



**UNIVERSITI PUTRA MALAYSIA**

***EFFECT OF INDIVIDUAL COUNSELLING ON PSYCHOLOGICAL  
DISTRESS AMONG VICTIMS OF DOMESTIC VIOLENCE IN  
NEGERI SEMBILAN, MALAYSIA***

**DEBORAH PRIYA A/P P.C.HERMANGILD**

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DISTRESS AMONG VICTIMS OF DOMESTIC VIOLENCE IN  
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By

**DEBORAH PRIYA A/P P.C.HERMANGILD**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra  
Malaysia, in Fulfilment of the Requirements for the Degree of  
Master of Science**

**November 2021**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in  
fulfilment of the requirement for the degree of Master of Science

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**November 2021**

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Domestic violence is a global phenomenon and does not discriminate against race, age, culture, and gender. This study was conducted to better understand the effect of individual counselling on psychological distress among victims of domestic violence. The study also explored the differences in psychological distress levels among the two groups of domestic violence victims at baseline and three months follow-up. The research design used a pre-and post-test quasi-experimental design to study the relationship between the variables among victims of domestic violence in Negeri Sembilan, Malaysia. The data was collected and analysed using both descriptive and inferential statistics. Participants comprised of 58 domestic violence women victims from eight districts within Negeri Sembilan. They were recruited using a nonprobability sampling method, specifically purposive sampling, where victims of domestic violence who lodged a police report between the months of September 2018 to March 2019 were referred to the Victim Care Centre and were included in the study. The Victim Care Centre is a division under the Criminal Investigation Department of the Royal Malaysian Police that provides psychological and counselling services to victims of crimes through their professionally trained and Victim Care Officers. In addition to a sociodemographic questionnaire, the following Bahasa Melayu translated versions of instruments were used: Beck Depression Inventory (Cronbach's  $\alpha$ : 0.91), Beck Anxiety Inventory (Cronbach's  $\alpha$ : 0.91) and Brief Coping Orientation to Problems Experienced (Cronbach's  $\alpha$ : 0.83) to measure the variables of the study. There was an equal proportion of participants who accepted counselling (n=29, 50%) compared to those who did not accept counselling (n=29, 50%). Findings showed that there were no significant differences between domestic violence victims who accepted counselling and those who did not accept counselling in terms of sociodemographic factors (age, race, income, education, number of children) except for the duration of abuse. In terms of coping mechanism, both groups

appeared to favour the utilization of an approach coping mechanism (n=41, 70.69 %) compared to an avoidant coping mechanism (n=10, 17.24 %). There was also a significant reduction in the participant's symptoms of depression (accepted counselling:  $t(28) = 3.715, p = .001$ , did not accept counselling:  $t(28) = 3.706, p = .001$ ) and anxiety (accepted counselling:  $t(28) = 4.827, p = .001$ , did not accept counselling:  $t(28) = 3.604, p = .001$ ) between the baseline and three months follow-up. There is a need to examine ways to increase counselling acceptance rates which could be possibly achieved by increasing awareness and promotion of services. This study carries shared insight into counselling acceptance rates among domestic violence victims in a Victim Care Centre in Negeri Sembilan. Future studies should be expanded to Victim Care Centres in other states to obtain more representative information on the effectiveness of the counselling services provided to domestic violence victims.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk ijazah Master Sains

**KESAN KAUNSELING INDIVIDU TERHADAP TEKANAN PSIKOLOGI DI  
KALANGAN MANGSA KEGANASAN RUMAH TANGGA DI  
NEGERI SEMBILAN, MALAYSIA**

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Keganasan rumah tangga adalah fenomena global yang tidak mendiskriminasi antara bangsa, umur, budaya, dan jantina. Kajian ini dijalankan untuk lebih memahami kesan kaunseling individu terhadap tekanan psikologi dalam kalangan mangsa keganasan rumah tangga. Kajian ini juga meneroka perbezaan tahap tekanan psikologi di antara dua kumpulan mangsa keganasan rumah tangga pada peringkat awal kajian dan susulan tiga bulan kemudian. Reka bentuk kajian menggunakan reka bentuk kajian kuasi eksperimen menggunakan ujian pra dan pasca untuk mengkaji hubungan antara pembolehubah dalam kalangan mangsa keganasan rumah tangga di Negeri Sembilan, Malaysia. Data dikumpul dan dianalisis menggunakan kedua-dua statistik deskriptif dan inferensi. Responden terdiri daripada 58 wanita mangsa keganasan rumah tangga dari lapan daerah di dalam Negeri Sembilan. Mereka direkrut menggunakan kaedah persampelan bukan kebarangkalian, khususnya persampelan bertujuan di mana mangsa keganasan rumah tangga yang membuat laporan polis antara bulan September 2018 hingga Mac 2019 dirujuk ke Pusat Sokongan Mangsa dan disertakan dalam kajian. Pusat Sokongan Mangsa adalah di bawah Jabatan Siasatan Jenayah Polis Diraja Malaysia yang menyediakan perkhidmatan psikologi dan kaunseling kepada mangsa jenayah melalui Pegawai Sokongan Mangsa yang terlatih dan profesional. Selain daripada soal selidik sosiodemografi, versi instrumen berikut yang diterjemahkan dalam Bahasa Melayu telah digunakan: *Beck Depression Inventory* (Cronbach's  $\alpha$ : 0.91), *Beck Anxiety Inventory* (Cronbach's  $\alpha$ : 0.91) dan *Brief Coping Orientation to Problems Experienced* (Cronbach's  $\alpha$ : 0.83) untuk mengukur pembolehubah kajian Terdapat jumlah yang sama antara responden yang menerima kaunseling ( $n = 29, 50\%$ ) dengan mereka yang tidak menerima kaunseling ( $n = 29, 50\%$ ). Hasil kajian menunjukkan bahawa tidak ada perbezaan yang signifikan antara mangsa keganasan rumah tangga yang menerima kaunseling dan mereka yang tidak menerima kaunseling dari segi

faktor sosiodemografi (umur, bangsa, pendapatan, pendidikan, bilangan anak) kecuali tempoh penderaan. Dari aspek penggunaan strategi daya tindak, kedua-dua kumpulan lebih cenderung memilih strategi daya tindak 'approach' (n = 41, 70.69%) berbanding dengan strategi daya tindak 'avoidant' (n = 10, 17.24%). Terdapat juga pengurangan signifikan dalam simptom kemurungan responden (menerima kaunseling:  $t(28) = 3.715, p = .001$ , tidak menerima kaunseling:  $t(28) = 3.706, p = .001$ ) dan keresahan (menerima kaunseling:  $t(28) = 4.827, p = .001$ , tidak menerima kaunseling:  $t(28) = 3.604, p = .001$ ) antara awal kajian dan susulan tiga bulan. Kajian ini memberi gambaran mengenai kadar penerimaan kaunseling dalam kalangan mangsa keganasan rumah tangga di Pusat Sokongan Mangsa di Negeri Sembilan. Terdapat keperluan untuk mengkaji cara untuk meningkatkan kadar penerimaan kaunseling yang mungkin boleh dicapai dengan meningkatkan kesedaran dan promosi perkhidmatan. Kajian masa depan harus diperluaskan ke Pusat Sokongan Mangsa yang terdapat di negeri lain supaya maklumat menyeluruh dan representatif tentang keberkesanan perkhidmatan kaunseling ke atas mangsa keganasan rumah tangga dapat diperolehi.

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This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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## LIST OF ABBREVIATIONS

DSM-5	Diagnostic and Statistical Manual of Mental Disorders (5th ed)
ViDomAB	Victims of Domestic Violence Assessment Battery
BDI	Beck Depression Inventory
BAI	Beck Anxiety Inventory
COPE	Brief Coping Orientation to Problems Experienced
ANCOVA	Analysis of Covariance
SPSS	Statistical Package of Social Sciences Software
CTRT	Choice Theory Reality Therapy
NGO	Non-governmental organisation
LGBT	Lesbian, gay, bisexual and transgender

# CHAPTER 1

## INTRODUCTION

### 1.1 Chapter Overview

In this section, background details are provided that describes the current state of knowledge with regards to domestic violence globally as well as in Malaysia, the relevant laws, counselling and mental health services for domestic violence victims and the impact of domestic violence on the victims. Limitations of the study are also acknowledged at the end of the chapter.

The research gaps, problem statement, justification and the significance of this study are highlighted, followed by the research objectives, research questions and hypotheses. The major variables and terms used in this study are also further defined and elaborated in this chapter.

### 1.2 Background

Domestic violence is a global phenomenon and does not discriminate against race, age, culture and gender. World Health Organization states that violence within the family is not something unheard of and takes form in any sort of abuse between family members, including spouses, children, in-laws and siblings (World Health Organization, 2021). This abuse most often includes psychological, physical, spiritual, financial as well as sexual abuse and not only affects the victim but also immediate family members such as their children, the community and society in general. One of the most common forms of family violence involves women being abused by their male spouses or partners. There are reports of domestic violence against men but the majority and most common domestic violence cases are towards women (United Nations Women, 2019).

Statistics from United Nations Women Organization (United Nations Women, 2019) estimated that one in three (35%) of women globally have been abused whether physically or sexually by an intimate partner at some point in their life. The severity of the violence experienced by men differs compared to women. Approximately one third (30%) of women who have been in long term relationships have reported experiencing some sort of violence by their partner whether physical or sexual (United Nations Women, 2019).

World Health Organization (World Health Organization, 2021) also stated that women who are more likely to experience domestic violence have a lower education level, have observed their mothers being a victim of abuse,

experienced childhood abuse, are financially unstable or being dependent on their partner and having a socially subordinate status in a male privileged society. Estimation of the prevalence of such violence is 23.2% in high-income countries, 24.6% in the World Health Organization Western Pacific region to 37% in the World Health Organization Eastern Mediterranean region, and 37.7% in the World Health Organization South-East Asia region (World Health Organization, 2021). Adding to that, reports by World Health Organization show that globally 38% of women end up being murdered as a result of these violent acts by their partner or spouse.

Women who experience domestic violence suffer from numerous aspects including their social, physical, and mental well-being. World Health Organization (2021) states that victims of domestic violence can suffer from psychological health issues such as depression, post-traumatic stress disorder, anxiety disorders, sleep disorders, eating disorders and suicide ideation. Reports show that women who have been exposed to domestic violence suffer twice as much in terms of their mental health and are almost twice as likely to suffer from alcohol-related disorders (World Health Organization, 2021).

In attempts to curb and create awareness regarding this issue, evidence shows that counselling interventions and advocacy together with home visitation can help in preventing and decreasing the number of domestic violence cases (World Health Organization, 2021). Domestic violence is indeed a serious issue and should not be viewed lightly because it can affect the victim's physical, emotional, sexual, reproductive wellbeing and can ultimately lead to death in some cases. There is evidence to show that women who have been abused reported higher levels of psychological distress such as depression (United Nations Women, 2019).

Malaysia, a developing and multiracial country situated in Southeast Asia is not exempted from this global phenomenon as well. What is currently known about domestic violence in Malaysia is that it is varied, from verbal insults to permanent damage; spanning from one incident to multiple incidents over a span of time, and escalating in frequency or severity over time. However, Sahdan (2019) states that there is very minimal known about domestic violence in Malaysia especially in terms of understanding the experience and impact of domestic violence on the victims who are usually women of diverse races, cultures and backgrounds. Hastuti et al. (2020) stated that the factors that are related to domestic violence in developing countries include socioeconomic and demographic status, education level, age, number of children and the status of women's autonomy within the family. The current study looks at almost all those factors as well as taking into account the victim's psychological distress and the duration of abuse.

A study conducted by the Women's Development Research Centre under Malaysian Women's Aid Organisation (KANITA, as cited by Women's Aid Organisation, 2017) showed that 9% of married/ partnered women in Peninsular Malaysia have been a victim of domestic violence at some point in their life. Annual statistics show an upward trend in the cases of domestic violence. According to Hannah Yeoh who was the Deputy Minister of Women, Family and Community Development Ministry, in Malaysia there are one out of twenty cases of domestic violence where a victim is a man compared to one in three for women (Carvalho et al., 2019). However, most cases involving men were emotional and psychological rather than physical in nature.

According to the Women's Aid Organisation (2011), in 2010 there were 3173 cases, while in 2013 there were 4123 cases. This figure increased to 5796 cases in 2016 (Women's Aid Organisation, 2011). According to a news article from Malaysiakini, recent statistics from the 2019 police data continues to show an increase of cases that is a total number of 4277 cases of reported domestic violence ("Young working women highest number", 2019). Out of those cases, the majority of the victims were women between the ages of 26-35 years old and still within the early years of their marriage. The statistics also show that working women make the highest number of domestic violence victims in Malaysia, with over 1,600 cases, and this includes those working in the private sector, followed by housewives and women in other working sectors or careers ("Young working women highest number", 2019).

Cognizant of the vulnerability and danger that people may face in domestic violence, Malaysia has specific laws and punishments dealing with perpetrators of domestic violence. Of particular relevance to this research is the Domestic Violence Act 1994 (Akta Keganasan Rumah Tangga, 1994). According to the Women's Aid Organisation (2011), domestic violence is the use of intimidation, coerciveness, manipulateness in an intimate relationship by one person over another in order to gain or have control over that person. In Malaysia, according to the Domestic Violence Act 1994, section 2, domestic violence is done to either the husband or wife; ex-husband or ex-wife; children, incapable elders, or other family members which includes the following acts:

- i) Purposely or without realisation, placing the victim in fear of physical harm,
- ii) Causing physical harm to the victim,
- iii) Forcing or threatening the victim into doing anything, sexual or other acts,
- iv) Holding or locking the victim against their will, and
- v) Causing destruction or treachery with the intention to cause grievance on the victim.

Other than that, justice is served in accordance with the Penal Code (Act 574). Act 574 (section, 324, section 325, section 326) defines harm in relation to violent acts perpetrated by individuals regardless of the relationship between the offender and victim. Punishments range from imprisonment time of one year up to 20 years depending on the severity of the crime, or fine up to RM 2,000.00, and can include whipping as well.

Besides the law protection, victims of domestic violence have several options in seeking help or taking legal action against the perpetrator. There are many governmental organizations and non-governmental organizations that provide services for victims of domestic violence including the Royal Malaysia Police, Welfare Department Malaysia and Women's Aid Organization. Each agency offers their own services, such as the Welfare Department and Women's Aid organization offers shelter, financial assistance, emergency hotline, home visitation, advocacy and counselling while the Royal Malaysia Police conducts the investigation, provide protection, offers legal advice and counselling services (Royal Malaysian Police, 2016).

To further elaborate, the Victim Care Centre within the Royal Malaysian Police helps by providing counselling and psychological intervention to the domestic violence victims that step forward to make a police report so that the process of the investigation is made easier to handle for the victim as well as the investigation officer. The Malaysian Department of Social Welfare on the other hand not only provides counselling and financial assistance but also has set up 28 safe houses all over Malaysia to provide these domestic violence victims with temporary shelter if they are stranded or in danger or need a safe place for themselves and their children (Jabatan Kebajikan Malaysia, 2019). For advocacy and legal help, the Women's Aid Organisation has helped over 300 women yearly by informing them about their rights and alternatives that the women have in order to make the most efficient decision for themselves (Women's Aid Organisation, 2019).

Unfortunately, despite the legal repercussions, domestic violence still occurs. Homes are not safe havens for some people. In addition, the law appears to focus on offenders rather than the needs for victims' post-incident. It is quite often that the victims are re-victimised by society via victim-blaming, labelling, social exclusion, and stigma (Crowe & Murray, 2015). In addition, the process of law can be distressing to victims to the extent that police reports are retracted, and the offenders never experience their just punishments.

The current trend shows an increase in the number of domestic violence cases in Malaysia; thus, it is important to look into the psychological well-being and welfare of these women (National Report on Violence and Health Malaysia, 2006, as cited by Ghani, 2018). Women play a very important role in a family as well as in society, as well as role models to their children and domestic violence



can be a cycle that can continue to the next generation. Therefore, it is important to address the psychological well-being at the initial stage and to prevent it from further damage.

Domestic violence especially within a marriage directly affects the women's and their children's physical and emotional well-being in the short term as well as the long term (Agarwal & Panda, 2007). Studies show that children who have witnessed violence at home are at greater risk of being violent in their future relationships. Ghani (2018) stated that children who have been exposed to violence at home are also victims of domestic violence and may display behavioural issues affecting their daily social and emotional functioning. This can also be seen in Malaysia, whereby children who have been exposed to abuse at home are bound to be more violent and show a higher possibility of mental issues, for example, anxiety, depression, and low confidence (National Report on Violence and Health Malaysia, 2006, as cited by Ghani, 2018).

Psychologically, children in their younger age of 42 months old may already start showing regressive behaviour such as bed-wetting, thumb-sucking, separation anxiety, crying, whining and other signs of trauma (Ghani, 2018). Some children may also blame themselves for their parent's behaviour because they do not understand the situation at home, and this can impact their grades at school and tend to get themselves into disciplinary problems (Ghani, 2018). Teenagers who witness violence between their parents tend to engage in risky behaviours such as experimenting with drugs, alcohol, pre-marital sex, skipping school, and bullying. Teenage girls are more likely to experience depression and social withdrawal (Office on Women's Health, 2019).

Tackling domestic violence in Malaysia poses significant challenges due to some barriers faced by women in bringing their abuse partners to justice. The main barrier is strongly related to the victim's cultural values and beliefs (Rahman et al., 2019). Many stereotypes and criticisms by society also play a role in whether the women decide to take action with regards to their abuse. Women who do not leave abusive relationships are often stigmatized (Brabeck & Guzman, 2008). These sorts of beliefs affect their decision to hide their abuse from others. At the same time, the feelings of shame and self-blame combined with financial dependency on the abuser make the problem worse (Rahman et al., 2019).

Often, domestic violence victims do not seek counselling or hesitate to do so even when they face anxiety or depression due to their circumstances such as hectic working hours or they are unable to afford out of pocket expenses. Some victims may be living too far away to get treatment or may have no transportation to go to the centres that provide counselling services including the Victim Care Centre even if such services are offered at no cost.

There are also those who gave up on seeking help and outside intervention as they felt it would not render them the justice they needed. If the victims don't accept counselling or get treatment, are they coping well on their own and what is the coping mechanism that they utilise? Sociodemographic factors such as the victim's age, race, education, income level, number of children and duration of abuse may play a role in whether the victim accepts counselling or does not accept counselling and also how the victim copes with the psychological distress that they experience.

### **1.3 Statement of Problem**

In Malaysia, many domestic violence women victims still choose to suffer in silence due to the belief that anything that happens at home within the family should remain there (Women's Aid Organisation, 2011). According to Ghani (2018), key issues relating to the nature, causes, and outcomes of abusive behaviour at home are still under-explored in Malaysia. It is believed that the findings from such studies are the key components in proposing any reasonable solutions to deal with this issue.

Adding on, Malaysia is still lacking the ability to provide optimal mental health care to curb mental health problems which include victims of domestic violence due to the shortage of mental health professionals (Lim, 2017). According to Lim (2017), with the rise of mental health issues including those experienced by domestic violence victims in this country, there is a need for more qualified and competent mental health professionals to provide better and optimal services. In terms of handling domestic violence cases, at the moment, there are no previous studies done to evaluate the efficacy and effectiveness of the Victim Care Centre counselling services in reducing domestic violence victims' psychological distress.

Oftentimes, our society pays attention to the physical aspect of domestic violence, such as injuries or health problems that occurred due to physical violence. Focus on the mental health aspect often is given little or no importance even though studies show that domestic violence victims experience psychological distress from the abuse. Many studies have been done to study the psychological distress among domestic violence victims, but it is not specific to counselling services in the Royal Malaysian Police. When a report is lodged, an investigation will take place to arrest and convict the perpetrator, but what about the wellbeing of the victim? To probe into the trauma and distress that the victims may be enduring, thus the Victim Care Centre was formed to provide counselling and psychological intervention. Currently, there are only one or two Victim Care Officers in every police contingent in Malaysia which adds up to a total of 27 officers throughout the country. Thus, it can be overwhelming for the Victim Care Officers to prioritise and provide psychological and counselling services to various victims of crimes including domestic violence.

Studies have shown that the majority of people can heal or recover on their own eventually (Kandola, 2020), but it is the role of a counsellor to help the victims recover faster and to ensure that no one needs to suffer emotionally on their own for longer than necessary. The Victim Care Centre provides psychological first aid and counselling treatment to domestic violence victims and the current study aims to show if there are any differences between the victims in terms of their sociodemographic details, counselling acceptance, coping mechanism and their psychological distress. The study also looked into the sociodemographic details of the time-lapse of one- and three-month durations to see if their psychological stress changes during that time. By this, it will provide insight to the Victim Care Centre services to identify the higher risk victims and possibly not to cluster all the victims immediately in the early stages after a report is lodged. This is so that the counsellor can provide help slowly over time and not clutter all the effort upfront which can cause burnout to the counsellor and decrease the effectiveness of counselling provided.

This study of victimology aimed to show the difference in the severity of their psychological distress among those who accepted counselling compared to those who do not accept counselling as well as what coping mechanism works best for them. This study attempted to provide some insight to understand the level of psychological distress among Malaysian domestic violence victims, by identifying their sociodemographic factors, coping mechanism and attitudes towards counselling acceptance.

#### **1.4 Research Objectives**

This study aimed to study the effect of individual counselling on psychological distress among victims of domestic violence in Negeri Sembilan by exploring the relationship between socio-demographic factors, coping mechanism, and counselling acceptance toward psychological distress among victims of domestic violence in Malaysia.

To achieve this aim, two objectives were formulated as below:

1. To describe the sociodemographic factors, coping mechanism, counselling acceptance, and psychological distress among the victims of domestic violence.
2. To explore the differences in sociodemographic factors, coping mechanism and psychological distress among domestic violence victims who accepted counselling and those who did not accept counselling at baseline and three months follow-up.



## **1.5 Research Questions**

These research questions were proposed in order to answer the research objectives.

1. What are the sociodemographic, coping mechanism, counselling acceptance, and psychological distress among victims of domestic violence?
2. Are there differences in sociodemographic factors, coping mechanism and psychological distress among victims of domestic violence who accepted counselling and those who did not accept counselling at three months follow-up

## **1.6 Research Hypotheses**

The following specific hypotheses were proposed in order to achieve the research aims.

1. There is no significant difference in sociodemographic factors between domestic violence victims who accepted counselling and those who did not accept counselling.
2. There is no significant difference in coping mechanism between domestic violence victims who accepted counselling and those who did not accept counselling at three months follow-up.
3. There is no significant difference in psychological distress between domestic violence victims who accepted counselling and those who did not accept counselling at three months follow-up

## **1.7 Justification of the Study**

One prime motivation for conducting this study was to better understand how the Victim Care Centre can help increase the acceptability of currently available psychological services for domestic violence victims to truly aid them in their plight.

At present, a high number of domestic violence victims prefer not to undergo counselling at the Victim Care Centre despite the fact that doing so incurs no financial costs. At the same time, there is a distinct gap in the literature on this that has not been addressed, which is yet to be understood, worth further study.

Also, we lack long term outcomes with regard to the decision of these domestic violence victims who choose to accept or decline help in the form of counselling.

Adding on, by incorporating a follow-up on the participants after a three-month lapse, this study takes the much-needed next step in the evolution of studies in this area which consist mainly of cross-sectional designs focusing on intake alone.

## **1.8 Significance of the Study**

This study has significance for several groups or levels of society. The groups include domestic violence victims and their family, the police unit, and the counselling service. The significance of this study for each group is explained below:

### **1.8.1 Domestic Violence Victims and Their Family**

Family provides the support that is necessary for the victim and especially in Malaysia which is a collectivist society, the bond between family members is strong. To address domestic violence, the family members need to understand, be aware and play a significant role in the victim's life especially since the usual modus operandi for the perpetrators are to distance the victim from their family members as much as possible (Dare et al., 2013).

Having insight into the potential effects of domestic violence towards the victim's children, family members and social networks can create awareness and possibly help prevent it from happening in the first place. Adding on, there is a higher possibility that women who experienced violent episodes of abuse when they were pregnant had children who are born with behavioural issues (Flach, 2011 as cited by Ghani, 2018).

In addition, it would be a struggle for the victim to focus physically and mentally on bonding with her children or other family members when her priority is to keep herself and her family safe. It also puts pressure on the children if they feel helpless in situations where they see their mother being violently attacked by their father and there is nothing much they can do about it. This can create long term psychological effects on the child especially creating a sense of guilt because the child is torn between the perpetrator who is their father and the victim who is their mother (Jones, 2008, as cited by Ghani, 2018).

This also affects the parenting style as well as the parent-child bonding due to the constant bickering and conflicts within the family which causes the mother to experience maternal depression that is associated with a poorer relationship with their child leading to poorer emotional wellbeing (Jarvis et al., 2005, as cited by Ghani, 2018). Children are the future generation of this society and country and it is 15 important to help provide them with the right foundation and security

as they grow up so that they are emotionally, physically, mentally and spiritually healthy.

Addressing the psychological well-being of the domestic violence victim is the most significant impact of this study. A mentally healthy wife, mother and woman will be able to function positively within her family, community and towards society. This positive and healthy mindset will be modelled by her children and family members.

### **1.8.2 Police Unit**

The Victim Care Officers who are the counsellors placed with the Criminal Investigation Department of the Royal Malaysian Police unit are responsible and tasked to offer recovery sessions for the victims. The current numbers of Victim Care Officers that are placed in each state within Malaysia are two officers in the bigger contingents and one officer in the smaller contingents. Due to this limited manpower, this study hopes to provide some insight for the Victim Care Centre in terms of the domestic violence victims that are referred to the centre. The information gathered will be used to explore further how to maximise quality support and help given to the victims while utilising the current manpower provided effectively and efficiently. If the study implies that in order to provide the best service for the victim, more manpower or improvisation of the services need to be made, it can be further explored by future studies.

### **1.8.3 Counselling Service**

Another contribution of this study is a more insightful counselling service for domestic violence victims. They have a choice as to where or how they want to seek 16 counselling or help, but ultimately it is important that they receive quality and effective treatment and trust that the treatment received is for the best. The victim needs to feel safe, understood and able to manage their psychological distress effectively. The information gathered from this study including the understanding of risk factors among the victims as well as effective coping mechanism methods can be utilised by counsellors and other mental health professionals who are handling victims of domestic violence. It can continuously be developed and improvised over time to better suit the needs of the victims.

There is also an evidence-based need for more qualified and competent mental health professionals in Malaysia. It is important to equip mental health professionals especially counsellors with adequate knowledge, skills and resources to help reduce the psychological distress experienced by domestic violence victims. The findings of this study will help improve counselling services in Royal Malaysian Police, specifically the Victim Care Centre, and reduce the

stigma of the public to seeking help and counselling services from the police department and the Victim Care Centre.

Agencies that provide mental health care and counselling services for victims of domestic violence should be sensitive to various factors surrounding the victim's sociodemographics, personal values, societal factors, cultural practices and religious beliefs. In the future, the treatment plans should attempt to change false or negative beliefs and to encourage victims to seek help immediately and not wait till it reaches an intolerable level.

## **1.9 Definition of key terms**

In this section, the conceptual and operational definitions of the key terms that have significant meaning to this research are provided. Generally, five terms are defined herein

### **1.9.1 Sociodemographic Factors**

Sociodemographic factors differentiate people by various characteristics such as sex, ethnicity, age, religion, marital status, income, employment etc. (Hatch, et al., 2011). In other words, it is a combination of social and demographic details of a person. This information is helpful in studies to determine if there is a representative sample for the various sociodemographic groups or to understand the different characteristics of each subgroup of people.

For the purpose of this study, the sociodemographic details that are taken into account of the domestic violence victims include their age, race, income level, education level, number of children and duration of abuse.

### **1.9.2 Coping Mechanism**

Coping mechanism is a strategy that people often use when faced with trauma or psychological stress to help them function in the most adaptive way (Carver, 2013). There are both adaptive and non-adaptive ways of coping with stressful situations. Carver (2013) further elaborates that adaptive coping include identifying and confronting the issue directly to reduce the psychological distress surrounding the issue while maladaptive coping includes escaping from the problem through withdrawal or by using substances such as alcohol or drugs. When maladaptive coping mechanisms have been identified, intervention is usually provided to help the person switch the coping strategy to a more adaptive and healthy way.

Coping mechanisms are also based on the current situation of the person and the resources that are available to them at that given moment. Among the common adaptive coping strategies that people turn to in times of trouble are religion, meditation, and social support while maladaptive ways are substance abuse, binge eating and self-criticism.

Operationally, the coping mechanism was measured using the 28-item Malay version of the Brief COPE Inventory. For the purpose of this study, coping mechanism is measured by the frequency that the domestic violence victims use as different coping mechanisms focusing on Approaching Coping or Avoidant Coping in response to the violence they experienced and whether it is effective or ineffective.

### **1.9.3 Counselling Acceptance**

Help-seeking behaviour such as counselling acceptance is the exploration and understanding of the delay or prompt action across a variety of health conditions including mental health (Cornally & Mccarthy, 2011). It is also the likelihood of the person understanding that they need some sort of external support and putting in an effort and willing to accept help or professional counselling when offered.

According to Cornally and Mccarthy (2011) the attitude of help-seeking is based on a complex decision-making process based on several attributes including problem-focused, planned behaviour and having a positive interpersonal interaction with the help provider or counsellor.

Operationally, for the purpose of this study, counselling acceptance was measured by whether the domestic violence victims agreed to go for counselling sessions at the Victim Care Centre that were offered to them when they lodged the police report.

### **1.9.4 Psychological Distress**

Psychological distress is defined as a high level of mental and physical side effects that are related to ordinary vacillations of mindset in many people. Now and again, psychological distress may be a precursor of significant major issues, tension, schizophrenia, or other clinical conditions evaluated by numerous putative self-report measures of depression and anxiety (American Psychological Association, 2020). Many a time, women who are suffering from domestic violence do not disclose their pain and psychological distress, thus making them suffer in silence. This, in long term, can lead to more serious mental and health issues that not only affect the victim but also others around them.

Severe levels of depression and anxiety can lead to suicidal thoughts and even lead to suicide in some cases.

Depression, one of the variables in psychological distress, falls under the major depressive disorder category and is a rather serious illness that can affect how one feels, think and behave negatively (American Psychiatric Association, 2018). Domestic violence victims who are experiencing depression will not be able to carry out daily routines normally and can indirectly affect their relationship with others, especially their children.

According to the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5), among the common symptoms that are often experienced by a depressed person are loss of interest in daily routine activities, weight gain or weight loss, insomnia or hypersomnia, fatigue, thoughts of suicide, feeling of worthlessness and decreased concentration. The physical wellbeing outcomes related to exposure of the victim to domestic violence include inadequacy to work, decreased physical functioning, while the mental effects include cognitive dysfunction, panic attacks, alcohol and drug abuse, dietary issues, self-blame and low self-confidence.

The other variable of psychological distress measured in this study is anxiety. Anxiety is when one experiences an emotion accompanied by tense feelings, worry and other physical symptoms such as trembling, increased heart rate and high blood pressure (American Psychological Association, 2018). Some domestic violence victims suffer from such high levels of anxiety to the extent that medication is required to help them gain some calmness. According to DSM-5, symptoms that are often experienced by an anxious person are restlessness, being easily fatigued, trouble concentrating, tensed muscle and sleep disturbance. These symptoms can cause significant impairment in daily functioning.

For this study, psychological distress is measured using the depression and anxiety questionnaires. A domestic violence victim is considered to have depression if they score higher than 14 on the 20-item measure of depression called the Beck Depression Inventory (BDI-Malay), and their score of anxiety is eight and above on the 21-item Beck's Anxiety Inventory (BA1-Malay).

### **1.9.5 Domestic Violence Victim**

The meaning of a domestic violence victim is defined as a person who was subjected to harm and abuse against their will within their family setting. Domestic violence is best defined as aggressive behaviour at home and can be portrayed as the force used by the abuser to control another person. It is based



on the foundation of control and instilling fear in a relationship through brutality and different types of abuse. This viciousness can appear as a physical attack, mental abuse, social abuse, money related maltreatment, or sexual assault (Kaur & Garg, 2008).

According to the Malaysian law, Domestic Violence Act 1994, section 2 explains that domestic violence incorporates anyone within the family who had been physically abused which includes either the husband or wife; ex-husband or ex-wife; children, incapable elders, or other family members.

However, for the purpose of this study, the focus will be given to married Malaysian women who have been physically abused by their spouses for the duration of their marriage. These women are those who have made a police report regarding the abuse; thus they were referred to the Victim Care Centre to be provided with help by offering them counselling services.

### **1.10 Limitations**

There were some limitations to this study. Firstly, this study involved a very vulnerable group of people, thus permission was only granted by the police authorities to recruit respondents from one police headquarters which was the Criminal Investigation Department in the Negeri Sembilan Police Headquarters. This led to a very small sample size that was recruited for this study and due to the small sample size, a non-probability sampling method was utilised. Thus, the findings of this study cannot be generalized to the entire Malaysian population of domestic violence victims.

Secondly, the method of data collection used in this study was through self-report. Therefore, the information gathered from self-report measures should be interpreted carefully taking into account various factors such as biasness from the Hawthorne effect as well as distractions. The researcher had to collect some of the information via telephone calls in which there could have been distractions or other factors that may have interfered with the participant's responses including multitasking other house chores or child care while on the phone call or exhaustion from speaking too long on the phone and other reasons as well. In an attempt to minimise distractions and interference, a time and date were set with the respondent prior to the actual date that the data was collected based on their availability and convenience.

Thirdly, cultural factors were not accounted for. Since Malaysia is a multicultural country, certain cultural factors or beliefs may have influenced participants' attitudes and behaviour towards being in an abusive marriage and how they cope with psychological distress. Since the number of respondents was not

equal in terms of their race and religion, thus religious beliefs, values and traditions were not explored and this is something that further studies can explore.

Fourthly, the period to study the psychological distress levels among the victims was over a period of seven months only (September 2018 – March 2019) due to time constraints. This could have also given different findings as opposed to if the study was conducted for a longer period to see the change in psychological distress.

Finally, the extraneous variables for this study were controlled for statistically. However, because this was a non-randomised controlled trial, we cannot state with any certainty that the reduction in stress was solely attributable to the efficacy of the counselling sessions alone, and as such has been acknowledged as a limitation.

### **1.11 Conclusion**

This chapter has discussed in general the background details and current state of knowledge with regards to domestic violence globally as well as in Malaysia, the relevant laws, counselling and mental health services for the domestic violence victims and the impact of domestic violence on them. The major variables and terms used in this study were further defined and elaborated and research gaps, problem statement, as well as the significance of this study, were highlighted followed by the research objectives, research questions and hypotheses.



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