Violence Act 1994	15
1.3 <i>Garis Panduan Pengendalian Kes Keganasan Rumahtangga</i>	16
1.4 Shelter Accountability: Delivering Standards Service	17
Unit 2: The Woman Survivor	21
2.1 Who is the Survivor: The Impact of Domestic Violence	22
2.2 Survivors Voice Out: What We Need	23
Unit 3: Supportive & Safe Shelter	26
3.1 What is Supportive and Safe Shelter?	27
3.2 The Facilitative Role of the Service Provider	27
3.3 Emergency Shelter	29
3.4 The Safety Dimension	30
3.5 Supportive and Safe Space Options	32
Unit 4: Shelter Start-Up	37
4.1 Building the Foundation	38
4.2 Start-Up Checklist	39
4.3 Admission & Discharge	43
4.4 Staffing Considerations	44
Unit 5: Shelter Operations	48
5.1 Service Considerations	49
5.2 Facility Standards	50
5.3 Security Standards	52
5.4 Standards for Access to Healthcare, Education and Legal Services	53
5.5 Group Living Considerations	55
5.6 Case Management Standards	57
Unit 6: The Child in the Shelter	64
6.1 The Needs of the Child Survivor	65
6.2 The Child's Best Interests and Shelter Living	66
6.3 Model Programs for Children in the Shelter	67
6.4 Child Survivor Voices	70
Unit 7: Community & Networks	71
7.1 Support Networks	72
7.2 Community Mobilisation How-To	73
Unit 8: Tools	75
8.1 Case Management Tools	76

Introduction

Contents

0.1	Why The Shelter Standards
0.2	Working Together: The Multi-Stakeholder Approach
0.3	Empowering Survivors: The WAO Philosophy
0.4	Points of Consideration
0.5	Introduction to the Toolkit

0.1

Why the Shelter Standards?

0.1.1. For women facing domestic violence, access to shelter can save their lives. Shelter that is supportive and safe creates resilient survivors, who feel protected and empowered. It means more than a bed to sleep in and a roof over her head. It also means facilitating her access to physical safety, legal protection, justice and the post-shelter support that will empower her to move towards a better, safer future that is free from violence.

0.1.2. Domestic violence is harm that is perpetrated within the home. It is a “pattern of abusive behaviour... used by one partner to gain or maintain power and control over another intimate partner,”¹ which could be physical, sexual, psychological, social, and financial in nature.

0.1.3. Domestic violence is a violation of fundamental human rights. It is, or has been, a daily reality for hundreds of thousands of women in our country, severely limiting the right to life, right to safety, right to equality and right to development. It creates a web of debilitating problems. It harms women physically, sexually, emotionally, and has a significant economic consequence. It unleashes inter-generational violence, when the abuse is either witnessed or experienced by children.

0.1.4. Access to supportive and safe shelter is the foundation underpinning the range of services that a woman survivor is entitled to under the law.

0.1.5. While not every woman survivor will be in need of shelter, its availability increases her choices and offers alternatives to living in violence. The woman domestic violence survivor has specific needs that must be met. To be effective and positively impactful, these needs must be standards-based.

0.1.6. The Domestic Violence Shelter Standards and Toolkit aims to

- Promote the concept of safe and supportive shelter for women surviving domestic violence as an alternative to remaining in the violent home, or becoming homeless in order to avoid the violence
- Ensure safe, confidential and caring accommodation is provided for women survivors of domestic violence and their children
- Strengthen the support for the spectrum of services provided by trained personnel that is required for the woman survivor: from safe space accommodation options, to case management support, to empowerment programs for women survivors of domestic violence

¹ "Domestic Violence." The United States Department of Justice. N.p., 23 July 2014. Web. 15 Jan. 2015. <[http:// www.justice.gov/ovw/domestic-violence](http://www.justice.gov/ovw/domestic-violence)>.

- Increase the access of women survivor of domestic violence to community resources that can enhance their well-being, empowerment and independence.
- Promote the resiliency of women survivors of domestic violence to be more aware of the options available to them; and to increase their confidence in decision making.
- Strengthen the capacity of civil society, shelter providers, government agencies and other community based actors in providing access care, support and protection to women survivors of domestic violence.
- Encourage the start-up of more shelters for women surviving domestic violence.

0.2.

Working Together: The Multi-Stakeholder Approach

0.2.1. Women's Aid Organisation has been engaging with women domestic violence survivors and their children, government partners and civil society to improve the national response to domestic violence. Through this multi-stakeholder framework, we collectively seek to accurately identify survivor needs, achieve effective coordination in service, and compliance with legal obligations by all actors legally mandated to respond to domestic violence.

0.2.2. A notable achievement has been the adoption in October 2015 of the Garis Panduan Pengendalian Keganasan Rumahtangga, (or Guidelines on Handling Domestic Violence Cases). It spells out the roles and procedures for each agency mandated by law to provide response and services for survivors of domestic violence. The development of these Domestic Violence Shelter Standards and Toolkit is another achievement of this approach. It was developed after four rounds of rigorous consultations with all key stakeholders: survivors, government agencies and civil society shelter providers.

0.2.3. Consultations with relevant government agencies were carried out, between December 2015 to January 2016². WAO also consulted extensively with civil society groups³, both shelter providers and organisations with a role in responding to women surviving domestic violence.

² The government actors consulted were Kementerian Wanita, Pembangunan dan Masyarakat (KPWKM), Polis Diraja Malaysia (PDRM), Jabatan Kebajikan Masyarakat (JKM), Kementerian Kesihatan Malaysia (KKM), Kementerian Pendidikan Malaysia (KPM), Jabatan Peguam Negara (JPN), Jabatan Kemajuan Islam Malaysia (JAKIM), Lembaga Penduduk dan Pembangunan Keluarga Malaysia (LPPKN), Jabatan Pembangunan Wanita (JPW)

³ Rose Virginie Good Shepherd Center (Ipoh, Perak), Women's Center for Change (Penang), Princess Anne Shelter (Kota Kinabalu, Sabah), Pusat Jagaan Sri Murni (Kota Kinabalu, Sabah), NCWO-YCWA Shelter (Kelang, Selangor), Johor's Women League (JEWEL in Johor), Shelter Home for Abused Women and Children (Seremban, Negri Sembilan), Sarawak Women for Women Society, Sabah's Women's Action Resource Group, Perak Women for Women Society (PWWS), Pusat Jana Diri Inovasi (PUJI in Selangor), Mang Tha & Representative from UNHCR (Malaysia).

0.2.4. Most significantly, the development of these standards were done in consultation with the most important stakeholder: the women and child survivors. Survivors highlighted the criticality of meaningful survivor support, support that starts from the moment of identification and that extends post-shelter. They articulated their hope for shelter services to reach as many as possible throughout Malaysia. We are proud to have the support of survivors for these Standards and Toolkit.

0.2.5. This consultative process helped to define the focus, gaps, needs and challenges faced by service providers in providing supportive and safe shelter to women survivors of domestic violence and their children.

0.2.6. Using this platform, civil society and government agencies can lead the way to implement these standards at national, state and district levels, through a strategic and coordinated approach, demonstrating that we are all champions for ending violence against women and children. We work better when we work together.

0.3.

Empowering Survivors: The WAO Philosophy

0.3.1. Anyone providing service and response for domestic violence survivors must understand that there is no excuse for abuse. Violence is always unacceptable and never justified.

0.3.2. We must uphold the self-dignity and self-determination of every human being in our society, both men and women. For the woman survivor, domestic violence and the abusive actions of the perpetrator would have had the effect of negating her self-determination, and removing her power and control over her life.

0.3.3. Below is the depiction of the power and control exerted by the perpetrator over the domestic violence survivor. Shelter services should aim to assist her to regain power and control over her own life and to choose her own future.

0.3.4. Services that respond to the needs of women survivors of domestic violence are not merely an offer of charity or alms to the survivor in her moment of crisis. The provision of shelter is about supporting the survivor to regain her dignity in a supportive and safe environment. The service must aim to assist her to help herself and her children move towards a future that is free from violence.

0.3.5. The philosophy of self-dignity and self-determination underpins the two main principles for the provision of shelter for women domestic violence survivors: self-help and an “open door” policy.

0.3.6. Self-help means that families staying in the refuge are encouraged to take an active part in the shelter, its services and the daily operations. All facilities are shared and families are expected to live in an atmosphere of co-operation. All residents can take responsibility for what happens in the house and are encouraged to share their experiences so as to give each other support.

0.3.7. The “open door” policy means quite simply that no woman is turned away from the shelter in a time of crisis and emergency. Even if a shelter is full and a call comes in the middle of the night, the woman (and children) concerned will be taken in, if only for that night. Alternative arrangements will be made the next day and any necessary information and support will be given to her as per her need.

0.3.8. We must hear survivors’ voices to understand the needs of women in crisis, understand the effectiveness of the current response to domestic violence, and to ensure we achieve the best possible outcomes for each woman. These Standards & Toolkit mainstreams this WAO philosophy throughout.

0.4. Points of Consideration

0.4.1. The following captures points of considerations for WAO that we have developed throughout 33 years of providing safe and supportive shelter for women survivors of domestic violence and their children. The points of considerations also comprise issues that were highlighted during consultations with all stakeholders held throughout January and February 2016. These considerations have guided the development of the Domestic Violence Shelter Standards and Toolkit.

0.4.2. As mentioned in the previous section, the fundamental and incontrovertible rule is that no woman should be turned away from safe shelter in a time of crisis and emergency. This overrides all other considerations, as we must recognize the critical life-saving service that supportive and safe shelter provides.

0.4.3. The concept of providing shelter to survivors of domestic violence should be examined **beyond its physical confines** i.e. it is also about giving the survivor emotional support and a caring approach to her healing.

0.4.4. Critically important is service to **empower the survivor to regain control and power** over her own life. It must bring the focus to the woman survivor’s self-dignity and self-determination, recognising her independence, diversity and right to choose her own future. A survivor-focused approach means creating a service that promotes self-help and self-determination. It must align with the survivor’s needs and wishes.

0.4.5. For strengthening protection of the survivor and her rights, **a comprehensive system for survivors** is needed, from the earliest points of prevention and awareness to proper identification of risk factors, a deeper understanding of issues faced within families who experience violence and the involvement of communities to support protection efforts, including the social reintegration of victims.

0.4.6. Current shelter services are crisis shelters offering fundamentally important acute and immediate assistance. For the service to achieve the best possible impact, the scope of protection and support must encompass the period **prior to entry and upon leaving the shelter**. This includes through the use of technology and integrated services for identifying women in need of shelter (such as through telephone, SMS and chat helplines), coordinated shelter referral systems (e.g.

between hospitals, police and shelter providers), post-shelter interventions (e.g. for livelihood opportunities), on-site counseling (e.g. at police stations) and data-gathering (e.g. through a comprehensive case management system used by all stakeholders).

0.4.7. Enhancing access to **specialised domestic violence counseling services** is a critical need. Anecdotal evidence suggests that as many as 25-30% of survivors are likely to withdraw their requests for protection through the Interim Protection Order (IPO). Access to specialised counseling, guidance that enables the woman survivor to make informed choices with confidence, may greatly contribute to lowering the rate of withdrawals of police reports by survivors, particularly in sexual abuse cases such as marital rape and incest.

0.4.8. **Minimising disruption in education** for children affected by domestic violence is critical, including ensuring access to education in the context of school transfers, as well as logistical concerns of daily transport to schools.

0.4.9. An **increased number of shelters** is needed, for example in the form of 24-hour Emergency Transit Facilities to alleviate the burden on front-line agencies like the police and hospitals. These first responders are often hard-pressed to find appropriate shelters to place or refer survivors who need immediate protection, particularly outside normal operating hours.

0.4.10. Identification of **alternative protection spaces** such as homes of relatives/friends could reduce an over-reliance on an already overburdened shelter system. In this regard the lack of family support post-marriage appeared to exacerbate the situation of potential domestic violence. It was also suggested during the consultation that most cases of domestic violence take place within urban populations, where community support for survivors is less available than in rural communities.

0.4.11. A multi-agency approach is a possible creative solution, in the form of strengthening the role of **Community Centres** which can offer a range of services like shelter referrals related to issues of domestic violence, as well to increase inter-agency cooperation.

0.4.12. A critical need is to foster the creation of specialised, dedicated and well-trained **social workers** who treat survivors with dignity, warmth and understanding, accepting that providing service and support for domestic violence survivors is a vocation and not just a job. This will greatly enhance the overall quality of social services for survivors of domestic violence.

0.5. The Toolkit

0.5.1. The Toolkit contains guidance that can be adapted by shelter service providers' to manage and provide effective and standards-based service. It aims to:

- Ensure all staff members of shelters are familiar with the minimum standards that are required of them to protect women survivors of domestic violence;
- Ensure all staff understand their responsibilities for the protection and empowerment of women survivors of domestic violence;
- Provide guidance on ways of working and types of intervention activities that are to be employed to fulfil their responsibilities; and
- Refer staff members of shelter to additional resources, guidelines and tools that may be used to enhance the protection of women survivors of domestic violence at shelters
- Provide managers and staff with guidance on self-care and addressing work stress and burn-out issues.

0.5.2. The following is the content of the Toolkit:

Unit 1.0	The <u>accountability</u> for survivor-centered shelter service in domestic violence response within the international and national legal framework.
Unit 2.0	The <u>woman survivor</u> . Guidance and information to develop the best intervention strategies in consultation with the survivor and her children.
Unit 3.0	Survivor-centered approaches for shelter service. Standards for <u>different models</u> of supportive and safe space protection for women survivors.
Unit 4.0	How to provide protection and empowerment for women survivors. Guidance on <u>shelter start-up</u> ; programmes and procedures.
Unit 5.0	How to <u>operate and manage</u> a standard domestic violence shelter with guidance on a range of support services to women survivors.
Unit 6.0	The specific considerations that apply to <u>children</u> in domestic violence shelters, who accompany their mothers into the shelter.
Unit 7.0	Establishing shelter working groups and informal <u>networks</u> to mobilise community in providing shelter and support to women survivors.
Unit 8.0	Sample <u>tools</u> for the management of cases

Unit 1: The Accountability Framework

Contents

1.1	The Responsibility to Shelter
1.2	The Domestic Violence Act 1994
1.3	Garis Panduan Untuk Menangani Kes Keganasan Rumahtangga
1.4	Shelter Accountability: Delivering Standards Service

1.1

The Responsibility to Shelter

1.1.1. Every year, only a few *hundred* women are able to seek shelter services at one of the 42 shelters gazetted by the government. Of the 42 shelters, 34 are government shelters. In the five-year period between 2008 and 2012, these government shelters housed on average a total of just 32 domestic violence survivors each year (the shelters housed other women who were not domestic violence survivors). WAO, the largest gazetted shelter provider, shelters roughly a hundred domestic violence survivors each year (110 women in 2014). Demand for WAO's shelter services consistently exceeds capacity.

1.1.2. Domestic violence is a manifestation of gender inequality, and a gross form of discrimination against women. Malaysia is a state party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)⁴. Malaysia's Federal Constitution also guarantees fundamental liberties and equality on the basis of gender⁵. Malaysia thus has an international and constitutional obligation to prevent and respond to domestic violence against women.

1.1.3. Providing access to supportive and safe shelter for all women in Malaysia surviving domestic violence is a key effort towards meeting these obligations and the due diligence standard within the CEDAW framework. In addition, Malaysia's 2012 Amendment to the Domestic Violence Act A1414 calls for government ministries or departments to provide shelter for women survivors of domestic violence fleeing violence, who have been threatened with violence.

1.1.4. Yet, the availability of domestic violence shelters throughout Malaysia is low. Even where shelter service may be available, awareness of this is low among women. For instance, in 2014, of the 110 women surveyed by WAO, 65 (59%) reported that they were unaware of the range of services offered by NGOs, which could have helped them earlier in their domestic violence experience, including through the provision of shelter.

1.1.5. We have a common responsibility to ensure the most just and protective framework of response is in place, to reflect that tackling domestic violence is a key priority for our government and communities. We also need to bridge the gap between policy and practice, making justice and protection easily accessible to survivors of domestic violence.

1.1.6. The shelter services currently available locally are frequently oversubscribed. There is a need for a network of domestic violence shelters throughout Malaysia, to respond to the safety and wellbeing needs of women survivors of domestic violence and her children.

⁴ The CEDAW Committee's General Recommendation No. 19 and the development of the due diligence standard places an obligation on Malaysia to act for prevention and response to gender-based violence, including response to domestic violence against women through "services to ensure the safety and security of victims of family violence, including refugees..."

⁵ Article 8(2), Federal Constitution

1.1.7. These Standards & Toolkit aim to go some way towards responding to this need, by laying out methods and methodologies for responding to survivors' need for shelter. In this way, it aims to make it possible for more shelters to be established and operated in a standards-based manner.

1.2

The Domestic Violence Act 1994

1.2.1. Malaysia's commitment towards elimination of domestic violence is reflected in the enactment of the Domestic Violence Act in 1994. Within Malaysia's Domestic Violence Act, domestic violence is not identified as a separate crime punishable with penalties. Rather, various behaviours are enumerated which constitute domestic violence, stipulating that the DVA should be read with the relevant provisions of the existing crime penal code to determine appropriate punishment. Under the DVA, women survivors of domestic violence can be protected through the issuance of Interim Protection Order (IPO) and the prosecution of offenders under the Penal Code.

1.2.2. The Domestic Violence Act 1994 in Malaysia defines domestic violence as “*an act committed by a person against his or her spouse; his or her former spouse; a child; an incapacitated adult or any other member in the family- which wilfully or knowingly placing or attempting to place, a victim in fear of injury; causing physical injury to a victim; compelling the victim by force or threat to engage in any conduct or act, sexual or otherwise, from which the victim has the right to abstain; confining or detaining the victim against his or her will; causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress to victim*”.

1.2.3. The Domestic Violence law is attached to the Penal Code. Under the Section 2 of the legislation, it frames emotional, financial, physical and sexual abuse in the context of domestic violence.

1.2.4. The identification of domestic violence largely pertains to the following acts: (i) Wilfully or knowingly placing, or attempting to place the survivor in fear of physical injury; (ii) Causing physical injury to the survivor by such an act that is known, or ought to have been known would result in physical injury; (iii) Compelling the survivor by force or threat to engage in any conduct or act, sexual or otherwise, from which the survivor has a right to abstain; (iv) Confining or detaining the survivor against the survivor's will; and (v) Causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to the survivor.

1.2.5. In December 2011, amendments to the Domestic Violence Act 1994 were passed in Parliament. The definition of domestic violence was expanded to include emotional, mental and psychological abuse; to extend the duration of interim protection; and to introduce a new provision on the right to compensation to the victim. The government of Malaysia has also amended the Criminal Procedure Code, Penal Code and the enactment of the Anti-Trafficking in Person Act of 2007, all of which are aimed at strengthening protection for women survivors of domestic violence. The Penal Code was amended to provide that “any man who during the

subsistence of a valid marriage causes hurt or fear of death to his wife or any other person in order to have sexual intercourse with his wife shall be punished with imprisonment for a term which may extend to 5 years”⁶

1.2.6. Over the years, there have been major reforms to the existing law namely mandatory jail sentences for convicted rapists, raising statutory rape age, permitting abortion when deemed to safeguard mental and physical health of rape survivor. *The DVA offers protection e.g. protection order, compensation for claims against injury, property damage or financial loss) to: women survivors of domestic violence identified as immediate; former or de-facto spouse; a child; an “incapacitated” adult or any member of the family” (UNFPA, 2012).*

1.2.7. Amongst some of the concrete achievements are the establishment of Chambers-led Working Committee to review laws on Violence against Women. It’s one of positive progress achieved by the women caucus with the support of the civil society namely, the Joint Action Group for Gender Equality (JAG). The relevant government ministries, the Bar Council, the office of the attorney generals of Sabah and Sarawak as well as the Joint Action Group for Gender Equality (JAG) are members of the working committee. *This committee was notable in reviewing the Domestic Violence Act 1994, the Penal Code, the Criminal Procedure Code (CPC) and the Evidence Act 1950; and the possibility of standalone law on sexual harassment (Malaysian Bar, 2014).*

1.3

Garis Panduan Pengendalian Kes Keganasan Rumahtangga

1.3.1. The Malaysian Government has developed and implemented Guidelines on Handling Domestic Violence Cases (*Garis Panduan Pengendalian Kes Keganasan Rumahtangga*)⁷. Launched by the Ministry of Women, Family, and Community Development (KPWKM) on the 1st of October this year, it has the goal of informing the nine technical agencies classified as domestic violence responders on their roles and responsibilities.

1.3.2. The *Garis Panduan Pengendalian Kes Keganasan Rumah Tangga* serves as a guide for all government agencies who are designated as ‘first responders’ for survivors of domestic violence, so that each agency clearly understands their role and responsibilities, and can deliver the highest level of service to those who need it the most.

1.3.3. This document lays out comprehensively the roles of all stakeholders within the government for responding to domestic violence. It is a critical reference and guide for shelter providers and survivors.

⁶ Human Rights Council, Report of the Working Group on the Universal Periodic Review: Malaysia-Addendum: Views on Conclusions and /or recommendations, voluntary commitments and replies presented by the State under review “ Response of the Government of Malaysia to the Recommendations listed under Paragraph 106 of the Outcome Report of the Universal Periodic Review”, A/HRC/11/30/Add.1, 3 June 2009, paragraph 12

⁷ Available from Jabatan Kebajikan Masyarakat Malaysia website at <http://bit.ly/1XUwjNF>

1.4

Shelter Accountability: Delivering Standards Service

1.4.1. Legal obligations of shelter providers:

Legal Obligation ⁸	The Requirements
Shelter Permit, minimum standards for service under Akta Pusat Jagaan (Pindaan) 2007 [Akta A1292]⁹	<ul style="list-style-type: none"> ▪ The Akta Pusat Jagaan was enacted to provide a registration, supervisory and enforcement framework for the welfare of residents in shelter homes in Malaysia, overseen by Jabatan Kebajikan Masyarakat (JKM). ▪ Section 6 of the Act specifies conditions for registration of the shelter home. Section 5 makes it an offence for a shelter home to operate without proper registration (any home with more than four residents must be registered under this Act). ▪ Minimum standards established by the Act relate to number of staff per resident (if child, elderly or disabled); minimum space provision per resident; facilities and furniture, food provision and daily menus; record-keeping; premise safety and cleanliness; age of shelter staff and training requirements of shelter staff. ▪ To receive a permit, the Shelter must be registered either as a society or as a company, as well fulfill the requirements of the local council, the local fire department, the local health authority (see below). ▪ Application forms and advise on the process for registering the shelter will be available at the district JKM office. ▪ NOTE that it is an offence under section 5 to operate a shelter for more than four persons without a permit from JKM under this Act.
Local Council (Majlis Perbandaran) Permit (Conversion of residential home to a shelter)	<ul style="list-style-type: none"> ▪ A conversion permit is simply the permission to convert an existing residential house into a shelter home. There are three steps to doing this: <ol style="list-style-type: none"> (i) Send a letter to the relevant Local Council to request an application form. You will need to provide objectives of your organization, list of staff, proof of purchase of rental of the house. The application process and the yearly renewal of the permit could cost up to RM1000 a year. (ii) Checks will then be conducted by the Fire department and Health Department. Both will check your premises before issuing the required approvals (see below). (iii) The Local Council will review the application, including permits issued by fire and health departments, before taking a decision on issuance of the permit.

⁸ Adapted from United Nations Inter-Agency Standing Committee (2005), Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

⁹ Available at Portal Rasmi Jabatan Kebajikan Masyarakat Malaysia at http://www.jkm.gov.my/content.php?pagename=pusat_jagaan&lang=bm

Fire Department & Fire Safety	<ul style="list-style-type: none"> Before issuing an approval letter for a shelter permit, the Fire Department will check for such things as appropriate fire exits, exit signs, fire extinguishers, fire safety protocols and other safety features. If there is anything lacking, ensure the Fire Department officer informs you of this, giving you the opportunity to remedy before re-checking.
Medical Service Facilities	<ul style="list-style-type: none"> Before issuing the approval letter, the Health Department will check the premises for hygiene and cleanliness. They will also ensure that there are basic medical supplies available, like an appropriate first aid kit, and there are shelter staff-members trained in basic first aid. There must also be a space that can be set aside for use as a sick bay if needed.
Registration under Registrar of Societies or Companies Act	<ul style="list-style-type: none"> In Malaysia, all organisations must register with the Government in order to be officially and legally recognised. Shelters may either register as a Society or as a Company¹⁰.

1.4.2. In addition to ensuring the Shelter's legal obligations are respected, the accountability of shelter providers also extends to the obligation to act, at all times, in an ethical manner, that respects these core Guiding Principles. If safety, confidentiality or respect are breached or compromised in some way by those who are assisting the survivor, then this will actually harm the survivor.

Guiding Principles¹¹	What Ethical Service Means
Safety	<ul style="list-style-type: none"> An important consideration should be the safety, both physical and psychological, of both the women survivors of domestic violence, their children and staff-members of shelters Ensure women survivors receive medical attention as soon as possible following the occurrence of a DV crime to determine if he/she has been injured; Remember that a survivor may be frightened and need assurance of her individual safety. In all cases, ensure that there is no risk of further harm by a perpetrator or by other members of the community. Be aware of the safety and security of the people who are helping the women survivor of domestic violence and their children. It can be their own family members, friends, and social network. If children are present, ensure that they remain with the women survivors if this is the safest option, or brought to a safe place, such as the home of family members.

¹⁰ For guidance on registering as a society, please see the Registrar of Societies website (<http://www.ros.com.my>). For company registration, consult the Registrar of Companies website <http://www.ssm.com.my>.

¹¹ Adapted from United Nations Inter-Agency Standing Committee (2005), Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

Confidentiality	<ul style="list-style-type: none"> ▪ The survivor has the right to confidentiality and to not have her location disclosed to anyone without her consent. ▪ Referral for follow up services must be confidential and only made with the consent of the woman survivor of domestic violence. A survivor has the right to control how or if information about her case is shared with other agencies or individuals. ▪ Staff should NEVER discuss cases with others who are not directly involved in a particular case. This includes family and friends. You can NEVER predict how information can spread and if it does it could endanger the life of the victim as well as the lives of the staff that are assisting the victim. ▪ Share only necessary and relevant information (not all details), ONLY if requested and agreed by the victim, with only those actors involved in providing direct assistance e.g. to facilitate referral to another service provider. ▪ All written information must be maintained in secure, locked cabinets or drawers. ▪ In meetings, there may be times when a specific DV case is mentioned. Ensure that no identifying information such as name, location, exact date of incident is revealed. Disguise details as needed to protect the confidentiality of the victim e.g., black out the identifying details on DV intake and assessment form.
Respect	<ul style="list-style-type: none"> ▪ Be a good listener. ▪ Maintain a non-judgmental approach at all times. ▪ Be patient; do not press for more information if the women survivor is not ready to speak about her experience. Ensure that the survivor is approached to give her story when she is medically and psychologically fit i.e. not exhausted or in a state of distress, able to understand and converse, sign disclosure forms. ▪ Ask specific questions to understand her story or circumstances but do not repeat same questions in a session as she may believe that you do not understand her. You can always ask her another day to seek clarification or to see if she is consistent with her reply. Do not laugh or show any other forms of disrespect for the individual or her culture, family or situation.
Equality	<ul style="list-style-type: none"> • All women survivors of domestic violence should be treated equally, regardless of ancestry, nationality, social status, gender, ethnicity, language, age, religion, disability, political or ideological beliefs and cultural beliefs.
Consent	<ul style="list-style-type: none"> • A woman survivor must be given adequate information about her rights under the law, as well relating to her confidentiality before signing the consent form to enter the shelter. • A woman survivor should understand the contents of a consent form and its implications before signing the form. • Consider the aspect of language i.e., if the survivor

	<p>speaks a local dialect, provide her with translation services if required. If she is unable to read, explain what is said in the form and seek her understanding.</p> <ul style="list-style-type: none"> • There is option of thumb-print in lieu of a signature. • There are two forms for consent. One is acknowledging the requirements of the shelter and the other is about consent for consultation of her case with due respect for her confidentiality, including taking photographs of her and her injuries as evidence. These are kept securely in files and could be used as evidence in court cases. • For a child victim, consent form must be signed by a parent, responsible adults or legal guardian of the child. If a child's guardian is the perpetrator of the violence, or involved in the perpetration of the violence, the police or the child protector¹² can act on the child's behalf. In case of continued risk of violence, the police or child protector can remove the child to a safe house. They should also inform a local authority to ensure the best interest of the child is being addressed at all times.
Survivor's Right to Information	<p>The Shelter staff are responsible for explaining the following to the survivor before obtaining any information from her:</p> <ol style="list-style-type: none"> a) Reason for the interview; b) Subject matter(s) to be discussed; c) Personal, and possibly sensitive, nature of questions that maybe asked; d) Potential risks and benefits for reporting cases to the police e) Precautions being taken to protect confidentiality and physical safety; f) How information is to be shared and with whom (the identity of the shelter staff must be disclosed); g) Survivor's right to accept or to refuse to answer any particular questions as well as the right to restrict and specify how the information she has given is used; h) If the survivor wants her case to be shared with others, the shelter staff should ensure that the survivor understands the reporting process and confirms her consent.
Survivors' Right to Access Services	<ul style="list-style-type: none"> • Every woman survivor of domestic violence must be given the opportunity and assistance to access to medical, legal, shelter and psychosocial services.
Best Interests of the child	<ul style="list-style-type: none"> • In dealing with a child victim of domestic violence and other forms of gender-based violence, the best interest of the child should guide any intervention or decision taken.

¹² Section 39 (1), Child Act 2001. Under the Child Act, Protector" means— (a) the Director General; (b) the Deputy Director General; (c) a Divisional Director of Social Welfare, Department of Social Welfare; (d) the State Director of Social Welfare of each of the States; (e) any Social Welfare Officer appointed under section 8

Unit 2:

The Woman

Survivor

Contents

- | | |
|-----|--|
| 2.1 | Who is the Survivor: The Impact of Domestic Violence |
| 2.2 | Survivors Voice Out: What We Need |

2.1

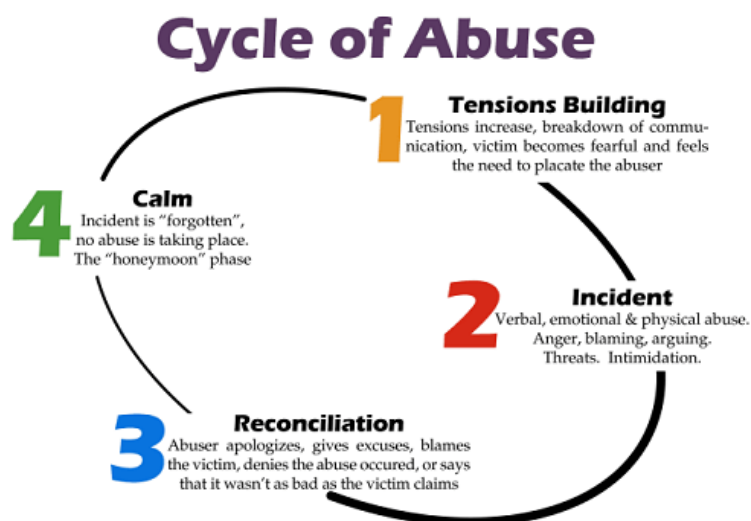
Who is the Survivor: The Impact of Domestic Violence

2.1.1. Domestic violence is harm that is perpetrated within the home. It is a criminal act and a violation of women's human rights. It is not a private matter.

2.1.2. It remains widespread. In 2014, the Royal Malaysia Police¹³ recorded an increase from 3,053 cases in 2013 to 4807 cases of domestic violence in 2014, demonstrating a rise of 36%.

2.1.3. A survivor's departure from the violent home has two positive effects: separation leads to positive change in the condition of the survivor (amelioration of fear, anxiety and hopelessness). It promotes safety, protecting the survivor from further harm. It allows healing to take place.

2.1.4. All service providers must appreciate that the violent home is an unsafe place for the survivor. Experts describe a pattern known as the cycle of violence. This cycle, once fully understood, underscores the criticality of physical separation of the survivor from the perpetrator.



2.1.5. The cycle begins with the tension-mounting phase which escalates to the point when the violence occurs. A period of apparently sincere regret and remorse follows. A survivor places hope in this regret and remorse, that the violence will not recur, and modifies her behaviour as per the direction of the perpetrator. Unfortunately, extensive research and experience shows that the perpetrator will not change during the period of passivity of the survivor. This period of false calm soon evaporates and tension once again begins to build, leading on to the next incident of

¹³ Dato Zubaidah Mohd Ismail (2015), Speech presented on behalf of the Royal Malaysia Police at the Launching of WAO Working Together: Case Studies in Domestic Violence Response Report

domestic violence. The severity and frequency of the abuse generally increases with each cycle.

2.1.6. According to WAO's data¹⁴, the most prevalent source of abuse encountered by women was the intimate partner (husband or boyfriend). The women in our shelter described multiple forms of abuse: psychological abuse (100%), physical abuse (95%), social abuse (56%), financial abuse (55%), and sexual abuse (36%).

2.1.7. The husband or ex-husband perpetrated the abuse for 80% of residents, while parents, family members or boyfriends were the source of abuse for 16.5%. One woman reported her father-in-law as the perpetrator. Seventeen per cent of the women also reported being abused by a second perpetrator such as parent, sibling, stepparent, in-law family member or relative.

2.1.8. Forty-four women (40%) of the 110 domestic violence survivors surveyed reported experience of domestic violence occurring for more than five years; 45 women (41%) of between one and five years; and 21 women (19%) less than one year. This means up to 89 women (81%) could be classified as having faced sustained and prolonged violence in the home (more than one year in duration).

2.1.9. 67 women (61%) had, before coming to WAO, left the abusive home at least once before; 22 women (20%) attempted to leave more than five times before. Women returned to the abusive home for various reasons: they wished to give the abusive partner the chance to reform; they feared homelessness or financial difficulties; they had concerns about raising children as a single parent; or they feared the social stigma of ending a marriage.

2.1.10. The multiple departure-and-return patterns are a clear indication that a woman's attempts to reconcile with the perpetrator will not end the abuse. It also clearly shows the need for a comprehensive support system to protect and support the survivor and her children when she decides to leave the abusive home. One of the most critical aspects of this support is immediate access to safe and supportive shelter, on demand.

2.1.11. Women shared that financial abuse was also prevalent, with the effect of rendering the, severely economically disadvantaged even though gainfully employed, thereby restricting their financial independence even after leaving the abusive situation. It also makes it difficult for women to envisage living an independent life, owing to the severe financial difficulties many of them face.

2.1.12. In particular, the scale of financial abuse endured by Malaysian survivors demonstrates not just that women need a supportive and safe space alternative to living in the violent home, but also indicates a need for comprehensive post-shelter programs to continue the support for the survivor to move towards financial independence, and consequently to a sustainable future that is free from violence.

¹⁴ Working Together: Case Studies in Domestic Violence Response, 2015 Report, Women's Air Organisation

2.2

Survivors Voice Out: What We Need

2.2.1. Throughout our 33 years, WAO has listened to the testimonies and experiences of courageous women survivors. These stories inform us of important factors, trends and gaps. We have not just responded to the needs of these survivors, but we have also learnt from their experiences and learnt lessons from them to improve our services.

2.2.2. In drafting these Standards, we have prioritized consultation with women survivors. The following is their articulation of their needs and priorities.

2.2.3. Empowerment and support, especially economic empowerment is critically needed, while in the shelter and post shelter.

2.2.4. Shelters should conduct awareness-raising on the issue of domestic violence. Survivors cannot do this on their own and rely on the shelter to be their advocates. This should be done not just with government agencies and the public but also with employers, so that they do not “pandang rendah” (look down upon) the survivors.

2.2.5. With one voice, survivors raised the on-going difficulties associated with domestic violence, especially the effects of financial abuse. Many women are in a situation of extreme financial debt or have become bankrupt, usually owing to financial abuse by the perpetrator. The request that shelter providers are always aware of this, work to improve women’s economic opportunities, as well advocate with the government to raise awareness on this.

2.2.6. Shelter providers must emphasize programs to help women learn to speak up, become confident and preserve their independence. In their words: “Women need to be strong”; “Mesti berdikari”; “If we think we can do then we will do it”; “Women must not give up on independence”.

2.2.7. To help women help themselves, a buddy system must be developed and maintained in the shelter, which can endure even after the “buddies” have left the shelter.

2.2.8. There should be a trained and capable Social Worker to help the victims (i.e. for motivation, counselling, trauma therapy etc.).

2.2.9. Shelter Providers must reach out and collaborate with government agencies to make sure survivors are able to access all rights and services provided by the Government.

2.2.10. Women also prioritised safety and comfort. It should be an environment where she can stay with her children if needed. Activities and recreation possibilities must be made available.

2.2.11. Women want the possibility to practise their religion in a private manner. No one should be stopped from worshipping within the shelter environment.

2.2.12. If needed, women and children must have access to educational activities and support. Children must continue to go to school. If there is a security risk, the child should have education within the shelter.

2.2.13. The meaning of “Shelter” for survivors

- “Perlindungan / Kekuatan / Keselamatan”
- “Sebelum masuk saya tak faham apa-apa, setelah menginap di perumahan perlindungan dapat memahami konsepnya yang tidak mengira bangsa, umur dan status seseorang.”
- “Rumah Perlindungan Temporary kepada mangsa penganiayaan rumahtangga patut memberi bantuan segera dan express seperti pakaian, makanan dan ubatan kerana bukan semua ibu ada wang untuk terus hidup dalam keadaan kesukaran yang tidak dijangka.”
- “When I come to shelter on the first day, I really had no place to go. I was alone, no one to help me. I came to shelter and feel it is my new home. I feel God sent me to this place to protect me from suffering. I got one hand to help me from dying.”
- “Safety first, and someone can share our problem and show me the way to come out from it. How to be strong and move on our life as a single mother. I had a good social worker who guides me a lot and helped me with the custody of my children and when I went through all my hardship.”
- “Shelter is a safe place.”
- “Shelter sangat memberi erti kepada saya kerana ia telah memberi banyak pengalaman. Saya dapat bertukar pengalaman hidup dengan resident yang ada di shelter. Memberi erti kehidupan untuk meneruskan hidup. Menghadapi cabaran kerana terpaksa berhadapan dengan pelbagai jenis orang yang mengalami masalah.”
- “Shelter means a place that we can stay without fear and have freedom to live our own life. It helps to protect from the enemy or from those we don’t want to engage with. It is also a home where we do our routine, daily task like cooking, cleaning and etc. It is like a house of a friend that we can always visit. It also a rest place to relax.”
- “Rumah perlindungan adalah tempat yang amat bermakna kepada saya di saat saya di dalam kesusahan, tiada tempat untuk dituju. Selain memberi perlindungan yang amat diperlukan saat itu, rumah perlindungan juga membantu saya dalam menangani perasaan yang sangat bercelaru pada masa itu. Mereka yang memberi inspirasi kepada saya untuk meneruskan kehidupan di saat saya dah berputus asa. Rumah perlindungan telah membimbing saya untuk kembali kekehidupan yang lebih bermakna. Rumah perlindungan telah menyelamatkan seorang yang telah putus asa dan tak ingin lagi meneruskan kehidupan. So, rumah perlindungan so much means to me...”

Unit 3: Supportive & Safe Shelter

Contents

- 3.1 What is Supportive and Safe Shelter?
- 3.2 The Facilitative Role of the Service Provider
- 3.3 Emergency Shelter
- 3.4 The Safety Dimension
- 3.5 Supportive and safe space options: Five Shelter Models

3.1

What is a supportive and safe shelter?

3.1.1. Shelter is more than about a bed for the survivor and a roof over her head. The shelter must be a supportive and safe space that promotes self-dignity and self-determination for the survivor. The survivor must be encouraged towards self-help, knowing that the door to the shelter is always open for her. Service providers should focus on the principles of participation and empowering women to take control over decisions on their future, promoting change and respect for survivor-centered services

3.1.2. The woman survivor must be the prime mover in finding solutions to improve her life in a sustainable way. Shelter providers must raise survivor awareness of their rights and in supporting them to access those rights. Assessing the capacity of women survivors of domestic violence to access rights is an important first step. Survivors should be facilitated to participate actively in making decisions that affect their lives. They have the right to information and transparent decision-making by shelter providers.

3.1.3. When it comes to shelter, there is no “one size fits all”. A woman should be able to access wide range of shelter options, depending on her circumstances and self-identified need. The availability of options can decrease the likelihood that the survivor may choose to remain in an abusive home or devise other makeshift living arrangements not conducive to her safety.

3.1.4. Shelter providers should recognise that it is her right to consider all options, including of staying with her own family or relatives and, including, returning home to the perpetrator of the abuse.

3.1.5. Deciding on the best shelter model will require a careful assessment of the women survivors’ vulnerability, strengths, resiliency, and resources. These models range from:

- emergency shelter
- transitional shelter
- standard shelter

3.2

The Facilitative Role of the Service Provider

3.2.1. A conducive environment must exist for women survivors of domestic violence and their children.

3.2.2. Safe and supportive space for women survivors of domestic violence is not static but evolves over time according to the changes to their legal, social-economic, empowerment outlook, safety and security environments.

3.2.3. There is no “One Size Fits All” approach because women survivors of domestic violence have diverse needs that require diversified services.

3.2.4. There is no single “model” of shelter for domestic violence women survivors of domestic violence.

3.2.5. Shelter programmes for women survivors of domestic violence can adopt a variety of different methods to provide the best possible service, tailored to the individual case and the operating environment - different model shelters may be more relevant to survivors depending on their vulnerability, resiliency and access to resources.

3.2.6. Women survivors of domestic violence represent a broad and diverse group of women with varying ethnic groups, personality types, family compositions, socio-economic backgrounds, cultural considerations and ability to live in community while in crisis. For instance meal options that are beef-free and pork-free and as well recognizing that some women choose vegetarianism or veganism. Some women have pets and prefer to not leave the pet behind with the abuser. Options for temporarily homing pets should also be considered, either in the shelter compound or with pet fostering volunteers. It is important to encourage an atmosphere where women can articulate their needs and all efforts must be exerted to creatively meet those needs in a reasonable and practical way.

3.2.7. Survivors needs and options might change over time. For instance, she may not want to take action against the perpetrator, or may not wish to make a police report. Perhaps she will subsequently decide to do so, with growing confidence and information. Or perhaps she learns coping skills, understands safety planning and decides to return to family home. It may be that the survivor decides that the experience in the shelter and the service she has received will make her better prepared to deal with domestic violence if it occurs again in the future. Whatever the decision of the survivor, all service providers must support her decision, provided that it is an informed choice made **after exploring all options**.

3.2.8. Some women survivors might choose not to access domestic violence services for safety and support, but will prefer to turn to their friends, family or personal networks. Service providers must understand and support her decision.

3.2.9. Each individual woman survivor of domestic violence’s need for safety and support differs with her own circumstances of their lives and with the perpetrators’ behaviours and resources.

3.2.10. A survivor should not be judged or prevented from leaving the shelter and returning home to the perpetrator. She always retains the right to decide her own future.

3.3

Emergency Shelter

3.3.1 Emergency shelter is an important life-saving resource for most survivors who reach out for help during the time of crisis. It is the first step to accessing resources for longer-term stability. It is a temporary and immediately available accommodation solution, before the woman is able to access a standard domestic violence shelter. It is most feasible in low-risk situations due to the limited security features of this model.

3.3.2. Emergency shelter is best provided as an emergency crisis center available 24-hours. As a safe haven, it must be in a confidential location, making it more difficult for abusive partners to locate women.

3.3.3. It may be offered within existing spaces such as hotels, motels, hospitals, one stop crisis centre and religious places of worship e.g. churches, temples and mosque.

3.3.4. At times, it could be available on a co-sharing basis within existing facilities for children or people in need of shelter. Many children's homes¹⁵ and shelter facilities of Jabatan Kebajikan Masyarakat service domestic violence survivors as an emergency option.

3.3.5. When is it needed?

- **When a survivor in need of shelter is identified by first responders like hospitals or the police.** The need for shelter may arise at a time when access to a standard shelter is not immediately available.
- **Women survivors living in rural and interior areas**
In situations where shelters not easily available and where there is a lack of immediate access to a formal shelter facility due to distance from their home, lack of transportation and resources to access to shelter
- **Women survivors who fear stigma from being in a domestic violence shelter.** Some women with financial resources may actually prefer to access to a confidential private housing or hotels in fleeing the abusive home.
- **The survivor could also live with friends or family as a temporary, emergency solution,** while seeking information and further support from the shelter provider. This sort of arrangement helps the woman deal with the fear of stigmatisation stemming from domestic violence, while evaluating her decisions regarding her future.
- **Women survivors of domestic violence who remain in the abusive home** but who may need occasional shelter in moments of crisis. This requires keen

¹⁵ In some children's home, the survivor is subsequently taken on as a child minders or other kind of worker. In such an arrangement she must be recognized as a full-time employee, in compliance with employment laws and regulations.

focus on emotional support in crisis, information about domestic violence and a strong safety plan.

3.3.6. Risks and benefits:

It's good because:	Be mindful of:
Temporary accommodation option providing life-saving, quick and immediate access to shelter where regular shelter facilities are inaccessible or lacking	Complications that may arise from a lack of safety protocols or the survivor's access to a supportive environment. In view of this, the emergency option is only feasible in the very short-term and as a last resort.
The public nature of these spaces may serve as a prevention for perpetrators in certain circumstances.	Some non-DV shelters may require emergency DV residents to vacate the shelter during the day, making a woman and her children more vulnerable to stalking and attack from an abusive partner if they have no safe space to go. Ensure such requirements are not being enforced.
Use of motels may expand shelter capacity in a relatively cost-effective manner, provide immediate safety for women survivors who may otherwise delay leaving an abusive situation. It is a good option for first responders as soon as a survivor in need of shelter is identified.	Some survivors with greater needs may not be able to obtain access to other services or take the needed steps without the support of specialised staffing that most domestic violence shelter provides. Make sure such access is always available.

3.4 The Safety Dimension

3.4.1. It is a fact that women survivors and their children look to the shelter to provide them safety and protection from further abuse.

3.4.2. It's about more than being physically safe. The responsibility to protect survivors is shared between the shelter provider and the woman herself. Safety means two things:

- A sense of physical safety from being in a protected physical environment provided by the shelter; and
- Emotional safety, through the feeling that they are supported through the caring and responsive shelter service. This leads to strengthening of the survivor that can be sustainable and long-lasting.

3.4.3. It also underscores the criticality of providing shelter service that respects the survivor's integrity and her right to self-determination. To do otherwise would be a recreation of the abusive home she had left, and prolong the sense of helplessness felt by the survivor and her children.

3.4.4. The safety dimension is most compellingly laid out in the words of women and child survivors themselves. During consultations with survivors for the development of these standards, all women and children identified physical safety as a critical priority.

3.4.5. Women survivors articulated their needs and priorities regarding physical safety:

- The shelter must create a “fortress for safety and protection” that cannot be trespassed upon, including through high walls;
- Enhanced shelter security and safety requires use of technology like closed circuit television that is recorded or always monitored;
- The shelter must be made safe from “enemies” by providing physical protection, guaranteeing women’s confidentiality, providing women with emergency contacts and instructions on what to do when shelter security is threatened, teaching women to overcome their fears: “Nobody can harm us”.
- A safety alarm is needed that can connect the survivor directly to the police if she is threatened.

3.4.6. According to survivor children, their priority is to avoid being taken away from their mothers:

- WAO is very safe – bad people cannot enter.
- WAO must be safe because there are people who want to kidnap me.
- WAO has CCTV, therefore it is safe.
- The “Monster” will not come here because there are people taking care of me.
- “Kakak” and aunties are caring for me, so its safe.
- The Police will come when we need them, so it’s safe.

3.4.7. The concreteness of physical security within the shelter should be tempered with the need to progressively rebuild the survivor’s confidence in herself, and ability to eventually venture out into the larger community and regain her normal life. It should never result in the “institutionalization” of the woman and child to the extent that their ability to rejoin society is hampered or diminished.

3.4.8. This requires the second limb to be implemented, i.e. providing services within the shelter in a manner that demonstrates caring and support, to enhance confidence of women and children to surmount the barrier of fear in the pursuit of a positive, sustainable future in the community, that is free from violence. These are programs that can be conducted by shelter providers to meet the requirement for emotional strengthening. To achieve this, survivors identified the following:

- “Kindness, care and protection from abuse is more important to us.”
- Trained and capable social worker to support each survivor.
- Safety plan long term for after shelter.
- Counsellor for frequent and on-going support and motivation.
- Motivating talks by community leaders.
- Group or individual counselling at least once a week.

3.4.9. The safety planning is critical, whether the woman decides to live independently, move in with other family members or friends, or even return to the abusive home. The safety plan is the main tool for the woman to take control of her

own safety and security. It puts power back into the hands of the survivor. [For more information on the Safety Planning process, see Unit 4].

3.5 Shelter Models

- **Model 1: Standard Shelter (please refer to Unit 4 for the standards and guidance of how to establish, manage and operate a standard shelter)**

3.5.1. This is a shelter model that addresses the needs of women survivors of domestic violence for medium-term to longer term stability and to fill the gap created by limited affordable housing.

3.5.2. **Characteristics:** The Standard Shelter is a building that is specifically for women survivors of domestic violence. It uses a communal living approach, or may be separate apartments leased or owned by the programme, in which women survivors of domestic violence can live for a designated period of time. Most offer services such as a hotline, counselling, empowerment programmes and case management intervention services. With this model, women are supported to leave the shelter after a period of healing and are supported to find another place to live.

Pros	Cons
Offers high level of security and safety	Some may have inadequate facilities because of limited funding
Offers critical services that enable women survivors of domestic violence to have specific interventions such as safety planning, advocacy, referral to other services.	Women may feel isolated due to the confidential location of the shelter; far away from their normal support network
Free of charge	Women may be hesitant to access to shelter because of the stigma attached to being a victim of domestic violence
Communal living can help women support each other with coping and healing.	With women from many different backgrounds attempting to co-exist in shelters with limited space and minimal privacy during one of the most stressful times in their lives, they may also be conflicts and misunderstanding.
Women survivors can get to make new friends with other survivors whose experiences are similar as to hers	High operational cost of staffing in a standard shelter
	Shelters may have eligibility requirements that exclude some women with active alcohol and drug problems, suicidal ideation or non-medicated mental health problems.

• **Model 2: Hotel/ Motel**

Considerations when using the hotel/motel model

Develop survivor-centred registration procedures. This may include registering women under an alias with contact details that cannot be traced to the women survivors of domestic violence;

Establish specific security procedures for accommodating women survivors of domestic violence.

- This may include limiting the minimum number of staff who has access to women survivors of domestic violence information and records;
- Working with the local police to develop, implement and review a security plan which include button-activated alarm systems to directly inform police of an emergency;
- Providing police with a map of the layout of the safe space and surrounding grounds, including entrances and facility locations;
- Fire prevention and regular fire safety checks;
- Regular meetings with police to discuss security issues

Installing security features within and around the facility where possible such as:

- Strong, secure doors with safe entrances that cannot be force open
- Establishing one location as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time
- Security of the hotel/and motel areas surrounding the facility, including any outdoor space used by women survivors of domestic violence (e.g. fenced and locked gardens)
- Indoor and outdoor security measures
- Visible Parking areas, motion lights
- Personal safety alarms for staff

• **Model 3: Places of Worship/ Business**

Considerations

Brief the staff involved on the potential risk and benefits involved in providing safe space for women survivors of domestic violence

Inform the staff on the precautions being taken to protect the confidentiality of the women survivors of domestic violence and her children

Inform the staff on consequences of any breaches of confidentiality

Guide the staff whether information will be shared, and if so, how and with whom (if identifiable information is going to be shared with third parties, the identity of these third parties must be disclosed)

<p>Installing security features within and around the facility where possible such as:</p> <ul style="list-style-type: none"> • Strong, secure doors with safe entrances that cannot be force open • Establishing one location as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time
<p>Providing secure transportation to and from the place of worship to other service providers, with specific reference to referral follow-up services</p>
<p>Special attention should be given to ensure that staff should not force women survivors of domestic violence to be immediately reconciled with the perpetrators.</p>
<p>Provide a list of referral services on who is doing what and where in providing multi-sectoral services to women survivors of domestic violence.</p>

• **Model 4: Confidential Private Housing with Specific Security Safeguards**

3.5.3. In situations where women need additional security, where communal space sharing could further place them and their dependents at risk and in serious danger, a confidential private accommodation arrangement has to be sought for women survivors of domestic violence. To do this, the Service Provider should:

Considerations
<p>Conduct a safety assessment of the location and space to ensure that it can offer the required safety and security to women and accompanied children;</p>
<p>Establish a clear and detailed agreement with landlords to use the space with stipulated terms of use and payment for space; the need to respect the privacy of residents; identification of focal points who will be responsible for upholding the conditions and timeframe in which the agreement will be reviewed;</p>
<p>Design a contingency plan in cases where the location is no longer secure for the women survivors of domestic violence. This may include preparing similar sites where women can move to within a short notice of time;</p>
Actions to be Taken
<p>Conduct gender sensitive participatory risk and protection needs assessments with women survivors of domestic violence</p>
<p>Establish confidential referral systems and establish partnerships with key domestic violence response service providers;</p>
<p>Develop a risk management response including referral systems, short-term and long-term protection solutions;</p>
<p>Develop a safety and security plan for clients/ and staff providing or managing the accommodation;</p>
<p>Develop clear guidelines and rules of managing the accommodation to prevent misuse and security problems</p>
<p>Ensure access to health care, legal assistance and psycho-social assistance</p>

Develop and strengthen programmes and services to address the psychological, social and physical consequences of domestic violence by providing comprehensive and sensitive medical care to women survivors of domestic violence, including as appropriate, HIV post-exposure prophylaxis (PEP), along with voluntary counselling and testing and comprehensive reproductive health care for women survivors of domestic violence of rape

Develop a code of conduct for staff

Ensure the women staying in the residence understand the different security measures in place; agree to respect confidentiality; and are involved in developing a contingency plan if they need to move.

Ensure women survivors of domestic violence have access to their food and non-food rations while they live in the shelter

Installing security features within and around the facility where possible such as:

- Strong, secure doors with safe entrances that cannot be force open
- Establishing one location as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time
- Security of the confidential private housing areas surrounding the facility, including any outdoor space used by women survivors of domestic violence (e.g. fenced and locked gardens)
- Indoor and outdoor security measures
- Visible Parking areas, motion lights
- Personal safety alarms for staff

• **Model 5: Community-managed safe house**

3.5.4. This option gives women survivors and service providers the opportunity to create a different type of shelter where people have more autonomy.

Considerations

Conduct an assessment to review if it is feasible to provide a confidential network of homes whether it is safer for women survivors of domestic violence and for community members to support safe house in an identified public area that can be secured by the community.

Ensure that there is a functioning connecting telephone line

Ensure that your place is easily accessible by the police/ and hospitals

Key Actions to be taken

Ensure that there is a private sleeping space allocated for the survivor-there must be at least an extra bed for the woman survivor of domestic violence

Develop a protocol of support of how you are going to support the host family to assist the woman survivor of violence e.g. determine the maximum number of days that a survivor can stay; referral procedures; referral procedures to ensure minimum security, health and legal assistance are available to the survivors

3.5.4. The Apartment Building as an integrated safe space

As described earlier on, some women do not feel comfortable going to shelters. For women who traditionally do not seek shelter services, there has been an increasing trend to design programmes to better support women survivors of domestic violence through the apartment style model as opposed to the community-living model. As an example, the Salvation Army's Catherine Booth House, purchased a 16 unit apartment building and completely remodelled it with client's apartment project space and staff space. With this change, women have greater privacy and can choose when and with whom they want to share their space and time. Women can live according to rights and responsibilities instead of rules and regulations.

Unit 4: Shelter Start-Up

Contents

4.1	Building the Foundation
4.2	Start-Up Checklist
4.3	Admission & Discharge
4.4	Staffing Considerations

4.1

Building the Foundation

4.1.1. The search for like-minded individuals who share a vision and a sense of determination is the first step to establishing a shelter. In this case, like-minded people will be those who believe that domestic violence is a deep-rooted social problem whose symptoms and underlying causes need immediate and urgent attention. Moreover they will be people who believe that there is need in your community for a place of refuge for the women survivors of domestic violence to give them access to support, safety, justice and protection. Your challenge will be to find these people and convince them to support your cause.

4.1.2 The ease with which you meet and draw people to your cause will undoubtedly be based on how well you **network**. Below are some tips to help with building partnerships to kick-start your shelter start-up project.

- ✓ Establish contact with women's groups and other women's shelters as a first step. Other potential allies are children's homes, social workers and psychologists, doctors, hospitals, and clinics and government agencies with an interest in women's rights and a legal mandate to protect women from violence, the press and progressive religious leaders and politicians.
- ✓ Invite everyone you think may have an interest to a preliminary meeting to discuss the idea of building/operating a women's shelter in your community.
- ✓ Develop an agenda for the preliminary meeting. You can begin by having everyone introduce themselves and say something about why they chose to participate in the meeting. Prepare a short presentation on domestic violence. You can discuss the prevalence of gender based violence including domestic violence in the world, region and in Malaysia. If possible, invite a survivor who is ready to speak and share about her experience. Make every effort to help the participants of the meeting to understand the magnitude, severity, and adversity caused by domestic violence.
- ✓ Suggest the idea of building or, a more practical option, obtaining a safe space in your community, e.g. a bungalow with a sturdy fence. After your presentation, invite your guests to participate in an open discussion.

4.2

Start-Up Checklist

Actions to be taken to start up a Shelter
1. Establish an Executive Committee.
Establish an Executive Committee that comprises a President, Treasurer, Fundraising Chair and a Personal Assistant. This is the core group of individuals who should be dedicated to making the vision a reality.
Develop Terms of Reference (ToR)s for the Executive Committee
2. Define a Vision and Mission Statement.
<p>When drafting your vision and mission statement, consider the following key questions:</p> <ol style="list-style-type: none"> What are the opportunities and needs that your organisation exists to address? What are we doing to address these needs? <p>What principles and beliefs that guide our work? You can refer to WAO's Vision and Mission as an example¹⁶.</p>
3. Develop a Constitution.
<p>An outline of your organisation's constitution should contain:</p> <ul style="list-style-type: none"> the name of your organisation; statement of purpose; affiliations with local, regional and international organisations; membership i.e. who is eligible as members, different categories of membership, how might a member be removed; officers – officers title, duties and responsibilities (what procedures to follow in the event of a vacancy?); elections – how are elections held, who is eligible to run for office, how are nominations to be made; meetings – how often to meet; how will decisions be made; amendments to constitutions – what procedures will amendments be proposed; ratification of the constitution – by what process will the constitution go into effect; finance – who is responsible for collection and disbursement of funds, who may authorise expenditure.
4. Registration of Shelter
<p>Before registering, organise an Executive Committee meeting to:</p> <ol style="list-style-type: none"> officially register the organisation; approve an official name; approve an official address; appoint an executive committee approve an official constitution prepare a copy of minutes of meeting for registration application
Register your organisation with the Ministry of Home Affairs.

¹⁶ WAO Vision and mission available at <http://www.wao.org.my>

You can register with Registrar of Societies (RoS). You may also register as a business, which you can do with Suruhanjaya Syarikat Malaysia. Both will enable your group to operate as an official legalised entity with a governing executive board, capable of maintaining financial accounts and hiring employees.

Ensure the submission of your official application form for registration under the Registrar of Societies/ Jabatan Pendaftaran Pertubuhan (JPP) will have the following documents:

- a) Cover Letter on organisational letterhead
- b) Borang 1 application form available from JPP state offices) in 6 copies
- c) Executive Committee member names and contact information, in 6 copies
- d) Your organisation constitution in 6 copies
- e) Any symbols, flags, badges or logo affiliated with the organisation, including description of how and why there chosen. 6 copies of these are required.
- f) Minutes of Executive Committee meeting in 2 copies
- g) MYR 30 payable by stamp

You need to take note that the registration conditions are subject to the followings:

- a) Must re-elect Executive Committee every two years
- b) Must be open to the public of membership (members must be 21 and over)
- c) Must hold Annual General Meeting (AGM) to report to the membership and Executive Committee

5. Identification of A Safe Shelter Location¹⁷

Conduct a security assessment to review:

- a) If the location of the shelter is easily accessible to services that may be needed by the survivor and her children e.g. clinics, police stations, schools, lawyer's offices, work places
- b) If the location of the shelter is easily accessible by public transportation
- c) If the shelter has reliable access to water, electricity and communication services
- d) Measures to protect against unwarranted entry (e.g. fencing, locks on windows, etc)
- e) Comprehensive fire safety evacuation points (including identifying any risk that could prevent evacuations)
- f) Electrical wiring
- g) If the shelter location is integrated within communities and provide opportunities for women to be involved in local community activities if they wish it
- h) If the location is accessible to recreational activities, as and when needed

6. Financial Resource Mobilisation Plan

Because fundraising will generally require that you ask others (foundations, corporations, individuals or other agencies) for financial resources, your first priority will be to clearly state your organisation's goals.

By now, your organisation has already written an official mission statement and constitution. In order to convince potential donors to contribute their resources to your cause, you need to be able to clearly demonstrate exactly what steps or projects you will undertake; and how your actions will benefit your community, nation or the world; what resources you will need to carry out the plans.

To develop a funding plan, you need to think about the following:

- A clear vision of what your organisation wants to do and why
- A clear logical plan for how the vision will be achieved and who will play which roles

in your organisation

- A clear budget of how much your programme will cost on an annual basis and how the fund will be managed, as well as a commitment to excellent management and clear reporting procedures¹⁸
- A commitment to treating all parts of the organisation with equal respect and trust, including the executive committee and volunteers as well as the women survivor of domestic violence and the donors. For a woman's organisation that aims to raise funds, this approach which embodies respect and caring is of extreme importance.

7. Programme Budgeting & Start Up Cost

Identify an initial cost of establishing a shelter and ongoing cost for operating a shelter.

Start up cost may include:

- Facility development (renovation, security measures)
- Furnishings and equipment
- Materials and supplies required to start a shelter
- Staffing and related cost (orientation, training etc)
- Other expenses e.g. permits and license

Contact other shelters, experts in security and construction and the relevant persons for advice to obtain relevant information about the location of facility development options, cost for both the start-ups and running of the operation

8. Develop Standards Operating Procedures (SOPs)

SOPs must be developed to provide staff with the minimum steps and guidance on how to receive and assist women survivors of domestic violence and their children. Comprehensive SOPs should entail the following information:

- Vision & Mission of Shelter
- Objectives of Shelter
- Fundamental Guiding Principles for Staff
- Code of Conduct for Staff
- Types of Services Provided by Shelter
- Length of Stay
- Admission Eligibility Criteria; Admission Guidelines and Procedures e.g. how to handle enquiries regarding admission; how to work with new survivors
- Guidelines for handling complaints
- Guidelines for women survivors of domestic violence at shelter
- Guidelines for Counselling
- Guidelines for Referral Pathway Services i.e. How to liaise with police, lawyers, hospitals and schools to assist survivors to access to services
- Guidelines on how to obtain an Interim Protection Order (IPO)
- Guidelines for General School Transfer Procedure for survivor's children
- Guidelines to Assist Women Survivors of Domestic Violence with Job-Placement opportunities
- Guidelines on how to deal with perpetrators and visitors to the shelter
- Guidelines on how to deal with survivors with mental health issues and critical conditions
- Guidelines for child support programs
- Exit Procedures

- Guidelines on how to handle children of survivors at shelter e.g. how to obtain birth certificate; how to deal with children with behavioural problems; how to discipline a child
- Volunteering and support
- Internship Program

9. Human Resources and Management Plan¹⁹

Develop a staffing plan to ensure that there are adequate staff resources to perform the duties required at shelter.

- There must be at least two trained full-time staff available at all hours to :
 - Facilitate the admission of a woman survivor of domestic violence; undertake needs and danger assessments; provide orientation to the services and offered at shelter; and to complete paperwork required for admission;
 - Provide crisis intervention;
 - Monitoring the security of shelter
- There must be an Executive Director; one administrative and finance staff; and case officers/social workers;
- There must be at least two day-time staff to provide referral and support services; counselling; individual counselling; and act as community liaison focal point
- There must be sufficient resources to staff a helpline/shelter telephone at least during working hours
- Staffing resources should be allocated to ensure appropriate follow-up is done for the woman survivor after she leaves the shelter.

Develop a code of conduct for the staff and management

Develop an employment policy for the shelter

Develop Terms of Reference (ToR)s/ Job Descriptions for the Management and staff

Develop a policy for shift change request to ensure alternative staffing arrangement and a contingency back up plan can be made

Develop a duty roster covering the services to be provided for all the woman survivors of domestic violence and their children

10. Staff Well-being & Development Plan

All staff members including the management team should be equipped with the core knowledge, skills and attitudes to ensure quality services are provided to women survivors of domestic violence and their children at a shelter.

All staff members of a shelter should receive periodic training in the following aspects:

Core knowledge

- Types of sexual and gender-based violence (GBV), including domestic violence; and the root causes of violence against women;
- The dynamics of each form of violence i.e. manifestation, risk and protective factors; and the consequences of violence from the physical, emotional social and financial aspects;
- Fundamental Guiding Principles to Assist A Women Survivor of Domestic Violence;

All staff members of a shelter should receive periodic training in the following aspects:
Functional Skills are required for staff to effectively support and protect children of survivors.
 The skills needed are:

- Safety planning for survivors and their children
- How to conduct Case Management
- How to conduct a Risk Assessment
- Counselling Skills
- Interviewing Skills
- Crisis Intervention Techniques
- Conflict Resolution
- Constructive Communication Skills
- Monitoring and Evaluation Skills;
- How to deal with perpetrators, children, families and community.
- How to engage with other responders, e.g police, medical personnel
- How to deal with external queries on the survivor and her location, e.g. from the perpetrator, her family, her friends.

11. Establish good partnership with the the local police station

Establish a working partnership with the local police station to ensure physical security and access to police response is preserved at all times. It's important to know how to work with the police to protect the shelter from perpetrators, e.g. ask perpetrators and others besieging the shelter to leave and not to make a scene; having police to wait for sometime until the perpetrators leave. This would also help ensure police cooperation in executing orders of protection and in ensuring perpetrators violating such orders are arrested by the police.

Endeavour to work with the local police station to develop, implement and review a police security plan which may involve:

- Button activated alarm systems to directly inform police of an emergency
- Direct emergency phone line to the police
- Regular meetings with police to discuss security issues
- Referral system in case police identify a DV survivor in need of shelter

Conduct regular discussion with the local police to strengthen links, establish referral mechanisms and raise their awareness of domestic violence: IPOs, Domestic Violence Act, the "Do and Don't s in dealing with woman survivor of domestic violence as well as how to help the shelter deal with perpetrators.

4.3

Admission & Discharge

4.3.1. A shelter should clearly indicate the number of women survivors it can accommodate. The maximum number of women survivors per shelter is subject to the capacity of a shelter to provide services within the standards set in these guidelines.

4.3.2. Admission to the shelter is based on the needs, capacity, vulnerability and resources of the woman survivor. Adopting a multi-sectoral approach in responding to domestic violence does not mean that all women survivors and their children are automatically suitable for admission in a shelter. Admission is critical if, for safety

reasons, the survivor cannot remain in her place of habitual residence safely in the following situations:

- She faces immediate security threat, which necessitates her removal from the threatening conditions.
- She experiences severe trauma and is unable to cope.
- She needs to obtain psychosocial support or medical care as a result of the violence.
- She is at risk of being subjected to further harm.
- She is at risk of homelessness as the only alternative to remaining in the violent home.
- She lacks access to effective community support and protection due to stigmatization as well as lack of self-capacity to support her own life; e.g. Women survivors of domestic violence have no effective family/ neighbourhood/friend support.

4.3.3. Foreign spouses are in a particularly critical situation when faced with domestic violence. This is especially so with regard to their visa status in Malaysia. Frequently, the foreign spouse's visa to remain in Malaysia is linked to her husband, making her dependent on him. This presents difficulties if the husband is the perpetrator of the violence. A special visa is available for foreign spouses who are survivors of domestic violence, making it possible for them to remain in the country independent of the abusive husband. Foreign spouses need support and specialist case management assistance to address these issues as per their entitlements and rights. Their particular circumstances make it critical for admission to the shelter and access to shelter-based support and services, particularly in the absence of any social or family network of support in Malaysia.

4.3.4. Refugee women and women migrant workers in situations of domestic violence and employer abuse are similarly in situations of critical need. Even if the woman has no recognised legal status, she is entitled to obtain justice and protection from the law. As well, the perpetrator, regardless of his legal status, should be held accountable for his criminal act of committing abuse and domestic violence. Shelters should endeavour to provide admission to such women in their time of need.

4.4

Staffing Considerations

4.4.1. Whether the shelter organisation is registered as a society or company, shelters will be required to hire staff that is separate from the Executive Committee. The best way to go about the hiring process is by networking with other civil society groups and women's groups, for these organisations are likely to be able to introduce individuals who have experience working with women in need. Advertising in online

job portals, electronic mailing groups, newspapers, magazines and newsletters is another good method of finding appropriate staff.

4.4.2. Recommended Shelter Staff Positions

Position	Function
Executive Director	The Executive Director is in charge of all day-to-day administration in the shelter. This includes, but is not limited to, all matters relating to operations, finance, publicity, and staff. Additionally, he/she should be an official spokesperson, representing the organisation in the media and at various workshops, discussions, seminars, and conferences. The Executive Director should, along with Executive Committee, liaise with the government, the non-governmental sector, as well as other relevant organisations, groups, and committees to promote public awareness of violence against women and the objectives of the organisation.
Accounts Executive	The Accounts Executive takes care of the administrative aspects of funding. He/she is responsible for maintenance of all accounts, ensuring that there are sufficient funds for operational expenses, investing surplus funds, banking of cheques and cash and donations, sending letters and receipts acknowledging donations, issuing monthly salaries, and preparing monthly reports to the Treasurer for supervision and approval.
Administrator	The Administrator's responsibilities include receiving, replying to, and filing all correspondence, filing all documents, notifying all relevant individuals about meetings, taking minutes at meetings, supervising refuge maintenance and repairs, and placing orders for office equipment and supplies.
Social Workers/Case Officers	<p>Social Workers/Case Officers' main responsibility is to help women and children obtain protection and support services. They help file police reports, obtain IPOs (Interim Protection Orders), get lawyers, arrange for job interviews, find child-care, and assist with all the practical details involved in restructuring a woman's life.</p> <p>Social workers are the managers of individual cases, and must liaise with the counsellors and other staff as well as government stakeholders ensure that all aspects of the cases are being properly attended to. Social Workers may also aid in developing educational, recreational, and social activities for the women and children at the shelter. Because of their intimate involvement in the lives of the women at the shelter, it is important that the Social Workers be able to communicate freely in the various languages of the residents - whether Bahasa Malaysia, Chinese, Tamil, or English. Lastly, the Social Workers are responsible for following up on cases once the women have left the shelter. (See Unit 5)</p>
Counsellors/Therapists	Counsellors are professionals who listen, give advice, and help people to understand themselves more deeply. In the context of a shelter, counsellors are the caretakers of the residents' emotional needs. They offer emotional support, help women and children to understand that the violence committed against them was not their fault, and empower them to gain independence and self-confidence.

	Counsellors specific responsibilities include holding regular individual and group sessions for the residents, answering all telephone counselling requests and recording each one in the telephone logbook, and organising activities for the residents.
Shelter supervisors/House managers: Night and Day	Mainly for security reasons, it is important that at least one non-resident monitors the shelter at all times. If the head office of the organisation is located within the shelter, this will be possible during daytime business hours. However, a supervisor will be needed to oversee the shelter in the evenings and nights. The shelter supervisor positions could be filled on a volunteer basis, though such a system would likely be less reliable than a hired staff person.
(1) Night Supervisor	Night supervisors take over general supervision of the shelter after business hours once the daytime social workers, counsellors and other staff have left. The main responsibilities of night supervisors are to monitor the shelter, ensure the safety of the women and children, record and attend to all incoming phone calls, admit any women in distress who arrive at the shelter, and contact the police or ambulance in case of any emergencies.
(2) Day Supervisor	If there is a chance that the shelter may be left unattended during the day, you may consider hiring a day supervisor to watch over the the space and the needs of the women and children during the day. This may be especially useful if the women at the shelter have been able to find work and need someone to watch over their children while they are at their jobs.

4.4.3. Volunteering can be a tremendous assistance to a shelter. Volunteers may be able to help with administrative duties, can support and supplement the various programs already offered by the staff, can coordinate activities for the residents. Professional volunteers may even be able to provide medical or legal services that the organisation might not be able to otherwise afford. In order to appropriately support volunteers, there must be at least one staff member designated a "volunteer coordinator" who supervises the orientation, training, development and activities of all the volunteers.

4.4.4. It is important to recognise the important contributions of volunteers in shelter organisations. Volunteers should be respected for their contribution, managed like staff, as well given full access to training and facilities normally available to staff. It is a good idea to provide some small form of compensation like travel allowances, as a token of appreciation. As well, volunteers would feel linked intrinsically to the organisation if they are given possibilities to become more closely aligned with it, through a program of certification and progressively more responsible tasks.

4.4.5. Interns, like volunteers, can be extremely helpful to the shelter and are another source of specialist help depending on their areas of expertise and training. Interns can be assigned to a staff-member whose work they are interested in and help the assigned person with various aspects of their work. The relationship is mutually beneficial – the staff will be aided in their work while the interns will gain an educational and rewarding experience. In order to make interested students aware that the shelter is offering an internship program, it may be useful to collaborate with and advertise the program at a local university or college.

4.4.6. The importance of supporting staff well-being through respectful, responsible and supportive supervision cannot be overstated. It is a vital method of not just ensuring effectiveness in work done but also in monitoring the mental and emotional well-being of staff.

4.4.7. Methods of supervision may include individual or group reflection. This may involve bringing staff together to reflect and analyse their own specific practice and how their emotions, thoughts and experiences are affecting their professional behaviours and actions. By helping staff member to identify productive and effective ways to address their challenges is an essential component of supervision.

4.4.8. Ensure supervision is provided by experienced professional working in the field of violence against women, who are sensitive to gender issues and are trained to supervise others in the provision of direct services. This includes the importance of supervisors being capable of developing and maintaining a professional and respectful approach to managing staff.

Unit 5: Shelter Operations

Contents

5.1	Service Considerations
5.2	Facility Standards
5.3	Security Standards
5.4	Standards for Access to Healthcare, Education and Legal Services
5.5	Group Living Considerations

5.1

Service Considerations

5.1.1. A standard shelter means a supportive and safe space refuge that is operated by an established organisation whose mission is dedicated to providing comprehensive services in response to the needs of the domestic violence survivor and her children. The shelter typically offers safe space, access to police, health, legal services, livelihood and career opportunities, financial services, psychosocial support, empowerment programmes and recreation. This will be carried out through case management, group work and subsequent follow-up from post shelter services.

5.1.2. The size of the shelter depends on how much funding the shelter has. A plan should be put into place about operating budgets, with funding buffers for subsequent months. Then, a strategic fund-raising plan should be put into place to raise funds for both staff, administration of office and shelter services.

5.1.3. It should be noted that operating costs are generally high for the standard shelter²⁰. Access to regular funding support from committed donors is critical. Fundraising must be a key activity by the institution operating this shelter model.

5.1.4. Service providers should decide on the estimated number of women and children that it will admit for a specific period of time. This must be in compliance with the guidelines established by Jabatan Kebajikan Masyarakat. This information is essential to help estimate the space and number of rooms and beds that will be required for the shelter facility.

5.1.5. It is crucial to note that women survivors often seek direct access to the shelter facility along with their children. Hence, estimation on the numbers of children who might need to stay at the shelter with their mothers is required. Shelters should not turn away women survivors of domestic violence from shelters due to their family size and must prevent barriers to their access. (See Unit Six on Children in the Shelter).

5.1.6. Teenaged male children are not encouraged to stay in the women's shelter. They could stay in another facility or with other family members. If no other choice, they can be admitted but should be restricted to one portion of shelter and definitely not share rooms with other women or younger child residents.

5.1.7. It is important to ensure that there is adequate accommodation space per survivor. This includes having enough space to conduct all services to ensure comfort and dignity.

5.1.8. If there are capacity constraints in the shelter, the newcomer can be asked to wait until space is created from departures. It could also be possible to admit her and longer-term residents can be asked to find alternate space to make way for her. However, if all residents are not yet at the stage where they are able to leave the shelter, then the cost of non-admittance of the woman must be carefully weighed. It's always better to err on the side of caution and admit women in need of shelter.

²⁰ Women's Aid Organisation operates a standard shelter. Annual operating cost is in the range of RM800,000 ringgit for shelter and service to an average of 300 women and their children each year.

5.2

Facility Standards

5.2.1. Physical environment

Recommended Standards
Each woman survivor and accompanying children should have their own bed. Clean linen and bedding should be provided, along with mosquito nets. Bedding should be washed and changed regularly, with the beds and pillows sunned and cleaned as appropriate. Soiled mattresses and pillows should be discarded and replaced.
There must be separate and designated spaces/areas for sleeping, cooking, washing, eating, storage for clients' belongings. A separate office should be maintained for staff.
Appropriate recreational spaces must be made available.
A separate room is needed for counselling, crisis intervention and interview with survivor.
A space that can function as a sick-bay when needed.
An office for staff and to work, rest and store confidential information.
A minimum of one toilet and bathroom should be available for every five women with clean water available from a central main.
Availability of 24-hours electricity, wherever possible.
Space to conduct age-appropriate activities for children.
A common meeting room for women to gather and meet, find support and solidarity.
Kitchen should be equipped with basic cooking appliances and utensils, cutlery and household items. (Case must be taken with sharp implements like knives, especially around children).
Adequate ventilation for air circulation.
Standing agreements with regular service providers regarding emergency and routine maintenance and repairs.
The entire space, including kitchen, toilets and bathrooms are cleaned on a daily basis.
Each survivor should have a space for keeping their own things and every effort must be made to provide privacy to families as a unit.

5.2.2. Food, Drink and Clothing

Key Actions to be taken
All women survivors with their accompanying children should be provided with a well-balanced breakfast, lunch and dinner on a daily basis without any fees charged.

Food nutrition should follow the standards established by the Jabatan Kebajikan Masyarakat under the Akta Pusat Jagaan, or determined through consultation with a qualified nutritionist.

It is important to ensure adequate supply of basic hygiene items are provided like toothpaste, toilet paper, sanitisers, soap, shampoo and sanitary napkins.

Adequate supplies of clean clothing for the woman survivor and her children. If clothing is donated, check cleanliness and condition of the clothing upon receipt of the donated items.

Adequate supplies of clean water for drinking, cooking and washing must be available at all times.

For women who are pregnant or lactating, special provision should be made to ensure that they have more frequent meals and a nutritious drink before bed. Small children must always be provided with infant milk, as per the brands they are used to.

5.2.3. Communications

Key actions to be taken

All staff employed to work at shelter must be reachable by shelter residents during working and after working hours (24/7).

Guidelines should be put in place on how to deal with perpetrators' phone calls and if they show up at the shelter. This can cover how to deal with husbands/perpetrators who persistently call to speak with his wife; perpetrators who appear at the gate making threats and causing disturbance; husband/ perpetrators who come with the police to search for his wife; perpetrators/husband demanding to see his children²¹. Guidance and support should also be made available to the survivor when she receives disturbing or odd messages on her phone, which can grow to be a source of great stress and alarm.

Guidelines for crisis telephone calls should be developed.

Guidelines for visitors to shelters should be developed, with specific reference to organisational visitors and survivor's relatives and friends.

Guidelines for staff to receive telephone calls.

The shelter staff on duty should have their mobile phone turned on all the times with sufficient phone credit and battery life. This is critical to ensure ability to contact police and other service providers quickly in times of emergency or as necessary. If mobile phone networks are not available, a functioning telephone landline is required, at a minimum.

The shelter phone number or the Shelter manager's phone number should be shared with the nearest police stations including other stakeholders mandated to conduct domestic violence response.

²¹ For example, should an external query come for the resident, it may be appropriate to answer, "It's confidential, and I cannot say who is or is not here. This is a private home and we are strict on confidentiality. If she is missing, there must be a reason and if she wants to see you, she will know how to contact you. If she has a hand phone, do try to reach her that way. Good luck."

5.2.4. Transport

Key Actions to be taken

Every shelter should have access to a car or other form of transportation, which is available 24-hours per day in order to transport women survivors and their children to access services and in emergencies.

There must be at least two (2) staff members on duty at the shelter who are licensed drivers.

5.3 Security Standards

Key Actions to be taken

The location of the shelter must be kept confidential.

Shelter will need to install security features within and around the facility, where possible, such as:

- Strong, secure doors, with safe entrances that cannot be forced open.
- Establishing one location as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time.
- Internally locked entrances and doors with monitored access to the building (ideally including CCTV).
- Grating metal bars on all windows that are fire safety compliant.
- Ensure any outdoor space used by clients are fenced and gardens are locked.
- Indoor and outdoor security CCTV cameras.
- Wire-mesh fence.
- Visible parking areas where relevant .

Keys to doors should be kept in a central location and under the watchful eye of everyone. Children should not be able to reach for the keys, nor open front doors on their own.

In order to prepare for situations where security incidents do occur, every shelter facility needs to establish a contingency plan to address the different types of security incidents that are liable to occur. Monthly safety talks with residents should be a routine.

Each shelter facility should establish a working partnership with the local police station and agree on procedures to deal the safety and security of the shelter and its residents.

Shelter should endeavour to work with the local police and fire station to develop, implement and review an emergency security plan which may involve:

- Button-activated alarm systems to directly inform police of an emergency
- Direct emergency phone line to the police
- Fire prevention, fire prevention briefings and regular safety checks
- Regular meetings with police to discuss security issues

While not critical, Shelters may consider security guards. It is the responsibility of shelter to ensure that such guards are easily identifiable by the women survivor and that they are provided with training on shelter's mandate and Code of Conduct.

A zero-tolerance policy must be applied by shelter in situations where security guard are found to be engaging in improper behaviour, including corruption, exploitation, physical and verbal abuse.

There must be a fire and safety evacuation plan in every shelter.

The media is not permitted entry to a shelter. Any interview about shelter should be done in a different location AND not at the shelter.

Outsider should not overnight at shelter unless specifically authorized by the director of shelter with relevant justification.

5.4

Standards for Access to Healthcare, Education and Legal Services

5.4.1. *Education:* It is recognised that some shelters may be not inclined to send the children to school for security and safety reasons, especially when perpetrators can use children to further abuse and control their mothers. Thus, children who live in shelters are faced with a number of disadvantages. In addition to the protection problems with which they are confronted, they may find it difficult to access or afford private tuition classes. Education provides stability and helps to promote and sustain the physical, social and emotional well-being of children; and provides the essential foundation for social and economic empowerment. Therefore, all children who stay in a shelter should:

Key Actions to be Taken

Be registered in a school and have access to formal schooling. For a short time of stay, it is not practical to do a school transfer. Sometimes the perpetrator parent can locate the school that the child transferred to from paper work, thereby jeopardizing the safety of the family.²²

Have access to tuition classes/non-formal education if situation doesn't permit children to attend school and be provided with a study space at shelter. Lessons must be conducted following closely the curriculum set by the Ministry of Education for the child's age.

Preferably be accompanied by shelter staff when commuting to/ and from school

Stronger cooperation and information sharing be instituted between the Ministry of Education (MoE) and NGO shelters service providers, with an aim to facilitate school transfer process

²² Reportedly, schools are now asking for custody papers before doing a school transfer, which is difficult as custody takes about 3-6 months to process.

In collaboration with the MoE to develop an inter-agency Standard Operating Procedures to inform schools on how best to receive school transfer requests from children facing violence.

5.4.2. Access to Healthcare: Women survivors' immediate healthcare needs must be attended to as a critical priority, including when the woman has sustained physical and and psychological abuse as a result of domestic violence. In addition, other healthcare needs, including access to information related to sexual and reproductive health, food nutrition and maintaining psychological well-being must be provided.

Key Actions to be taken

A check should be done on the medical histories of the client and her children and are recorded in the admission form.

As a general rule, a shelter should ensure that a list of hospitals and clinics nearby are developed and made available to all staff members when there is a need to refer clients for medical services.

It is a shelter's priority to ensure that clients in need can have normally available access to medical services and treatment for women survivors and her accompanying children.

The shelter should be equipped with a first-aid kit and all staff must be trained in the provision of a basic first-aid to women survivors and their children

Given the need to prioritise shelter's efforts and allocation of resources, a shelter should focus on the provision of healthcare and medical services to survivors and their children, prioritised according to those whose needs are most acute. This will usually include: Safeguarding the well-being of pregnant and lactating client; Children under five; women survivors who are seriously ill (including those with respiratory, hearing and eye problems, migraines, STDs) and women survivors with complex diseases requiring specialised care.

5.4.3. Legal Assistance:

Key Actions to be taken

It is important to recognise that there are different types of lawyer-client arrangements that can be sought by a shelter. Sources of support include Legal Aid Bureau, Legal Aid Center, chambering students (who can give legal advice and refer to Legal Aid Center), private lawyers (either acting on full fee or pro-bono) for taking up either custody, divorce and maintenance cases.

Information about how to contact these legal services should be provided to all clients upon admittance. As well, a survivor's legal assistance needs will continue post-shelter. The support should be extended even after discharge from the shelter.

Establish a shelter-legal aid partnership. A shelter can use the services of a lawyer from the Legal Aid Centre (LAC). While LAC's charges payment for legal services rendered, shelter could seek for special arrangement to enable LAC lawyers to provide services on a pro-bono basis. A shelter can send a letter and communicate with the lawyer, along with LAC to ensure that a pro-bono arrangement can be made before case progresses.

Direct Arrangement between Lawyer and Client

This arrangement is used primarily in civil cases, with specific reference to divorce, child custody or, more rarely, in domestic migrant worker's abuse cases. A shelter can facilitate the client in contacting the lawyer (either in private practice or those working for the Legal Aid Centre). The arrangement is entirely between the client and the lawyer, including the terms of services and the payment of fees.

It is important for the shelter to not to be involved in any out-of court settlements. It should only be done between the lawyer and the client. The shelter should not play a role in any of these negotiations. It is the responsibility of the client to decide whether she would like to accept or reject a settlement offer. Shelter staff should never veto a client's decision.

5.4.4. Psychosocial Assistance, Counselling and Recreation:**Key Actions to be taken**

There should be a daily/or weekly routine of leisure activities both for women survivors and their children.

All staff should be trained on how to contact/access other service providers who can conduct expert counselling and or psychosocial assistance as necessary. Shelter staff should have minimum knowledge and guidance on listening skills and recording information on the survivor's experience and needs.

All women survivors should have the freedom to access to spiritual counsellors of their own faith, if they choose to do so.

There should be an indoor and outdoor clean space for children to play.

5.5

Group Living Considerations

5.5.1. As a first step in developing the shelter regulations for the women survivors of domestic violence, it is particularly important to note that these regulations should correspond with the core principles of empowerment and self-determination.

5.5.2. Survivors have the capacity to explore, ponder and make a decision. Whether it is right or wrong for us, is a judgment. If she is wrong, then she can seek other remedies. But the principle is to respect her autonomy to think and decide for herself. She will use this skill for all her other situations. This approach is critical to building independence and resilience. It will also avoid too much dependence on the shelter.

5.5.3. When developing the approach to shelter regulations, it is important to step away from the highly regimented "rule-book" approach. Shelters should focus on ensuring the shelter environment is as close as possible to a home-like environment. Instead of taking a rule-based approach to resolving issues like conflicts between residents, staff should instead foster an environment of mutual respect and peaceful conflict resolution through dialogue. This means:

- a consultative process;
- that tracks the outcome of the discussion and decisions taken;
- and ensures all keep to the agreements made.

5.5.4. When formulating shelter regulations for residents, take note of the following²³:

- Many shelter rules have been established to “keep the peace” among shelter residents, so focus attention on prevention by engaging residents in healthy and positive activities. Instead of using rules to control behavior, offer activities that promote community building, fun and relaxation among shelter residents.
- Keep residents informed of the services available to them throughout their stay in the shelter, including at the point of admission. It is staff’s responsibility to seek out residents, to tell them about services available and offer an ongoing invitation to participate. The list of services could be framed and available for all residents to consult regularly.
- Help residents prioritize what services will be most beneficial. Many shelter residents have multiple demands that could conflict with the shelter’s schedule of services offered. It is difficult to remember all of the demands and choose the priorities. Even if the program has a wide range of services offered by multiple staff, the survivor’s case officer should drive and monitor her access services as per the survivor’s needs.
- If a shelter resident is not participating in services, seek her out and ask if her needs are being met. She should participate at her own pace and no judgments should be made if she is not ready to be participatory. This approach again focuses on relationship building and avoids the judgmental label of a resident being “non-compliant” with shelter processes. In a private conversation with a resident, staff can start the conversation by asking questions:
 1. Is there a different type of help and support we can offer you?
 2. Do you have questions about the services we offer?
 3. Are the services accessible to you? (time, location, language, physical accessibility, etc.

5.5.5. The Washington State Coalition against Domestic Violence, Model Rights and Responsibilities provides a useful checklist template for service providers to develop the guidelines for shelter living.

Aspect of review on shelter regulations	Yes/No
Why do these rules and regulations exist? - are they required by the government? - identified as a need by the staff of shelters / and residents?	
Is the rule relevant to the operating context of shelter?	
Does the rule inadvertently replicate the control previously exerted by the perpetrator? (such as restricting the woman’s movement, negating her autonomy to make her own decisions?	

²³ Missouri Coalition Against Domestic and Sexual Violence, How the Earth didn’t fly into the Sun: Missouri’ Project to Reduce Rules in Domestic Violence Shelters, 2011

Is there a way to address the issue less punitively or without a rule?	
Is the rule related to staff management? Does it allow staff to avoid difficult conversations?	
Does the rule create an environment which the shelter wants to promote?	
Would a shelter really force a woman survivor of domestic violence to leave if the rule was violated?	
Does the rule undermine a mother's authority in the eyes of her children? Does it allow the mother to be a primary person who meets children's needs, set the limits and determines what her children will be doing?	
Is the risk that someone would very occasionally engage in the behaviours addressed in the rule worth the cost of subjecting all the residents to the rule all the time?	
Is the rule burdensome to residents of shelter? Or discriminatory for a particular group of residents? For example, people with limited language capability; or women with or without children.	
Does the rule foster mutual accountability between staff and residents for creating a safe and comfortable home for the residents?	
Does the rule reflect an advocacy approach to problem-solving? Does it interfere with or support women's independent decision making process?	

5.6

Case Management Standards

5.6.1. Case management is a holistic approach, taking into account all factors and opportunities, to meet a survivor's needs. It is a useful approach for shelter service providers to assist women survivors of domestic violence residing at shelters. The goal of case management is to enable women survivors to be aware of options they have in dealing with a particular problem, and assisting them to make an informed decision about what to do about domestic violence issues.

5.6.2. The objectives of case management are to:

- Ensure her feelings about the abuse and her wishes are aired, respected and guides all action taken on her behalf.
- Identify and prioritise her needs, taking into account her coping capacity, the capacity of shelter staff to respond, and the opportunities available.

- Ensure her rights are upheld and respected: such as her rights in marriage, rights to be free from violence, her rights to her children, maintenance rights, custody, divorce (if she wants it).
- Ensure referral of women survivors to the appropriate services
- Inform pro-active planning for the future options chosen by the survivor, which may be an independent life or a return to the abusive home (armed with a safety plan).
- Assist women survivors of domestic violence to find durable solutions to their problems.

5.6.3. This guideline aims to provide minimum procedures and guidance on case management in relation to domestic violence. It is aimed at assisting shelter staff to:

- Apply the core steps in a case management model when working with women survivors of domestic violence
- Understand the different needs of women survivors and be able to undertake a holistic assessment, taking into account the different needs.
- Strengthen the ability to document cases well with the appropriate amount of detail on the case and reasons for decisions reached.

Case Management Principles

- Individualized service-delivery based on **the survivors' wishes**
- Comprehensive assessment that is used to identify women survivors' needs. A comprehensive assessment covers the survivor's needs in her safety, emotional, health and financial situation, including about her children's mental and physical well-being.
- Survivor's circumstances, coping capacities and ways to mitigate vulnerabilities (like particular medical conditions, safety risks) are three aspects that should be considered when determining the types of intervention for women survivors.
- Develop a service plan that meets the survivor's needs and is developed in partnership with the survivor, ensuring that her own wishes are always respected and prioritised
- Coordinated response for efficient service delivery
- Involve women survivors in all aspects of planning for her future. Her wishes and options should always be the front and centre of any action plan.

5.6.4. Case Management Steps

Step 1: Listen to the woman survivor and assess her needs, including any danger she may be facing.

When a woman survivor reports an incident of violence or abuse committed against her, the service provider must allow the survivor to share her story; listen to her; assess her needs and any danger she or her children might be facing. To record and conduct preliminary assessment, the service provider should fill out an Intake and Assessment form (see Unit 8). In conducting an assessment of a survivor's needs, the service provider should consider the following:

- What has happened?
- What has led to the situation?
- What is the survivor's view of the problem?
- What needs does the survivor have or did not have to address the situation?
- Who else has been affected by the situation (e.g. if there are children or other family members whom might be at risk).
- What are the immediate needs of the survivor (e.g. if there is a need for medical care or to be moved to a different shelter that might be more relevant to her situation).
- Capacity of other service providers to respond to the needs of the survivor (e.g. resources is not limited to money but can also include emotional support, family and community protection).
- What is the coping capacity of the woman survivor in facing the situation/and problem?

The Danger Assessment

If a survivor discloses that she is currently in a violent relationship or she is thinking of leaving a violent relationship she needs to be assessed for danger. Asking these questions and finding out the answers will help a survivor assess and understand her level of danger. Knowing the level of danger will help the shelter staff and the survivor to think through what her options are, and consider if anything can be done to mitigate the risks.

Below are some questions that a staff can ask to a survivor:

- Has the violence increased in the past months? How?
- Is the perpetrator under the influence of drugs and alcohols?
- How vulnerable is the survivor to the threats posed by perpetrators. Please note that perpetrator may not necessarily be the husband or partners but can also be the mother-in law, brothers, father-in law, brother-in law and etc.
- Are there weapons in the home?
- Is the survivor afraid to return home? Why?

For child-related cases, wherever possible, children living in domestic violence should be interviewed with no other family member present, if the parents are known to be the perpetrators. Ensure the interview in such circumstances is fully documented, as well that it takes place in the presence of a child social worker. In cases of abuse, it is always a priority to maintain the integrity of the evidence obtained, including oral information provided by the child.

Step 2: Document information gathered from the interview.

The designated staff should fill out the information gathered from Step 1 (above) on the Intake and Assessment Form (see Unit 8). Information should be written clearly and legibly. Documentation should take place within either at the same time or within a short time frame of the interview, to ensure accuracy of the information obtained.

Step 3: Provide information about related-services and develop an Action Plan including reintegrating with family and friends, whenever it is needed.

Action Planning

- Define and assess priority of intervention
- Outline concrete actions
- Assess the resources available to the survivor. E.g. a friend or family member who could assist with a sustainable solution. This enables individuals of concern to be involved in describing the problems they face and any patterns of risks, as well as identifying challenges and possible solutions
- Staff should document the victim's choices for short-term and longer-term action using the *Women Survivors of Domestic Violence Action Plan (see Unit 8)*, specifying what action needs to be taken, by whom and by when. The plan of action must be time-bound and based on the needs of women survivors of domestic violence.
- Monitor and evaluate the Action Plan. It is important for service providers to discern the changes that take place from time to time, document it and adjust the action plan accordingly.

Step 4: Referral & Help the women survivors to implement the Action Plan

With the consent of the survivor, the schedule an appointment with other service providers, such as the JKM Welfare Officer for obtaining an Interim Protection Order or hospital visit for any medical issues. The Action Plan is intended to address all issues relevant to assisting the woman. It is not just about addressing the immediate health and police issues but also should address livelihood, education, accommodation and child-related issues.

Next, support the survivor to implement the Action Plan developed. This involves accompanying her to organisations/individuals that can provide the required services; advocating for and supporting the survivor throughout the process, and taking any other action specified in the Action Plan. Once a woman survivor is referred to other service providers, regular follow-up must be done to ensure that her needs are promptly addressed and adequately met. Her situation must progressively improve.

In crisis situations, whenever possible, it is important to follow-up on a weekly basis. Gradually, as the condition improves, follow-up can be reduced to once a month.

Each Shelter is strongly encouraged to develop internal monitoring mechanism to track the follow-up and its impact on the survivor's rights and well-being. The mechanism can be simple and best suit the organisational structure, resources and mandate.

It is essential for service providers to ensure that staff assigned to cases are progressively and consistently working to help women survivors to find sustainable and appropriate solutions. Additionally, service providers would find it useful to develop their own work plan as a tool to monitor the progress of their work in assisting the woman survivors.

Step 5: Follow-up, and review the Action Plan

Again, it is critical to continuously monitor and evaluate the survivor's Action Plan to determine whether her situation has improved and if the assistance given has been impactful. This includes consistent follow-up with the survivor to ensure that she is getting the help and services she needs to improve her situation and solve her problems.

The survivor's record must be updated with the following:

- A comprehensive chronological summary on the actions which were taken; on efforts and procedures completed in respect of the case
- Dates of counselling interviews and any additional or changed information gathered from the counselling interview.
- Clear indication of the specific follow up action required, and by whom
- Milestones outlining expected timeframes for task completions
- Name of individuals/organisations responsible for follow-up actions
- Constantly update on the required follow-up action

Step 6: Monitoring

Monitoring and evaluation is a process undertaken to collect and analyse information. This information will assist to determine if interventions are achieving the intended goals and objectives. In case management, service providers have the responsibility to monitor the situations and conditions of each individual woman survivor, after each particular intervention is carried out.

Shelter managers should meet on a weekly basis to review individual cases, Action Plans, follow-up required and solutions to challenges faced. The information shared at these meetings is confidential. Nonetheless, designated staff should always inform

women survivors that their information may be shared with case supervisors in order to provide the best possible management of the case for the survivor.

Step 7: Case-closure & Storing of Documents

This final step in case management occurs when a victim's needs are met and a victim is able to rely on her own resources and/or other sustainable support systems. All case management forms and all other case-related documents must be kept in files in a locked cabinet. Access to these documentation must be restricted to only those individuals needing to know.

Case Management Meetings

In keeping with the guiding principles, a shelter manager could conduct case management as and when it is required. This is a smaller meeting comprising only relevant service providers who have obtained permission from a woman survivor to assist in her case. Information can only be shared with others on a need-to-know basis only, and with her permission. This is to ensure confidentiality, privacy and safety/security. Only relevant service providers are to be involved in the case management meetings

5.6.5. Case Management Tools

Using comprehensive and standardised case management forms is an important element of providing effective case management care and ensuring consistency of approach. It also allows for progress to be monitored in a systematic manner. Service providers are encouraged to use the following tools in case management:

- Intake and Assessment Form (Unit 8)
- Women Survivor's of Domestic Violence Action Plan (Unit 8)
- Service Providers Referral Form
- Women Survivor of Domestic Violence Case Note

Designated staff assigned to collect information from women survivors should be appropriately trained on how to fill out the forms and should carry out their duties with compassion, in confidentiality, and with respect for the woman survivor and her wishes.

Children should be consulted and given all the information needed to make an informed decision. Their ability to provide consent on the use of the information will depend on their age, maturity and ability to express freely. Service providers must ensure that all women survivors understand the implications of the *Consent for Release of Information Form* before they sign the form.

5.6.6. The needs of each woman survivor differ. Their needs will change over time. It is important for shelter service providers to consider which cases are more of a priority and need more support. On-going review of the her needs, plans and resources is a key responsibility of shelter service providers. A woman survivor

needs support and follow-up regardless of whether she returns to her previous home or whether she goes to another location.

5.6.7. Beyond the Shelter: Social Re-Integration: The framework for social re-integration is organized around the needs of the woman survivor. Good assessment, case management, monitoring, and professional support are critical. Some assistance provided is discretionary, and there must be this ability to tailor support to the needs of the survivor. There must be oversight, support and transparency to ensure appropriate and effective support, even beyond the shelter.

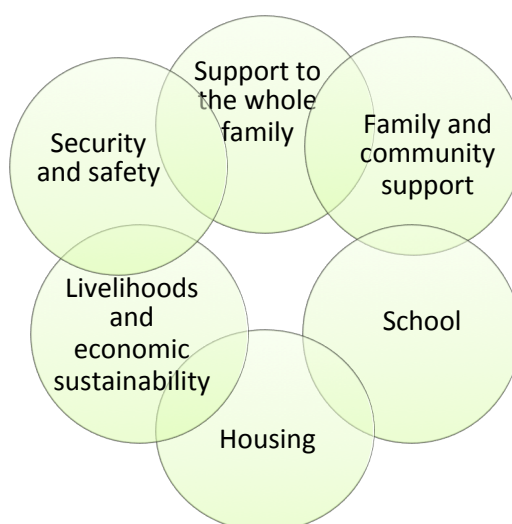
DID YOU KNOW?

“Re-integration will be more successful if the woman survivor has support in her community. The community can provide a victim with support such as: encouragement to assist with psycho-social issues; assistance with practical tasks like childcare and transportation which can enable victims to work or study; monitoring of her security situation and respond if there are further incidents of violence. If the community is not supportive of a woman survivor of violence, her situation is very difficult and she may suffer stigma, isolation and further abuse.

Challenges which exist with community level supports are confidentiality, hierarchies at community level which may give women, children or poor people less voice, and marginalise the, and strong family connections which may isolate woman survivor of domestic violence who take abuse complaints outside the family system”

(Robertson, 2012)

5.6.8. Aspects of Social Reintegration



Social-reintegration assessment is an important process designed to identify sustainable solutions for women survivors who are temporary seeking safe space at shelters. This assessment aims at gathering information to identify priority of actions for women survivors of domestic violence.

Unit 6:

The Child in

the Shelter

Contents

- | | |
|-----|---|
| 6.1 | The Needs of the Child Survivor |
| 6.2 | The Child's Best Interests and Shelter Living |
| 6.3 | Model Programs for Children in the Shelter |
| 6.4 | Child Survivor Voices |

6.1

The Needs of the Child Survivor

6.1.1. Research evidence shows that a child's exposure to domestic violence at any age can produce negative development effects that cascade throughout life²⁴. Behavioural problems believed to be three times more likely to occur for children who have experienced severe domestic violence. The climate of chaos, violence and disruption in the home environment during the early years is shown to manifest itself in behavioural problems in adolescence. The emotional well-being of children and young people may also be affected as children living with domestic abuse show higher rates of depression and trauma than other children²⁵. WAO's own data²⁶ shows that people who have experienced domestic violence as children have a higher risk of repeating the cycle as adults. Some of our women survivors have provided clear testimony that as children, their husbands had witnessed their fathers abusing their mothers.

6.1.2. Supportive and safe shelter for child survivors can bring about positive change in the child's life. Shelters must always prioritise the best interests of the child, including conducting initial and periodic child assessments. There must be keen focus on preserving normalcy of the child's life to the extent possible, continuing the child's access to education, providing therapy in a form appropriate to the age and development of the child, avoiding "institutionalisation" of the child in the shelter environment, and enhancing a sense of security and belonging in the child.

6.1.3. While research findings regarding the impact of domestic violence on children are sobering, there is equally strong evidence that, once in a supportive and safe environment, children will recover²⁷. Children themselves have told us that separation from the abusive parent brings brightens the child's outlook. The moderating factor is the mother's ability to maintain her parenting even in adversity and to be positively supportive of the child.

6.1.4. Shelter providers must be, at all times, focused on the best interests of the child. At the same time, mothers must be involved in the decision-making and prioritizing needs for her family. Support for mothers is key, and their participation is ensured through the entry-point of their children. Supporting a mother who comes in with her children is key to addressing the child's needs and emotions.

²⁴ Rossman, B (2001) 'Longer Term Effects of Children's Exposure to Domestic Violence', in Graham-Bermann, S. and Edleson, J (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, Washington, D.C. American Psychological Association, quoted in Humphreys, C, Houghton, C, & Ellis, J (2008).

²⁵ Mertin, P and Mohr, P (2002) 'Incidence and Correlates of Post-Trauma Symptoms in Children from Backgrounds of Domestic Violence', *Violence and Victims*, Vol. 17, p5.

²⁶ *Annual Report 2014* – [click here](#).

²⁷ Houghton, C. (2006) 'Listen Louder: Working with Children and Young People', in Humphreys, C. and Stanley, N. (eds) *Domestic Violence and Child Protection: Directions for Good Practice*, Jessica Kingsley Publications, London.

6.1.5. Shelter-based programs for accompanying children must aim to build the capacity of mothers and families to secure the best outcomes to recover from domestic violence. It moves from intervening when a crisis happens or responding when negative behavioral patterns manifest themselves, towards prevention, building resilience and providing the right level of support before problems arise and consolidate.

6.1.6. Shelter should be a congenial place to detect and intervene a child who exhibits symptoms that are a result of witnessing violence in their lives. This can be done by discussing with the mother and have a trained staff explains after seeing a negative behavioral manifest, towards prevention, building resilience and providing the right level of support for both mother and child.

6.2

The Child's Best Interests and Shelter Living

6.2.1. Although there is no standard definition of “best interests of the child,” the term generally refers to the deliberation that is undertaken when deciding what type of services, actions, and interventions will best serve a child as well as who is best suited to take care of a child. The assessment of best interests must be holistic, which means taking into account all relevant considerations, based on an independent, professional evaluation of the physical and psychological well being of the child, character and past history of the parents, and the undesirability of separating siblings.

6.2.2. “Best interests” determinations are generally made by considering a number of factors related to the child's circumstances and the parent or caregiver's circumstances and capacity to parent, with the child's ultimate safety and well-being the paramount concern. In the case of children living with domestic violence, there is always a strong presumption that living a life free from violence is in the child's best interest.

6.2.3. Meeting the child's best interests extends to the responsibility in ensuring access to rights, child-focused services and treatment of the child while in the shelter. The child's wishes must be taken into account in a holistic way when developing child-based programs, interventions and, as well, regarding any decisions about the individual child's future. This must be done with respect to the principle of participation.

6.2.4. Shelter staff are often the first ones to notice the behavior in children. They tend to spend more time with children, who readily make friends (sometimes not) and notice their particular traits and troubles. The exposure to domestic violence, the disruption to their normal life and other frightening experiences can be associated to outcomes ranging from a loss of resiliency to developmental delays to difficulties focusing in school work. A basic screening tool can measure and enable understanding of a child particular needs

6.2.5. The principle of participation:

Children are people too. They have opinions and feelings. Sometimes when adults make decisions for the child, it may not necessarily be in full keeping with the child's opinions and wishes. Saying that, we must acknowledge that every child is unique. They vary with age and maturity, depending on their exposure and education. The critical responsibility is to ensure that the child has been heard fully, their rights always placed at the front and center of the response, and any decisions taken on their behalf are fully and readily explained.

6.2.6. Minimising disruption and maintaining routine: There are many things that shelter staff, and especially the parent can do to help children develop resilience factors and cope with the trauma of domestic violence. One of the most basic and most important is to provide physical, emotional and behavioral structure and routine. In order for children to feel emotionally secure, they need a warm, loving and predictable relationship with their parent. This must be facilitated by the shelter provider.

6.2.7. As with the woman survivor, services provided for children should always emphasize the temporary nature of the shelter living arrangement. The child should be encouraged to prepare for the eventual transition from the safe and supportive shelter, into living within the community with her mother.

6.3

Model Programs for Children in the Shelter

6.3.1. Children's sense of self-worth requires non-stigmatising support service to develop themselves academically. A holistic approach is needed to respond to the recovery needs of children, through the triple strands of uninterrupted access to education, therapy and on-going emotional support throughout the crisis period and into society re-integration phase. Children's self worth must be recognized. They must be treated in a non-judgmental manner, the negative traits handled delicately but ensuring they can indeed do positive and worthwhile by themselves. This can be done by giving them additional support to do their schoolwork, programs designed for emotional strengthening, and child-based therapies while at the shelter.

6.3.2. Continuing access to education in time of crisis

Every child has the right to education. Children surviving violence experience a significant barrier to having meaning and impactful access to education. The broad vision is to maintain the normalcy of a child's everyday life, while the child is recovering from the worst effects of domestic violence. It will be ideal to have the child continue their education and this can be done in the privacy of the shelter. Shelters can have volunteers, dedicated staff or paid teachers to attend to the child's educational needs.

Home-schooling – Frequently, security concerns related to domestic violence, or administrative hurdles related to school transfers, can mean that children stay out of school during their stay at the shelter. Service providers must facilitate continued access to education for these children through home schooling models. These

children will require close monitoring as they have previously lived in a household dominated by fear and tension and might be going through emotional and psychological trauma. An experienced teacher is needed to provide education for them.

Educational Activities - Aside from academic subjects, the children are also encouraged to participate in extracurricular activities to ensure they have a wholesome learning experience. A range of classes, from dance and drama to art and science, will keep young minds and bodies occupied based on their personal interest.

Tuition Support - Children who require extra help in their school subjects should be given access to tuition by an experienced teacher. An average of one teacher for four children is appropriate

Educational Materials - Reference books, exercise books and teaching aids are required for home-schooling and tuition.

6.3.3. Therapy and Counseling

Children may want to voice their concerns and fears and feel safe for the first time to do this now that they have escaped the violence in their home. Not talking about the violence at all (ignoring their questions or making something up) can leave children confused, scared, or feeling responsible for the violence. Although a child's capacity to understand the violence, as well as what happens after the violence, may differ depending on age and development, identifying the needs and services for children is crucial to their wellbeing.

Play Therapy (or Therapeutic Play): Children and young people must be encouraged to recognise and understand the importance of their feelings and be given opportunities to deal with them constructively. WAO has seen and recorded very positive outcomes for children from psychosocial interventions like Play Therapy. Children in play therapy are encouraged to recognise and understand the importance of their feelings and are given opportunities to deal with them constructively. The child-centred, non-stigmatising approach is focused on helping children understand domestic violence, recognise that the violence is not their fault, and to encourage recovery. Play could mean sand play, drawing, drama and singing and art and craft and having a conversation depicting what has been done.

It's expensive to pay therapists but some training in this field is sufficient and supervision will help staff grow in this intervention. Building these capacities and awareness in children gives them important building blocks on which to construct a positive future.

6.3.4. Recognising the impact of trauma on parenting: encouraging Positive Parenting

Positive Parenting techniques encouraged within the shelter can build on the positive impacts of psycho-social interventions like Play Therapy on children and young people. It seeks to emphasise the involvement of the mother in the child's emotional wellbeing. Mothers normally attended a weekly group just prior to the children's

group session, which will enable mothers to support their children and give them the opportunity to process and understand their experience together.

6.3.5. The following example is a concurrent group model for children and their mothers. The support group for the mother and her child run in parallel with each other and are linked. For example, typically, mother's support group takes place during the same time frame as their children's group. In addition, the mother's group work program also mirrors the children's program and the weekly sessions run in parallel. The concurrent model is a key element of the program and contributes to the therapeutic and positive outcomes for families.

Mother and Child Support Group for Strengthening Families: Anticipated Outcomes	
Children, young people and mothers have developed a greater understanding of domestic violence	Children learn that it was not their fault and that they are not alone in their experience. This learning will help them to build self-esteem and see themselves and their lives differently. The positive and relaxed group atmosphere, together with the structured curriculum and range of activities on offer, will help children and young people transform their understanding of domestic violence and avoid resurgence of self-blame.
Children and young people have learnt how to manage their emotions and their actions, guided by their mothers	The transformation that mothers experience in a support group setting is multi-dimensional: listening to their peers, they realise that abuse had not just happened to them and this will reduce self-blame and isolation. Their perceptions of themselves, as both women and mothers, change. Children and young people learn strategies to recognise their feelings and deal with their anger. The programme gives children and young people and mothers a shared narrative to talk about their feelings and experiences through creative and playful activities. It makes good use of visual images and memorable metaphors, which aid communication, in group and at home.
Children and young people have greater knowledge of safety planning and support	Children and young people obtain greater knowledge of safety planning and support, although this needs to be tailored to each child's individual circumstances and experiences. The issue of children's safety and safety planning is a regular item throughout the 12-week programme. Mothers need more guidance on how to talk with their children about their safety plans.
Program has a positive impact on relationships between children and mothers	The reduction in self-blame helps to calm family relationships through a new shared understanding of domestic abuse which made sense of the past and opened up ways of talking and relating to each other. Children and young people were happier, coping better at home and in school and more able to talk to their mothers. For outcomes to be evidenced even more strongly and sustained in the longer term there needs to be a consistent focus on the building of the mother-child relationship, throughout the programme.
Families have a more positive future outlook	Family relationships have been restored as a result of THE program and that they have a much more positive future outlook. There is a sense that they have regained their 'space for action' as they reclaim a sense of control over their own lives. Improved physical and mental health; better performance in school; and improved family relationships.

6.4

Child Survivor Voices

6.4.1. The voice of the child is a powerful one. It demonstrated that children are always aware of their environment, situation and difficulties being faced by the people around them. They also also well able to relate these difficulties to themselves.

6.4.2. It is always a critical priority to hear the child's voice, and to give children a forum to express and explore the gamut of feeling they face, in crisis, in transition and in surviving domestic violence.

6.4.3. In developing these standards, children previously and currently living in the WAO shelter were consulted. The following are their priorities and identification of child needs. These are important to review as it demonstrates what is upper-most in childrens hearts and minds when it comes to their well-being:

Question 1: What do you like about the WAO Shelter?

- We have space to play
- We have children's parties & gatherings
- WAO staff are good to us
- Group outings from the shelter

Question 2: What are the things that you need but WAO doesn't have

- My own phone
- A hat (to shield me from the heat outside)
- 1 hour of cartoons daily
- A swimming pool
- Playground
- Air-conditioning

Question 3: Activities that are important for WAO to provide

- A place for sports
- A proper playground
- A stadium for sports
- The opportunity to play music
- The opportunity to meet sports and music personalities like Siti Nurhaliza
- Continue my education
- The opportunity to go on holidays - Langkawi, Genting, Sunway Lagoon

Unit 7: Community & Networks

Contents

7.1 Support Networks

7.2 Community Mobilisation How-To

7.1

Support Networks

7.1.1. There is great value in shelter providers coming together to establish a shelter support network and ensure there is community support for the work to protect and serve women domestic violence survivors.

7.1.2. The overall aim of a shelter support network support is to:

- Enhance collaborative relationship and services provided by other service providers in the community
- Collaborate and develop protocols between shelters and child welfare groups to prevent perpetrators from using children to continue abuse of power and control over their partner
- Increase responsiveness by various institutionalised services, including expanding the availability, accessibility of services
- Fast track to services in crisis situation
- Establish coordinated community responses. Shelters can inform and advocate with policy-makers for responses that address the needs of women survivors of domestic violence.

7.1.3. Various models of support can be developed, harnessing the synergies between civil society groups, survivor groups and government agencies. Such a network could come together as a Working Group, to bring a host of benefits, including:

- Provide policy making, advocacy and technical assistance to shelters and survivors as needed
- Follow-up with other stakeholder for issues and actions points identified and raised by members of working group.
- Monitoring and evaluation of shelters' operation
- Review and provide inputs to shelter related policies and protocols
- Identify, discuss and resolve specific issues and gaps in the provision of shelter responses to victims of domestic and gender based violence.
- Discuss and plan ways to work with other organizations to develop social-reintegration strategies

7.1.4. A community that is sensitised to domestic violence issues and that can reach out to women survivors of domestic violence is an essential component of women's protection.

7.1.5. Below are five reasons why community involvement is so important:

- Due to the fear of stigmatisation and possibly family rejection, majority of women survivors of domestic violence choose not to access to domestic violence support services, but prefer to approach their personal networks for assistance. A study²⁸ conducted by the Family Violence Prevention Fund (2012) indicates that “*Abused women turn first to those closest to them-extended family, friends and neighbours-before they reach out to an organisation or professional service*”

²⁸ Community based domestic violence survivor service in King County

providers/ Relatively, few access to shelter services. And they seek out government institutions-police, courts and child protection agencies-last.

- Domestic violence impacts one every 10 ever-partnered women in Malaysia. There is simply not enough resources to support all women survivors through institutionalised multi-sectoral services.
- In some situations, women survivors often face barriers to accessing basic services including health care, due to distance, cost, lack of trained service providers and fear of stigmatisation. Studies have shown that community engagement equips the support systems of the women survivors with the skills and information required to meaningfully protect them.
- Multiple exposures to domestic violence awareness messages to change the attitudes, behaviours and knowledge of communities will reduce community's likelihood to blame on the women survivors of domestic violence and to isolate them.
- Enhance community's role and responsibility to create a safe, dignified and a caring environment for the women survivors of domestic violence.

7.1.6. Re-integration will be more successful if the women survivor has support in her community. The community can provide a women survivor with support such as: encouragement to assist with psycho-social issues; assistance with practical tasks like childcare and transportation which can enable women survivors of domestic violence to work or study; monitoring of her security situation and respond if there are further incidents of violence. If the community is not supportive of a survivor, her situation is very difficult and she may suffer stigma, isolation and further abuse.

7.1.7. Types of Community Involvement might include but not limited to:

- Identification of a safe space for women survivors of domestic violence and her children. Safety planning on the part of the community is of particular importance.
- Provision of emergency assistance, including help with food and clothing provision, help with emergency transportation and rental assistance
- Provision of temporary childcare assistance and referral to medical care
- Provision of safe and empathetic environment-through active listening, it allows women survivors to express their distress and emotions of guilt, anger, shame and depression
- Assistance in providing legal referral services

7.2

Community Mobilisation How-To

- **Identify influential figures/leaders in the community**

A key component of community mobilisation is that of partnership, requiring service providers to establish effective working relationships with a wide range of community leaders, local members of parliament, ADUN, religious and opinion leaders, ketua kampung and ketua rukun tetangga. These influential figures often act as the

community gate keepers and have a pivotal role to shape community's opinion, hence, they have an important role to mobilise the community's commitment and support of intervention to protect women survivors of domestic violence, with the objective of expanding protection space.

“To first win the support of local power brokers, gaining their support involves getting to know them as individuals and understanding the relationships among them. It is important to identify local actors who are natural mediator and who can connect the local customs and traditions to new arguments. Such leaders have to open new spaces for dialogues and promote an understanding of sensitive issues such as domestic violence” (UNFPA, 2005)

- **Sensitisation and awareness raising with the community leaders**

It is important to make particular efforts to sensitise them on issues related to violence against women, including domestic violence, rape, sexual harassment and trafficking.

- **Establishing Community Dialogues**

Community dialogues are aimed at enabling community at grassroots level to recognise that domestic violence is a combination of public health and human rights issue. It is to encourage the community to act an agent of change to identify community based solutions. This includes enhancing their understanding and commitment to take individual and collective action for positive change in the lives of women survivors of domestic violence.

- **Mainstreaming women's protection into existing community projects**

In accordance to this approach, service providers should strive to complement their initiatives in the existing projects, so as to strengthen the sustainability of initiatives and represents significant contributions to the local development agenda. Ideally, it should be “home-grown” initiatives, led by women and men of the local community, who are powerful allies in the fight against domestic violence.

- **Working with male allies**

To gain greater involvement and support of men against domestic violence, a number of case studies have shown that with an increased male awareness of how domestic violence negatively affect families and communities, the promotion of a culture of non-violence, combat stereotypes and encourage respect for the rights of women survivors of domestic violence.

- **Working with faith based community leaders**

Often times, working with faith based organisations may at first be regarded as counterproductive and risky. Nonetheless, it is equally important to understand and acknowledge that community based protection that is centred on both rights and culture, should not distance itself from the religious convictions and practices. While there no simple solutions to such complexity, service providers should strive to find a common ground for both sides to work on.

Unit 8: Tools

Contents

8.1 Case Management Tools

8.1

Case Management Tools




INTAKE & CHECK OUT ACTION SHEET		
File No: _____ Client's Name: _____ Case Type: _____		
Referred to Shelter Management Staff by: _____ on _____		
Intake	Action / Items	Signature
Intake session	<input type="checkbox"/> Sign disclaimer <input type="checkbox"/> Sign rules & regulations <input type="checkbox"/> Resident's booklet <input type="checkbox"/> Booklet on Domestic Violence <input type="checkbox"/> Photographs of Client, children and injuries <input type="checkbox"/> Put money or valuables in SW's cabinet	Client Signature: _____
Welcome Bag	<input type="checkbox"/> Use medication (brief on usage of medicine on intake day) <input type="checkbox"/> Towel <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tooth paste <input type="checkbox"/> Pad <input type="checkbox"/> Small bag <input type="checkbox"/> Comb	Client Signature: _____
Mattress	<input type="checkbox"/> Mattress <input type="checkbox"/> Bed sheet <input type="checkbox"/> Blanket	Client Signature: _____
Room & Key	<input type="checkbox"/> Cabinet key <input type="checkbox"/> Room assigned	Client Signature: _____
Clothes	<input type="checkbox"/> Clothes for Client <input type="checkbox"/> Clothes for children	Client Signature: _____
Baby Milk	<input type="checkbox"/> Check if need special milk (for baby only)	Staff Signature: _____
Check out	Action / Items	Signature
Check-out session	<input type="checkbox"/> Sign check-out form <input type="checkbox"/> Resident to return key, blanket and bed sheet <input type="checkbox"/> Give allowances for work done at WAO & sign acknowledgment of receipt <input type="checkbox"/> Return Resident's money and valuable in the safe <input type="checkbox"/> Fill AA's form if needed	Staff Signature: _____

FILE ACTION SHEET		
File No: _____ Client's Name: _____ Case Type: Domestic Violence		
<input type="checkbox"/> Admission <input type="checkbox"/> WAO admission <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Medical / Health <input type="checkbox"/> Needs <input type="checkbox"/> Suicidal Risks <input type="checkbox"/> Criminal Case <input type="checkbox"/> Protection <input type="checkbox"/> Criminal Court <input type="checkbox"/> Counselling	<input type="checkbox"/> Case Progressed Summary <input type="checkbox"/> Admission <input type="checkbox"/> Disclaimer <input type="checkbox"/> Rules & Regulations <input type="checkbox"/> WAO admission <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> More than 3 times <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Medical / Health <input type="checkbox"/> General <input type="checkbox"/> Care <input type="checkbox"/> Follow-up <input type="checkbox"/> Others <input type="checkbox"/> Needs <input type="checkbox"/> Emotional/psychic <input type="checkbox"/> Family planning <input type="checkbox"/> Medical check up <input type="checkbox"/> Suicidal Risks <input type="checkbox"/> Considered <input type="checkbox"/> Attempted by _____ How many times _____ <input type="checkbox"/> Medication <input type="checkbox"/> Using mechanism <input type="checkbox"/> Criminal Case <input type="checkbox"/> Police report <input type="checkbox"/> Police report withdrawn <input type="checkbox"/> Case opened (S...) <input type="checkbox"/> Case N/A <input type="checkbox"/> Case withdrawn <input type="checkbox"/> Protection <input type="checkbox"/> PO <input type="checkbox"/> PO <input type="checkbox"/> Injunction <input type="checkbox"/> Victim Impact Statement <input type="checkbox"/> Witness preparation <input type="checkbox"/> Watching unit <input type="checkbox"/> Criminal Court <input type="checkbox"/> Court hearing <input type="checkbox"/> Judgement _____ <input type="checkbox"/> Appeal Y/N <input type="checkbox"/> Counselling sessions _____	<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out
<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out	<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out	<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out
<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out	<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out	<input type="checkbox"/> Child assessment <input type="checkbox"/> Children <input type="checkbox"/> Vital / Embassy <input type="checkbox"/> Legal <input type="checkbox"/> Land <input type="checkbox"/> Returning to abusive situation <input type="checkbox"/> Job <input type="checkbox"/> Advocacy <input type="checkbox"/> Check out

Safety Plan		
1. Review past episodes of violence <ul style="list-style-type: none"> - Discuss whether Client can anticipate an escalation of violence - Discuss what situations or conflicts tend to lead to abuse. When and where do most abusive incidents occur? What expressions, comments or gestures come before abusive incidents - Discuss what has worked to keep her safe or minimise injury in the past, and whether she thinks such strategies could work again. 		
2. Living Independently <ul style="list-style-type: none"> a. New accommodation <ul style="list-style-type: none"> - Where is she going to? - Does the perpetrator know the location of the place? - Is she staying there alone or with someone else? - Can she install door lock, security alarm or get an access card to where she is staying? Is there a security guard nearby? - Can she get to know her neighbour and ask them to call the police if they notice something suspicious? - How to keep the location confidential? b. Available support system <ul style="list-style-type: none"> - Where is the nearest Balai Polis? What is the phone number? - Where is the nearest hospital? What is the phone number? - Who else can she contact to alert? Put the number on speed dial - How about the landlord, or security guard of the building or nearby? - Any trusted friend or family members that can be alerted? c. Leaving the house in case of abusive incident <ul style="list-style-type: none"> - Plan an escape route, is there an alternative exit i.e., door or window - Emergency bag stored in a safe location? Bring IC, money, important documents, key, IPO, etc in the bag. - Who can she alert immediately if the perpetrator come to the house to disturb her? d. Place of work or other places <ul style="list-style-type: none"> - Plan if the perpetrator turns up at her place of work or at other places - Who can be alerted to provide help - Ways to avoid being followed. Where can she go if she is being followed? 		
3. Returning to abusive situation <ul style="list-style-type: none"> - Are there weapons in the house? Which place will be the most dangerous? - What are the common triggers that can be observed before violent incidents? - Rehearse an escape route - Prepare an emergency bag - Any neighbours that can be alerted? Code word or signal can be used to call the police? - Any other person that can be alerted immediately to call for help? Trusted family members, landlord, friends, etc? 		

Termination Report / Closing Summary		
Case Progress		
Emotions Development		
How did she think about herself?		
How did she relate with the violence that happened in her relationship (for DV)? / Incidents that happened to her (for non DV)?		
Events that led her leaving WAO		
Self-Evaluation / Reflection		
Reported by: _____		



WAO Hotline: +603 7956 3488
SMS TINA: +6018 988 8058

P.O.Box 493, Jalan Sultan
46760 Petaling Jaya, Selangor
Malaysia

Tel: +603 7957 5636/ 7957 0636
Fax: +603 7956 3237

Email: womensaidorg@gmail.com
Website: www.wao.org.my
Facebook: www.facebook.com/womens.aid.org
Twitter: @womensaidorg

Copyright © 2016 Women's Aid Organisation (WAO)
All rights reserved.



WOMEN'S AID ORGANISATION
PERTUBUHAN PERTOLONGAN WANITA

