



INTIMATE PARTNER VIOLENCE AND PSYCHOLOGICAL  
DISTRESS AMONG COUPLES IN MALAYSIA: THE ROLE  
OF STOCKHOLM SYNDROME

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A RESEARCH PROJECT SUBMITTED IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE BACHELOR OF SOCIAL SCIENCE (HONS)  
PSYCHOLOGY  
FACULTY OF ARTS AND SOCIAL SCIENCE  
UNIVERSITI TUNKU ABDUL RAHMAN

JUNE. 2023

**Intimate Partner Violence and Psychological  
Distress among Couples in Malaysia: The Role of  
Stockholm Syndrome**

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August 28, 2023

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This research project is submitted in partial fulfilment of the requirements for the Bachelor of Social Science (Hons) Psychology, Faculty of Arts and Social Science, Universiti Tunku Abdul Rahman. Submitted on August 2023.

### **ACKNOWLEDGEMENTS**

Firstly, we would like to express our utmost gratitude to our family, friends, and everyone else who supported us throughout our academic journey. We are grateful for all the contribution of ideas, as well as assistance in completing our research.

Furthermore, we extend special thanks to Mr. Tan Soon Aun, our Final Year Project (FYP) supervisor for his patience, encouragement, guidance, and advice, thus motivating us to successfully complete our FYP. Being under his supervision, we were provided with many opportunities to broaden our horizons and grow in the research field.

We would like to reiterate that we are deeply grateful for the all the prayers, emotional support, and encouragement throughout our FYP and undergraduate journey. This FYP could and would not have been completed without all your efforts and contributions. From the depths of our hearts, thank you.

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**APPROVAL FORM**

This research paper attached hereto, entitled “Intimate Partner Violence and Psychological Distress among Couples in Malaysia: The Role of Stockholm Syndrome” prepared and submitted by Juliana Hoo Ju Yun and Samantha Ng Hui Li in partial fulfillment of the requirements for the Bachelor of Social Science (Hons) Psychology is hereby accepted.



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# INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

## Abstract

With a notable increase in reported intimate partner violence (IPV) cases in recent years, IPV has emerged as a significant global concern. In the worst case scenario, victims of IPV might resist leaving the abusive relationships, often without realizing that they have been trapped by Stockholm syndrome (SS). The victims refused to leave the abusive relationships as they developed a sense of trust and affection towards the perpetrators. The present study thus examined the association between IPV (physical and non-physical) and psychological distress among couples in Malaysia, with SS (core Stockholm syndrome, psychological damage, love-dependence) as a mediator. A correlational cross-sectional research design was adopted to collect self-reported data among Malaysian couples. A total of 103 samples were collected ( $M_{age} = 27.1$ ,  $SD_{age} = 9.0$ ) using purposive sampling. Majority of the samples were females (80.6%). In terms of ethnicity, majority were Chinese (68.9%), followed by Malay (22.3%), Indian (6.8%) and other ethnicities (1.9%). The results showed significant positive correlations between IPV, SS and psychological distress. Two subscales of SS, namely core Stockholm syndrome and psychological damage, significantly mediated the association between IPV and psychological distress. This study thus fills the literature gap in the Malaysian context, where social and cultural factors are considered. It also has practical implications, suggesting that policymakers should better understand the psychological aspects involved in cases of IPV, leading to the refinement of protection order criteria.

*Keywords:* intimate partner violence, Stockholm syndrome, psychological distress, couples, Malaysia


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**DECLARATION**

We declare that the material contained in this paper is the end result of our own work  
and that due acknowledgement has been given in the bibliography and references to  
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**List of Abbreviations**

## Abbreviations

1.	IPV	Intimate Partner Violence
2.	SS	Stockholm Syndrome
3.	MCO	Movement Control Order
4.	LH	Learned Helplessness
5.	PASPH	Partner Abuse Scale Physical
6.	PASNP	Partner Abuse Scale Non-Physical
7.	SSS	Stockholm Syndrome Scale
8.	CSS	Core Stockholm Syndrome Subscale
9.	PD	Psychological Damage Subscale
10.	LD	Love-Dependence Subscale
11.	K10	Kessler Psychological Distress Scale Statistical
12.	SPSS	Package for Social Sciences
13.	VIF	Variance Inflation Factor
14.	LLCI	Lower Limit of the Confidence Interval
15.	ULCI	Upper Limit of the Confidence Interval
16.	CI	Confidence Interval
17.	STEP	Survivor Therapy Empowerment Program
18.	RISE	Recovering from Intimate Partner Violence through Strengths and Empowerment

# INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

## Chapter I

### Introduction

#### Background of Study

Violence is defined as the intentional use of threatened or actual physical force against oneself or others that results in psychological harm, physical injury, or death (World Health Organization, 2002). The violent acts can be physical, sexual, psychological, and involve neglect (World Health Organization, 2002). Acts of violence against a current or ex-partner are known as intimate partner violence (IPV; Tadros & Tate, 2022). IPV is considered a human rights violation and a public health concern due to the physical and mental complications arising from the violence (Herrenkohl et al., 2015).

Intimate partner violence has been a major global concern with the increase of reported cases in recent years, particularly during the period when lockdowns were implemented to prevent and control the spread of the COVID-19 virus (UN Women, 2020a; Usta et al., 2021). A survey on Egyptian women and the COVID-19 pandemic revealed that domestic violence increased by 19% (UN Women, 2020b). In Malaysia, there have been numerous reports on the increase in domestic violence cases during the Movement Control Order (MCO), a national lockdown and restriction period. Following the MCO, there has also been a 57% increase in the number of calls concerning domestic violence towards a support hotline for victims of domestic violence (UN Women, 2020a). Before the pandemic, there was still a worrying upward trend of reported domestic violence cases in Malaysia. Statistics by the Ministry of Women, Family and Society Development revealed that the number of reported domestic violence cases increased from 3648 cases in 2000 to 5421 cases in 2018 (Mulok et al., 2022). Domestic violence cases reported under the Department of Social Welfare (2019-2021) indicated a similar increase across

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the year 2019 (670 cases) and 2021 (1234 cases). However, these numbers do not reflect the exact IPV situation in Malaysia, as some cases go unreported. In addition, domestic violence is an umbrella term for IPV (within marital relationships), child abuse and elder abuse (Huecker et al., 2022). Hence, domestic violence cases reported may involve violence against children or family members other than one's partner.

There are concerns about the mental health struggles faced by those experiencing IPV. Various studies have revealed positive associations between IPV and psychological distress (e.g., Ahmad et al., 2018, Fortin et al., 2012; K1sa et al., 2019; Knight & Hester, 2016), depression (Ahmad et al., 2018; Sharma et al., 2019), anxiety (Ahmad et al., 2018; Sharma et al., 2019), trauma-related stress (Sharma et al., 2019), and substance abuse (Sharma et al., 2019). The distress resulting from the violence is long-lasting and persists even after the relationship ends (Rakovec-Felser, 2014). The association between IPV and psychological distress shows the importance of viewing the impact of IPV beyond the physical body, into the human psyche.

There are various reasons why an individual remains in an abusive situation. Some do not escape or report the violence due to shame (Birdsey & Snowball, 2013; Bradbury-Jones & Isham, 2020), fear of retaliation (Birdsey & Snowball, 2013) and more, while others stay out of fondness towards their partner despite the aggression faced. The latter is attributed to a rare phenomenon known as Stockholm syndrome (SS). SS was made known during a hostage situation in Stockholm, Sweden (Adorjan et al., 2012). Despite being threatened and abused, the captives became attached to their captors and were willing to defend them from legal charges (Casassa et al., 2022). In abusive relationships, the victim bonds with the abuser and develops an unrealistic and dissociative interpretation of the abuse (Ahmad et al., 2018; Howell, 2014; Lahav

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et al., 2022). For instance, abuse could be interpreted as acts of love instead. This attachment to the abuser is explained as an unconscious response or coping mechanism (Adorjan et al., 2012; Ahmad et al., 2018; Bachand & Djak, 2018; Jülich & Oak, 2016; Rahme et al., 2021) to the fear and revelation that protection and survival are in the abuser's hands.

According to Graham et al. (1995), SS comprises three components: core Stockholm syndrome, psychological damage, and love-dependency (Graham et al., 1995). Core Stockholm syndrome refers to the cognitive distortions experienced, and the strategies developed and used to cope with the abuse. Psychological damage is characterised by the loss of sense of self, lowered self-esteem, depression, anxiety, and interpersonal issues. Love-dependency is distinguished by an all-or-nothing belief, such as when an individual believes that life is meaningless and they cannot survive if their partner were to leave them (Graham et al., 1995).

### **Problem Statement**

Despite many resources available to foster understanding and prevent partner-perpetrated violence in Malaysia, the number of reported IPV cases shows an increasing trend (Mulok et al., 2022). Many studies in Malaysia have focused on IPV, such as help-seeking behaviour (i.e., Hassan et al., 2015), factors associated with IPV (i.e., Shahar et al., 2020) and more. However, there are little to no studies exploring the correlations between IPV, SS and psychological distress. The literature gap poses some issues which the present study will attempt to address.

The first problem the present study intends to address is the lack of studies on IPV, SS, and psychological distress in the Malaysian context. Most studies on SS are conducted within the Western (e.g., de Fabrique et al., 2007; Jülich, 2005) and South Asian (e.g., Ahmad et al., 2018;



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Casassa et al., 2022) contexts. Furthermore, most literature on SS is from over a decade ago (e.g., Cantor & Price, 2007; de Fabrique et al., 2007; Namnyak et al., 2008). To the researchers' knowledge, only one recent study has been conducted on the association between IPV, psychological distress, and SS as a mediator (i.e., Ahmad et al., 2018), which was within a Pakistani sample. As such, the mediating role of SS on IPV and psychological distress warrants additional research. In addition, due to cultural differences and social changes over time, the findings of the study cannot be readily generalised to the current Malaysian population. Therefore, the present study aims to delve into the association between IPV, SS and psychological distress to contribute to the literature on similar topics.

The next problem that the present study addresses is the lack of awareness of SS among Malaysians. The lack of awareness can be attributed to SS being a rare phenomenon and understudied in Malaysia. With IPV, praise and comfort are given when the individual has left the abusive relationship (Halket et al., 2014). However, IPV victims that choose not to leave the abusive relationship are typically shamed and blamed (Halket et al., 2014; Women's Aid Organisation, 2021). According to a survey conducted by the Women's Aid Organisation (2021), 44.9% of 1000 Malaysians surveyed are of the consensus that individuals exposed to abuse in a relationship are to blame or responsible for the violence if they continue to stay with their abusive partner. However, most fail to comprehend the possibility of cognitive distortion within the victim towards the abusive situation due to SS. The lack of understanding, shame and blame that falls on the victim would result in the victim internalising the blame (Halket et al., 2014) and lead to greater psychological distress. Hence, the present study focuses on SS and its link between IPV and psychological distress to increase public awareness of SS.

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Furthermore, there are limited studies on SS in IPV situations. Most studies focus on SS and domestic violence, where the violence happens within a family structure (e.g., Jülich, 2005; Obeid & Hallit, 2018). As such, the abuser and victim in such studies are not limited to intimate partners. This leads to uncertainty in the relevance of the studies' findings among unmarried couples. From a study by Wong et al. (2016), cohabiting individuals were at a greater risk of experiencing IPV than married individuals. With norms in intimate relationships leaning towards delayed and non-marriage (Abdullah et al., 2021), there is a need to look at both SS and IPV beyond the marriage status. Therefore, the present study delves into SS within IPV situations by focusing on individuals in intimate relationships, regardless of marital status.

Lastly, a problem that the present study intends to address is the lack of resources available to help IPV victims with SS tendencies. Resources for IPV victims in Malaysia are mainly targeted at those aware of and wanting to leave the abuse. For instance, counselling services (Hassan et al., 2015), domestic violence hotlines (UN Women, 2020a), and shelters by government and non-governmental organisations (Hassan et al., 2015). However, there are limited resources catered to IPV victims that stay in abusive relationships due to the cognitive dissonance caused by SS. This decreases the likelihood of IPV victims escaping the abuse, leading to greater psychological distress (Colucci & Montesinos, 2013). Thus, the present study aims to explore the mechanisms leading to the development of SS among IPV victims. This provides relevant authorities and professionals with insight on how to better formulate resources to help Malaysian IPV victims with SS tendencies.

### **Research Questions**

1) Is there a correlation between IPV and SS among couples in Malaysia?

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- a) Does physical IPV correlate with core Stockholm syndrome among couples in Malaysia?
  - b) Does physical IPV correlate with psychological damage among couples in Malaysia?
  - c) Does physical IPV correlate with love-dependence among couples in Malaysia?
  - d) Does non-physical IPV correlate with core Stockholm syndrome among couples in Malaysia?
  - e) Does non-physical IPV correlate with psychological damage among couples in Malaysia?
  - f) Does non-physical IPV correlate with love-dependence among couples in Malaysia?
- 2) Is there a correlation between SS and psychological distress among couples in Malaysia?
- a) Does core Stockholm syndrome correlate with psychological distress among couples in Malaysia?
  - b) Does psychological damage correlate with psychological distress among couples in Malaysia?
  - c) Does love-dependence correlate with psychological distress among couples in Malaysia?
- 3) Is there a correlation between IPV and psychological distress among couples in Malaysia?
- a) Does physical IPV correlate with psychological distress among couples in Malaysia?
  - b) Does non-physical IPV correlate with psychological distress among couples in Malaysia?
- 4) Does SS mediate the association between IPV and psychological distress among married couples in Malaysia?
- a) Does core Stockholm syndrome mediate the association between physical IPV and psychological distress among couples in Malaysia?
  - b) Does psychological damage mediate the association between physical IPV and psychological distress among couples in Malaysia?

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- c) Does love-dependence mediate the association between physical IPV and psychological distress among couples in Malaysia?
- d) Does core Stockholm syndrome mediate the association between non-physical IPV and psychological distress among couples in Malaysia?
- e) Does psychological damage mediate the association between non-physical IPV and psychological distress among couples in Malaysia?
- f) Does love-dependence mediate the association between non-physical IPV and psychological distress among couples in Malaysia?

### **Research Objectives**

#### *General Objectives*

The present study aims to investigate the mediating role of SS in the association between IPV and psychological distress among couples in Malaysia.

#### *Specific Objectives*

- 1) To examine the correlation between IPV and SS among couples in Malaysia.
  - a) To examine the correlation between physical IPV and core Stockholm syndrome among couples in Malaysia.
  - b) To examine the correlation between physical IPV and psychological damage among couples in Malaysia.
  - c) To examine the correlation between physical IPV and love-dependence among couples in Malaysia.

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- d) To examine the correlation between non-physical IPV and core Stockholm syndrome among couples in Malaysia.
  - e) To examine the correlation between non-physical IPV and psychological damage among couples in Malaysia.
  - f) To examine the correlation between non-physical IPV and love-dependence among couples in Malaysia.
- 2) To examine the correlation between SS and psychological distress among couples in Malaysia.
    - a) To examine the correlation between core Stockholm syndrome and psychological distress among couples in Malaysia.
    - b) To examine the correlation between psychological damage and psychological distress among couples in Malaysia.
    - c) To examine the correlation between love-dependence and psychological distress among couples in Malaysia.
- 3) To examine the correlation between IPV and psychological distress among couples in Malaysia.
    - a) To examine the correlation between physical IPV and psychological distress among couples in Malaysia.
    - b) To examine the correlation between non-physical IPV and psychological distress among couples in Malaysia.
- 4) To identify the mediating role of SS in the association between IPV and psychological distress among couples in Malaysia.

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- a) To identify the mediating role of core Stockholm syndrome in the association between physical IPV and psychological distress among couples in Malaysia.
- b) To identify the mediating role of psychological damage in the association between physical IPV and psychological distress among couples in Malaysia.
- c) To identify the mediating role of love-dependence in the association between physical IPV and psychological distress among couples in Malaysia.
- d) To identify the mediating role of core Stockholm syndrome in the association between non-physical IPV and psychological distress among couples in Malaysia.
- e) To identify the mediating role of psychological damage in the association between non-physical IPV and psychological distress among couples in Malaysia.
- f) To identify the mediating role of love-dependence in the association between non-physical IPV and psychological distress among couples in Malaysia.

### **Research Hypotheses**

H<sub>1a</sub>: Physical IPV positively correlates with core Stockholm syndrome among couples in Malaysia.

H<sub>1b</sub>: Physical IPV positively correlates with psychological damage among couples in Malaysia.

H<sub>1c</sub>: Physical IPV positively correlates with love-dependence among couples in Malaysia.

H<sub>1d</sub>: Non-physical IPV positively correlates with core Stockholm syndrome among couples in Malaysia.

H<sub>1e</sub>: Non-physical IPV positively correlates with psychological damage among couples in Malaysia.

H<sub>1f</sub>: Non-physical IPV positively correlates with love-dependence among couples in Malaysia.

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H<sub>2a</sub>: Core Stockholm syndrome positively correlates with psychological distress among couples in Malaysia.

H<sub>2b</sub>: Psychological damage positively correlates with psychological distress among couples in Malaysia.

H<sub>2c</sub>: Love-dependence positively correlates with psychological distress among couples in Malaysia.

H<sub>3a</sub>: Physical IPV positively correlates with psychological distress among couples in Malaysia.

H<sub>3b</sub>: Non-physical IPV positively correlates with psychological distress among couples in Malaysia.

H<sub>4a</sub>: Core Stockholm syndrome significantly mediates the association between physical IPV and psychological distress among couples in Malaysia.

H<sub>4b</sub>: Psychological damage significantly mediates the association between physical IPV and psychological distress among couples in Malaysia.

H<sub>4c</sub>: Love-dependence significantly mediates the association between physical IPV and psychological distress among couples in Malaysia.

H<sub>4d</sub>: Core Stockholm syndrome significantly mediates the association between non-physical IPV and psychological distress among couples in Malaysia.

H<sub>4e</sub>: Psychological damage significantly mediates the association between non-physical IPV and psychological distress among couples in Malaysia.

H<sub>4f</sub>: Love-dependence significantly mediates the association between non-physical IPV and psychological distress among couples in Malaysia.

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### **Significance of Study**

The findings of the present study would enrich the literature on the association of IPV, SS and psychological distress within the Malaysian context. With limited recent studies exploring the linkage between the three variables, the mediating role of SS on IPV and psychological distress is not researched adequately. Thus, the present study aims to fill the research gap by exploring similar associations within a Malaysian sample. The findings of the present study can strengthen past findings as well as provide new points of discussion in understanding the links between IPV, SS and psychological distress.

Moreover, the present study's findings can broaden the public's understanding of SS within the Malaysian context. As most studies conducted in Malaysia are regarding IPV and psychological distress (e.g., Ghani et al., 2014; Rauf & Ayob, 2020; Welton-Mitchell et al., 2019), there is a lack of studies exploring the association between IPV and SS, as well as SS and psychological distress. In addition, SS as a mediator in the present study can enhance the public's understanding of the underlying mechanisms of IPV victims developing psychological distress. Increased awareness of SS enables one to be better equipped to help victims of IPV, and aids in reducing stigma and blame of the victim if they stay in the abusive relationship.

The results of the present study can enrich literature of SS in the context of IPV situations. Past studies were mainly focused on SS in domestic violence situations, as mentioned in the problem statement. Hence, the association between SS and intimate partners beyond the confines of marriage are not researched adequately. The present study's findings can also provide insight for policymakers on implementing policies or legislation that can better protect IPV victims. This is because IPV victims are not as protected as domestic violence victims under the



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Domestic Violence Act 1994 (DVA 1994) (Act 521) unless they are spouses or former spouses of the perpetrator (Naa'im et al., 2022).

Lastly, the findings of the present study provide relevant authorities and health professionals insight into ways to help IPV victims with SS tendencies. The findings can help health professionals be better equipped to handle individuals in such predicaments. With the study being conducted within the Malaysian context, measures that suit local IPV victims' needs can be taken to alleviate the psychological distress experienced. In addition, educational resources targeted to Malaysians can be created to increase public awareness of the association between IPV, SS and psychological distress.

### **Conceptual Definitions**

#### ***Intimate Partner Violence (IPV): Physical IPV and Non-Physical IPV***

The American Psychological Association Presidential Task Force on Violence and the Family (1996) defined IPV as the actual or threatening physical, sexual, psychological, financial, or stalking abuse committed by a current or former partner. Physical violence is defined as “the intentional use of physical force with the potential for causing death, disability, injury, or harm” (Centers for Disease Control and Prevention, 2017, p. 11). On the other hand, Miller (1995) categorised non-physical violence into four dimensions, namely emotional, psychological, social, and economic abuse.

#### ***Stockholm Syndrome (SS)***

The term “Stockholm Syndrome” was coined after a failed bank robbery in Stockholm, Sweden, in 1973, during which the hostages formed intimate bonds with their captors (Ahmad et

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al., 2018). Thereafter, scholars and mental health practitioners have seen a similar pattern in the victims of various scenarios, including rape, abusive relationships, child abuse, and various other high-risk hostage situations (Demarest, 2009). Superable (2017) defined SS as the positive feelings among victims towards the abusers due to the lack of empowerment in the relationships. Favaro et al. (2000) hypothesised that the bond between victim and abuser develops as part of the victim's defence mechanism, enabling them to sympathise with the abuser, leading to acceptance of the situation, thus sustaining survival in other potentially high-risk conditions. Researchers use the terms “traumatic bonding”, “terror bonding” and “battered women syndrome” interchangeably to characterise SS (Graham et al., 1995; Cassidy, 2000).

### ***Psychological Distress***

Psychological distress is referred to as a distinct, unpleasant emotional state experienced by an individual in reaction to a specific stressor or demand that causes temporary or permanent harm to the person (Ridner, 2004).

### **Operational Definitions**

#### ***Intimate Partner Violence (IPV): Physical IPV and Non-Physical IPV***

The Partner Abuse Scale–Physical and Non-physical (PASP and PASNP; Hudson, 1997) was used to measure physical and non-physical IPV. The physical partner abuse scale contains items about physical and forced sexual assault, whereas the non-physical partner abuse scale evaluates psychological abuse or coercive behaviour. In both scales, higher scores indicate more abuse.

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### *Stockholm Syndrome (SS): Core Stockholm Syndrome, Love-Dependence, Psychological Damage*

The Stockholm Syndrome Scale (SSS; Graham et al., 1995) was used to identify the existence of SS, including three dimensions: core Stockholm syndrome, love-dependence, and psychological damage.

**Core Stockholm Syndrome.** The first dimension of SSS is the core Stockholm syndrome, which is characterised by cognitive distortions and other strategies for coping with abuse. The cognitive distortions include self-blame, rationalising the abuser's violent behaviour, and the victims often reported love in fear (Graham et al., 1995). The higher scores indicate higher cognitive distortions among the victims who are stuck in abusive relationships.

**Psychological Damage.** The third dimension of SSS is psychological damage, which manifests as depression, low self-esteem, and loss of sense of self (Graham et al., 1995).

**Love-Dependence.** The second dimension of SSS is love-dependence, which brings the definition of the feeling that one cannot survive without one's partner's love (Graham et al., 1995). The higher scores in this dimension suggest that the abused are reluctant to escape from the relationships because they perceive that they could not live without the abuser.

### *Psychological Distress*

The Kessler Psychological Distress Scale (K10; Kessler et al., 2002) was used to assess an individual's psychological distress using questions concerning anxiety and depressive symptoms experienced in the previous four weeks. The higher the score in K10, the more likely the person will have a severe mental disorder.

## Chapter II

### Literature Review

#### Intimate Partner Violence (IPV) and Stockholm Syndrome (SS)

In many cases, SS occurs with immense stressors or traumatic experiences with a dominant perpetrator or power imbalance (Adorjan et al., 2012; Bachand & Djak, 2018; Casassa et al., 2022). Regardless of whether the IPV occurs in the form of physical or non-physical abuse, victims of IPV will experience symptoms of SS. This is evident where Rahme et al. (2021), using the Partner Abuse Scale (PAS), showed that both physical and non-physical IPV correlated positively with SS. Moreover, Ahmad et al. (2018) also found a positive correlation between IPV and SS, where IPV was measured through the Hurts, Insult, Threaten and Scream (HITS) Scale. The five items in the HITS include physical (e.g., physical acts of abuse and forced sexual intercourse) and non-physical IPV (e.g., insult, threatening, and screaming by partner). There was a case study done on a 50-year-old woman where she was held hostage by two gunmen and was both physically and verbally abused. Nevertheless, she said that she had positive feelings towards the perpetrators when she was interviewed after the incident (de Fabrique et al., 2007). On the contrary, Dardis et al. (2017) and Minto et al. (2020) depicted non-physical IPV as less abusive than physical IPV and needed to occur more frequently before being recognised as abuse. In these circumstances, it is posited that victims of non-physical IPV are more likely to develop SS, wherein they still have positive feelings towards the perpetrator after being abused.

The study by Ahmad et al. (2018) depicted that physical and non-physical IPV is positively associated with all three dimensions of SS (core Stockholm syndrome, psychological damage, and love-dependence). Both physical and non-physical IPV caused the

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victim to rationalise the abuser's behaviour (characteristics of core Stockholm syndrome), regardless of whether the partners physically hit, or force the victims to engage in sexual behaviours with which they are uncomfortable, or insult, threaten, and shout at the victims. In the context of psychological damage, it is said that victims of IPV feel lucky to have partners at all, thus, they are likely to stay in violent relationships out of concern that they will not be able to find another (Effiong et al., 2022). This psychological damage happens among the victims because of their low self-esteem, making them reluctant to escape from the physical or psychological violence. Other than that, victims of IPV also perceive their survival as dependent on the partner's love, that they would not be able to live without their abusive partners (Graham et al., 1995). To some extent, the abused may even idolise the abuser (Effiong et al., 2022). According to Messing et al. (2021), love-dependent individuals also value their partner's affection and protection more than any misery the partner may be causing them.

Ahmad et al. (2018) found that IPV is highly correlated with SS, specifically its three components (core Stockholm syndrome, psychological damage, and love-dependence). With IPV, the abuse faced by victims can lead to SS. SS is deemed to be an individual's survival or coping mechanism in dealing with the overwhelming stress of the abuse, particularly at the hands of their partners (Ahmad et al., 2018; Adorjan et al., 2012; Bachand & Djak, 2018; Jülich & Oak, 2016; Rahme et al., 2021). In addition, there is a possibility of cognitive distortion whereby victims would develop positive feelings for the abusers despite the abuse they experience (Ahmad et al., 2018; Jülich & Oak, 2016). The cognitive distortion gives the victims a false sense of agency whereby they perceive that they are in control of the dynamics of the relationship (Jülich & Oak, 2016). Often, it includes minimalisation and rationalisation of the

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abusers' aggressive behaviour and involves the victims perceiving themselves as the bad person and the abuser as good (Ahmad et al., 2018; Jülich & Oak, 2016). Victims with SS often display submissive behaviours or defend their abusers from legal charges and prosecution as well (Adorjan et al., 2012; Casassa et al., 2022; Howell, 2014; Rahme et al., 2020). Repeated abuse inculcates feelings of helplessness (Begum et al., 2015; Nuvvula, 2016; Rahme et al., 2021), causing the victims to view their partner as the primary person in control within the relationship (Ahmad et al., 2018; Adorjan et al., 2012).

### **Stockholm Syndrome (SS) and Psychological Distress**

Due to limited recent studies on SS and psychological distress, later literary works from beyond a decade ago will also be included to explore the link between the two variables. Speckhard et al. (2005a) interviewed hostages held captive by suicidal terrorists in Moscow, Russia, in 2002. SS was deemed to be an unconscious strategy (Ahmad et al., 2018; Adorjan et al., 2012; Bachand & Djak, 2018; Jülich & Oak, 2016; Rahme et al., 2021) wherein identification with the aggressors (McKenzie, 2004) was a coping mechanism to deal with the distress of not being able to do anything and being unable to express strong emotions (Speckhard et al., 2005a). With time and the occasional kindness from the captors, the hostages recounted how they were more afraid of the situation than the captors and had started to make positive attributions to the captors (McKenzie, 2004; Speckhard et al., 2005a). This is in accordance with the four precursors of SS proposed by Graham et al. (1995): perceived threat to survival, perceived kindness from perpetrator, isolation of victim, and perceived inability to escape. However, Speckhard et al. (2005a) did mention that others may see the positive feelings towards the captors as negative. Inaction, suppression of emotions, and positive emotions towards the

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captors by the hostages were subjects of criticism and scrutiny, leading to greater psychological distress for the survivors (Speckhard et al., 2005a). In addition, feelings of grief towards the death of the terrorists, as well as guilt over having bonded with the captors, were another source of psychological distress for the survivors (Speckhard et al., 2005a; Speckhard et al., 2005b).

Within the context of abusive relationships, an individual with SS would stay in the relationship out of love for their partner (Casassa et al., 2022; Karan & Hansen, 2018; Rahme et al., 2021). The cognitive distortion experienced due to the perceived threat to survival leads them to think that staying with their partner is the better option (Karan & Hansen, 2018). As such, it is hard for an individual to break free from the relationship due to the positive emotions that they still have towards their partner. Ahmad et al. (2018) found that two components of SS (Core Stockholm syndrome and psychological damage) significantly positively affected psychological distress. When abuse occurs, the victim may perceive themselves as the ones at fault (Ahmad et al., 2018; Jülich & Oak, 2016), which increases psychological distress (Sigurvinsdottir et al., 2020). Over time, the individual may feel burned out and become too depressed to leave the abusive relationship (Begum et al., 2015; Nuvvula, 2016; Rahme et al., 2021). This perpetuates the abusive cycle and causes the individual to face great levels of psychological distress (Rahme et al., 2021).

### **Intimate Partner Violence (IPV) and Psychological Distress**

Past literature has shown how IPV is significantly positively associated with psychological distress (e.g., Ahmad et al., 2018, Fortin et al., 2012; Kisa et al., 2019; Knight & Hester, 2016). Ahmad et al. (2018) found that IPV correlated significantly with anxiety and depression, but not stress. According to Fortin et al. (2012), female victims of psychological IPV

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experienced more distress than male victims. Regarding gender differences in the increase of psychological distress, psychological violence was the only factor for female victims, while for male victims, the factors were psychological and physical violence (Fortin et al., 2012). In the study conducted by K1sa et al. (2019) among abused women in Turkey, half of the participants experienced moderate to severe hopelessness. Findings revealed that higher levels of hopelessness were associated with higher levels of psychological distress (K1sa et al., 2019). The review by Knight and Hester (2016) on domestic violence among older adults revealed a strong correlation between domestic violence and increased mental and physical problems. Older victims would be more affected physically than mentally and may experience lower levels of psychological distress than younger victims (Knight & Hester, 2016).

Physical IPV comprises physical and sexual abuse. Physical abuse involves causing harm or injury to an individual via bodily contact. Sexual abuse is forced sexual contact against the victim's wishes or without their consent (Hudson, 1997). A study by Rees et al. (2016) researched the types of IPV and their association with various mental health indicators namely, depression, posttraumatic stress disorder (PTSD), and psychological distress. The associations were greater for the category of physical abuse only. A significant increase in the association was noted when physical and non-physical IPV was combined (Rees et al., 2016). On the other hand, researchers agreed that non-physical IPV comprises emotional, social, verbal, and financial abuse (Miller, 1995; Minto et al., 2020). The abusive partners, using physical and psychological violence, aim to deprive the victims' individuality and destroy their subjectivity, leading to the victims experiencing guilt, shame and fear (Troisi, 2018).



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Individuals facing abuse or having experienced abuse are often reported as dealing with mental health struggles and psychological trauma (Herman, 2015). The psychological distress faced by victims is most intense when their psychological and physical well-being is threatened (Fortin et al., 2012) and they cannot escape from the abusive relationship (Colucci & Montesinos, 2013). In abusive relationships, the perpetrator often tries to isolate (Colucci & Montesinos, 2013; Karan & Hansen, 2018; Lehmann et al., 2012). This renders them dependent on the perpetrator and makes them think that only their partner is reliable (Obeid & Hallit, 2018). As such, when the abuse starts, the victim has fewer means of escaping the abusive relationship (Colucci & Montesinos, 2013) which increases the level of psychological distress. For male victims of IPV, greater psychological distress is noted when the authorities do not take their report seriously or dismiss it (Fortin et al., 2012; Hine et al., 2022). Males are seen as improbable victims of IPV, as society believes that females are usually the victims of IPV (Bates, 2020). If the female partner was aggressive, it would be initially regarded as self-defence (Bates, 2020; Hine et al., 2022). Men are also considered strong individuals, capable of defending themselves when needed (Hine et al., 2022).

In patriarchal societies where violence is seen as a normative means of ensuring obedience (Zakar et al., 2013), the level of psychological distress may not be too high as violence is accepted within the culture (Rahme et al., 2021; Welton-Mitchell et al., 2019). Violence is deemed a way to gain control of a situation, resolve conflict, provide a sense of power, and enforce gender hierarchy (Sayem et al., 2012; Zakar et al., 2013). A study by Welton-Mitchell et al. (2019) among the Rohingya community in Malaysia revealed that male and female participants agreed that men are allowed to punish women if the latter is disobedient

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(Sayem et al., 2012; Zakar et al., 2013) and that punishment equates to love. The same study also found that both men and women reported low rates of mental health symptoms (Welton-Mitchell et al., 2019). However, the authors did caution readers that there are doubts about whether the results reflect the samples accurately or whether the low scores are due to misinterpretation of the items or stigma (Welton-Mitchell et al., 2019). The study by Welton-Mitchell et al. (2019) revealed how the Rohingya women shared that women would be laughed at for trying to report IPV experiences as IPV is considered a private matter and violence is normative within their culture (Shuib et al., 2013). The lack of support from their community and justification of violence would lead to increased psychological distress among IPV victims as well as reinforce related stigma on reporting IPV (Welton-Mitchell et al., 2019).

### **The Mediating Role of Stockholm Syndrome**

The correlation between intimate partner violence (IPV) and Stockholm syndrome (SS) has been well established, both quantitatively (Effiong et al., 2022; George, 2015) and qualitatively (Koch, 2018; Scheffer Lindgren & Renck, 2008; Simonič & Osewska, 2020). The victims of domestic violence reported feelings of oscillation between violence and warmth, whereby the abuser will express regret and ask for forgiveness following the violent episodes (Scheffer Lindgren & Renck, 2008). One interviewee from the study mentioned that the more she was beaten by the man, the more she loved him, and that the distinct power differences made her feel that she had to return to the abuser. As such, strong emotional bonds between the abuser and the victims are established. SS is developed when the victims are attached to abusive relationships, and thus create a vicious cycle of violence (Simonič & Osewska, 2020).

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According to past studies, SS showed a positive correlation with psychological distress, although researchers measured psychological distress from different dimensions such as stress, depression, anxiety, trauma-related distress, and posttraumatic stress disorder (PTSD) (Ahmad et al., 2018; George, 2015; Lahav, 2021; Shaughnessy, 2022). The victims characterised by the symptoms of SS tend to deny the abuse or feel blameworthy for the abuse. In addition, by absorbing the aggressiveness of the perpetrators, they may turn that aggression inward and be more prone to engaging in self-destructive behaviours (Lahav, 2021). As such, these individuals may become particularly vulnerable to psychological distress.

The present study aims to understand why people in abusive relationships choose to remain together with the abusers. Therefore, acknowledging SS as a coping mechanism is a foundation for understanding the link between IPV and psychological distress. Ahmad et al. (2018) showed that two components of SS (core Stockholm syndrome and psychological damage) mediated the correlation between IPV and psychological distress. Core Stockholm syndrome mediates the link by which the victims tend to rationalise the physical and/or non-physical abuse. The victims might justify the abuse by thinking, “My partner abused me because I deserve it, not because he is abusive” (George, 2015). In the context of psychological damage, the abused might deny any evidence that contradicts her belief that the marriage is healthy and that the abuser still loves him/her. As a result, the victim is not willing to leave the abuser because of the emotional disruption that there will be no one that loves her except the violent partner (Effiong et al., 2022). Phollawan (2017) confirmed that physical, mental and sexual abuse by partners is related to PTSD because of the SS that the victims had experienced. As the victims are stuck in relationships with no alternative solution to avoid violence, they are forced to experience permanent mental pressure and stress (Phollawan, 2017). To add on, Ahmad et al.

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(2018) depicted that love-dependence did not mediate the link between IPV and psychological distress. This might be because the victims were cognitively distorted that they justify the violent act, wherein they believe that their partner's love and protection are more important than any harm and pain that the partner may be causing them (Effiong et al., 2022; Messing et al., 2021). As a result, the love-dependent victims will not experience psychological distress because they are convinced that they are being loved and valued by their abusive partners.

Combining the correlations between IPV and SS, SS and psychological distress, it is hypothesised that SS mediates the association between IPV and psychological distress. The emotional bond between the abuser and the victim is reinforced when the former repents and apologises while the latter accepts the apology. Consequently, the victim begins to take the blame for the abuse when there is increasing violence, and he/she has to do something to prevent the violence from occurring. Cognitive reactions such as self-blame and introjection are triggered, thereby shifting the responsibility for the violence to the victim rather than the abuser (Simonič & Osewska, 2020). Additionally, SS keeps the victim trapped in the abusive relationship, allowing for additional traumatic IPV, which can result in psychological distress (Shaughnessy, 2022). Ahmad et al. (2018), using theoretical grounds from another perspective (e.g., Dutton & Painter, 1993; Graham et al., 1995), hypothesised that SS serves as a coping mechanism to avoid confronting their helplessness in a violent incident. As such, the victims of IPV who chose to stay in the abusive relationship did not report experiencing psychological distress because it is overcome by the distortions caused by SS (Ahmad et al., 2018). Although Ahmad et al. (2018) studied the association between IPV and psychological distress, with SS being the mediator, no study has been done in Malaysia, to the researchers' knowledge. Moreover, the study was conducted in Pakistan, where the patriarchal system is widely practised

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that the incidents of domestic violence are rarely reported because Pakistan women endure this violence silently (Hadi, 2017). Therefore, the present study intends to investigate the mediating role of SS in the Malaysian context, where IPV is positively associated with psychological distress via SS.

### **Theoretical Framework**

The learned helplessness (LH) theory was first introduced by Seligman (1975). Learned helplessness is a behavioural response that happens when people realise that the results of their actions are beyond their control (Winterflood & Climie, 2020). For instance, a child having trouble solving puzzles and consistently failing to complete the puzzle may soon begin to feel that nothing he does is likely to improve his performance. As a result, he may experience a sense of helplessness when he subsequently encounters puzzle-related tasks. Putting the theory to explain IPV, learned helplessness occurs when the victims experience unfavourable outcomes (e.g., being abused), independent of one's behaviour (e.g., trying very hard not to trigger the abuser) and continues to influence the victims' future behaviours (e.g., no longer willing to try to escape from the abusive relationship).

From the motivational perspective, victims develop LH because they are demotivated to change their current state due to their previous experiences. Patel et al. (2011) posited that abused women were reluctant to leave abusive relationships because they perceived that they had no control over the violence and the controlling abusers, further increasing their vulnerability to IPV. Studies have shown that the victims experienced a loss of control after the incident of psychological abuse and LH (Andrews et al., 2020; Buser & Hackney, 2012). As a result, the perceived loss of control led to the victims' maladaptive coping styles, such as self-harm and

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substance abuse, as a way to gain a sense of control through the experience of dominating the body (Buser & Hackney, 2012). According to Winterflood and Climie (2020), individuals who believe they have no control over the outcome are more likely to become helpless than those who believe they can govern the situation.

Furthermore, individuals who suffer from LH also exhibit changes in emotionality (Winterflood & Climie, 2020). Victims of IPV are more emotionally aroused when violent events first occur. The emotional responses are usually characterised as fear. Nevertheless, the fear diminishes after subsequent recurrent violent incidents as the person realises that the outcome is uncontrollable, and that depressive feelings start to take hold (Winterflood & Climie, 2020). Bargai et al. (2007) study on 102 Israel-abused women confirmed that higher levels of LH increased the likelihood of posttraumatic stress disorder (PTSD) and depression among the victims of domestic violence. The psychological consequences are evident in many studies, including depression, anxiety, phobia, PTSD, eating disorders, poor self-esteem, and suicide attempts (Humphreys et al., 2001; Rakovec-Felser, 2014; Walker, 2006).

Walker's (1978) cycle of violence, which advanced Seligman's learned helplessness theory, is used to explain how the LH theory is related to the link between IPV, SS and psychological distress. The cycle has three stages: tension building, acute battering, and the honeymoon phase. During the tension-building phase, violent incidents are usually characterised by verbal abuse, minor battering, and tension within intimate relationships (Wilson, 2019). When the tension is gradually built over several abusive events, the victims will assume responsibility for the battering and attempts to calm the aggressors to avoid greater violence. As the rationalisation of abusive behaviours fails to resolve the problems, the tension builds until it

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reaches a breaking point, where the acute battering incident occurs (Rakovec-Felser, 2014; Redd, 2019; Wilson, 2019). Wilson (2019) described the acute battering incident as the most injurious as abuse within this stage is physical, sexual, and/or emotional. Subsequently, during the honeymoon phase, the abuser typically apologises, seeks forgiveness, and perhaps promises that the abuse will never happen again. The perpetrators will also shower the victims with gifts, love, and affection (Rakovec-Felser, 2014; Redd, 2019). Wilson (2019) added that the victims at this time believe that the abuser would change and become reluctant to leave the relationship. Nevertheless, further acts of violence happen and trigger another cycle of violence.

Combining Seligman's (1975) learned helplessness theory and Walker's (1978) cycle of violence, it is said that the recurrence of IPV has led to the victims' psychological distress because they are undecided to escape from the abusive relationships due to the symptoms characterised by SS. Due to the long-lasting effect of psychological abuse, the effect of it (i.e., failure to control the outcome) is learned. The cycle of violence between the tension-building, acute battering and honeymoon phases also causes the recurrence of a violent event. Ultimately, victims of IPV develop psychological distress, which occurs in the form of depression, anxiety, phobia, PTSD, eating disorders, poor self-esteem, and suicide attempts (Ahmad et al., 2018; Humphreys et al., 2001; Rakovec-Felser, 2014; Walker, 2006).

### **Conceptual Framework**

The present study examined the association between IPV (independent variable) and psychological distress (dependent variable), where one single-head arrow starts from the IPV and points to the psychological distress. There are two dimensions under IPV: physical and non-physical IPV. Figure 1 indicated a correlation between IPV and psychological distress whereby

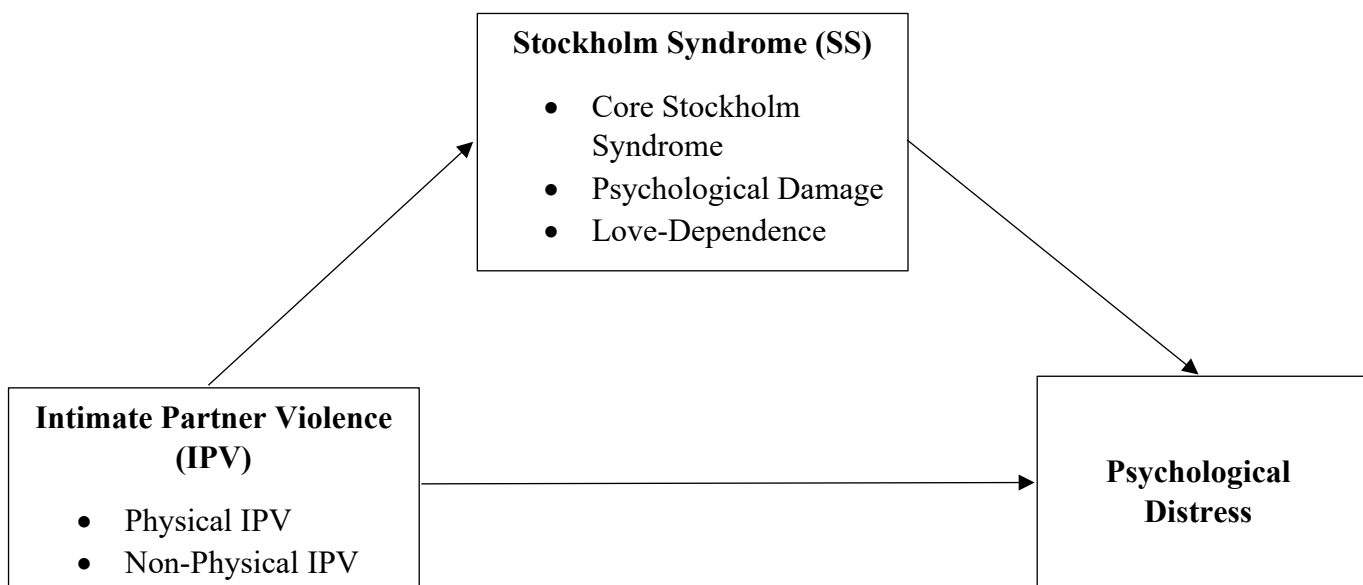
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each dimension of IPV (i.e., physical IPV and non-physical IPV) associates independently with psychological distress.

Moreover, SS was added as the mediator in the association between IPV and psychological distress. The link between IPV and SS, along with the association between SS and psychological distress, was measured in this study. The present study hypothesised that the higher the IPV, the higher the SS experienced by the victims, and thus leading to higher psychological distress. Therefore, adopting the learned helplessness (LH) theory and the cycle of violence can explain SS's mediating role in the association between IPV and psychological distress among couples in Malaysia.

### Figure 1

*Conceptual Framework of The Mediating Role of Stockholm Syndrome between Intimate Partner Violence and Psychological Distress*





### **Chapter III**

#### **Methodology**

##### **Research Design**

The present study is a quantitative study which adopted the survey research design to collect data among couples in Malaysia. Data, including personal information, IPV, SS and psychological distress, was collected through structured and self-administered questionnaires. The quantitative research method was employed so as the data collected can be analysed statistically (Apuke, 2017). Cross-sectional research design was used to collect data on all variables at one time. There are several vital points of using the cross-sectional study, whereby it is a relatively inexpensive approach to conduct research; it is also time-saving as data on all variables can be collected in a single timeframe (Wang & Cheng, 2020).

##### **Research Procedures**

###### ***Sampling Method***

Couples all over Malaysia were recruited using purposive sampling. Purposive sampling is a non-probability method in which respondents are selected based on their traits (Etikan, 2016). Purposive sampling is effective as it assists in the manual selection of cases to be included in the sample by targeting a pool of respondents with specific characteristics. Besides, purposive sampling is also commonly used to locate and select individuals who are deemed to have similar or comparable experiences (Palinkas et al., 2013). In addition, snowball sampling was utilised to reach more potential respondents through participants who have completed the survey research.

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### *Inclusion and Exclusion Criteria*

Before the participants participate in the survey research, the researchers have made sure the necessary inclusion criteria were met to yield valid results. For the respondents to be eligible to take part in the survey, the following inclusion criteria must be met: a) aged 18 and above, b) currently engaged and committed in a romantic relationship, c) currently or previously experiencing physical and/or non-physical IPV. Detailed definitions of physical and non-physical IPV were provided in the questionnaire to avoid confusion. The selection criteria are necessary to fulfil the present study's aim, as our study targets those who are currently or previously being physically and/or non-physically abused by their intimate partners. Individuals who fulfil these two criteria potentially develop SS (i.e., positive feelings among the abused towards the abusers). Therefore, screening questions were provided prior to the main part of the survey to ensure the participants fulfil the criteria mentioned. There were two phases of the survey, whereby the first phase (i.e., screening phase) comprised of several demographic questions (e.g., age, gender, religion) and whether or not the participants engaged in a committed romantic relationship and have experienced or are currently experiencing IPV. After the screening phase, the second phase is the real study where the researchers ensure all the respondents fulfil the inclusion criteria.

### *Location of the Study*

The present study focused on Malaysian populations from both West and East Malaysia. The survey research was conducted online as the questionnaire was generated using Qualtrics, an online survey platform.

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### *Ethical Clearance*

Before administrating the pretest, there are several ethical concerns that must be addressed. First, the complete questionnaire was submitted to the UTAR Scientific and Ethical Review Committee (SERC) for review. This is to ensure the researchers maintain the ethical quality throughout the study, as well as to guarantee that participants gave their informed consent before participating in the survey research. The researchers had sought ethical approval from the SERC to conduct the study (U/SERC/02/2023).

### **Sample Size, Power, and Precision**

The required sample size for the mediation model was calculated using the Monte Carlo Power Analysis for Indirect Effects (Schoemann et al., 2017). Each variable's correlation coefficients and standard deviations were inserted into the calculator. Other settings in the calculator were followed with regard to the manual by Schoemann et al. (2017). Since there are two dimensions of the independent variable (physical IPV and non-physical IPV), and three dimensions of the mediator (core Stockholm syndrome, psychological damage, and love-dependence), the sample size was calculated six times, and the average number of participants required was obtained. The sample size suggested by the Monte Carlo Power Analysis was 290 at 80% statistical power (see Appendix A). There was a total of 469 responses from both the English and Malay versions. Nevertheless, the response rate was 64.17% where 168 participants dropped out from the study. Moreover, there were 198 participants who did not fulfil the inclusion criteria of the present study, making a valid data count of 103.

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### **Data Collection Procedures**

There were two main channels to collect data: government and non-government agencies; and social media platforms. Firstly, the questionnaire (see Appendix D) was circulated to the target population via the government agency, specifically the Department of Social Welfare. Documentations including the application letter, confirmation from the university, research proposal, and a copy of the survey questionnaire were submitted via the 'Aplikasi My Research' to apply for data collection. After the application was being approved, the officers in-charged were contacted to help circulate the data among the target participants. Secondly, the researchers contacted the persons in charge of the government agencies and NGOs, including the Women's Aid Organisation (WAO), and the All Women's Action Society (AWAM) via email. Detailed information, such as the ethical clearance from UTAR, the objectives of this present study, and the recruitment poster, were attached to the email. The researchers requested the help of the agencies to circulate the survey questionnaire among the IPV victims that sought help from their agencies.

In addition, the questionnaire was also circulated through social media platforms, such as Whatsapp, Facebook, "Little Red Book" and Instagram. The recruitment poster for respondents was provided together with the QR code and the link to access the Qualtrics questionnaire. The recruitment poster was then posted on social media, as well as the existing survey groups on Facebook. There were several screening questions (i.e., demographic questions and the two main inclusion criteria) in the Qualtrics to ensure the respondents are eligible to participate in the present study. The respondents were to be only allowed to answer the real questionnaires if they fulfil all the criteria in the screening phase.

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The first section of the questionnaire contained the information sheet the participants shall know prior to participating in the study. It included information such as the purpose of the present study, risks and advantages, confidentiality, and researchers' contact details. The informed consent form in regard to confidentiality potentially encouraged the individuals to participate in the survey as they were notified that their identity will remain anonymous.

Lastly, the informed consent was provided so that the participants are aware that the responses will only be used for research purposes. Besides, the participants were also notified that they are free to withdraw from the study at any point of time if they feel uncomfortable answering the survey. The participants who agreed with the terms and conditions were required to complete the questionnaires. Finally, all respondents who successfully participated in the survey and completed the questionnaire were given a token of appreciation (i.e., RM 5 via Touch N' Go E wallet).

### **Instruments**

#### ***Stockholm Syndrome Scale (SSS)***

The Stockholm Syndrome Scale (SSS; Graham et al., 1995) was used to measure the presence of SS. The scale comprises 49 items divided into three subscales: Core Stockholm syndrome, Psychological Damage, and Love-Dependence. The present study utilized George's modified version of the SSS (2015). The modified version has 24 items with 8 items for each subscale. The scale uses a 7-point Likert scale from 1 (*Never*) to 7 (*Always*). Under the subscale of Psychological Damage, two items are to be reverse-scored. Scoring was done by obtaining the subscale score. The subscale score is the mean of all the subscale items. Higher scores denote higher levels of core Stockholm syndrome, psychological damage, and love-dependence

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respectively. The Cronbach's alpha coefficient was  $\alpha=.98$  for core Stockholm syndrome subscale,  $\alpha=.92$  for psychological damage subscale, and  $\alpha=.91$  for love-dependence subscale (Shaughnessy, 2022), indicating excellent internal consistency and reliability (George & Mallery, 2003). According to George (2015), the construct validity of SSS was confirmed using confirmatory factor analysis. The predictive validity of SSS was demonstrated with positive and significant associations with previously validated measures such as the Adult Attachment Questionnaire (Simpson et al., 1992) and a modified version of the Conflict Tactics Inventory (Straus, 1979).

### ***Partner Abuse Scales: Physical (PASPH) and Non-Physical (PASNP)***

The Partner Abuse Scales (Physical [PASPH] and Non-Physical [PASNP]; Hudson, 1997) were used to measure perceived physical and non-physical forms of IPV. The PASPH and PASNP scales comprise 25 items each and use a 7-point Likert scale from 1 (*None of the time*) to 7 (*All of the time*). Scoring was done by totalling the scores of each scale separately. The score ranges from 25-175. Higher scores of PASPH and PASNP indicate higher levels of physical and non-physical IPV, respectively. The Cronbach's alpha coefficient was greater than .90 for both subscales (Attala et al., 1994), indicating excellent internal consistency and reliability (George & Mallery, 2003). The PASPH and PASNP are well-validated, with the validity coefficient often achieving  $\geq .60$  in terms of content, construct, discriminant, and factorial validity (Attala et al., 1994; Hudson et al., 1995).

### ***Kessler Psychological Distress Scale (K10)***

The Kessler Psychological Distress Scale (K10; Kessler et al., 2002) measures non-specific psychological distress. K10 comprises ten items and uses a 5-point Likert scale from 1

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(*None of the time*) to 5 (*All of the time*). Scoring was done by totalling the scores of the ten items.

The score ranges from 10 to 50. Higher scores indicate higher levels of psychological distress.

The Cronbach's alpha coefficient was  $\alpha=.93$  (Kessler et al., 2002), signifying that the scale has excellent internal consistency (George & Mallery, 2003) and is reliable. The scale exhibits high factorial and construct validity (Kessler et al., 2002; Kessler et al., 2003) and has been validated in various countries. K10 has also been translated into various languages, such as Malay (Tiong et al., 2018), Mandarin (Chan & Fung, 2014), and more.

### **Translation Procedure**

The instruments, namely, SSS, PASPH, PASNP, and K10, are originally in English. As the study was to be conducted in Malaysia, there is a need for the instruments to be translated into the Malay language for better understanding of the items. This is because Malay is the official and national language of Malaysia.

Structured forward-backward translation was done for all the instruments, excluding K10, as there is a previously translated and validated Malay version of the scale (Tiong et al., 2018). First, the English version of the instruments was translated into Malay. Then, experts with relevant knowledge of SS and IPV translated the Malay version back into English without referring to the original English version of the instruments. Finally, a comparison between the two English versions was made to ensure that the Malay translation is accurate and equivalent to the English version (Lee et al., 2009). The Malay version of the questionnaire can be assessed through Appendix E.

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### **Pretest**

The pretest was conducted to assess the reliability of the instrument's items before distribution. Pretest is helpful because it ensures the items are clear and interpreted as intended by the participants (Ruel et al., 2016). The pretest involved the use of the English and Malay versions of the instruments. The survey questionnaire was distributed through the help of the aforementioned government agencies. Subsequently, 10 participants whose characteristics are similar to that required of the actual study were recruited. The pre-test participants were required to complete the survey. This allowed for the response latency, which is the time taken to answer an item and the whole survey, to be obtained as well (Ruel et al., 2016). In addition, the participants were required to answer three structured interview questions in the Qualtrics to obtain opinions on the survey and their suggestions for improvement. The reliability test was then conducted to obtain the Cronbach's Alpha coefficient. The results showed that the reliability of PASPH, PASNP, and K10 were .95, .96, .94 respectively. The subscales of SS reported scores of .69 for core Stockholm syndrome, .91 for psychological damage, and .97 for love-dependence. All the scales demonstrated excellent and strong reliability, except that the core Stockholm syndrome scale showed a reasonable reliability, according to the rule of thumb suggested by Taber (2017).

### **Actual Study**

The data collection for the actual study was conducted from the 17<sup>th</sup> April 2023 to 21<sup>st</sup> July 2023. The Cronbach's alpha coefficient for the PASPH, PASNP, and K10 were .95, .97, .94, respectively. On the other hand, the reliability for core Stockholm syndrome, psychological



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damage and love-dependence were .86, .83, .93 respectively. The Cronbach's Alpha coefficients for all scales indicated an excellent internal consistency.

**Table 1**

*Cronbach's Alpha for All Scales*

Scales	No. items	<i>Pre-test (n = 10)</i>			<i>Actual Study (n = 103)</i>		
		Cronbach's alpha	Mean	Standard Deviation	Cronbach's alpha	Mean	Standard Deviation
PASP	25	.96	33.2	15.33	.97	54.01	28.18
PASNP	25	.95	89.7	33.70	.95	84.73	33.03
CSS	8	.69	37.7	7.85	.86	31.72	11.54
PD	8	.91	40.1	12.61	.83	32.01	10.71
LD	8	.97	25.8	14.67	.93	24.88	12.45
K10	10	.94	25	9.95	.94	27.67	9.34

*Note.* PASP= Partner Abuse Scale Physical, PASNP= Partner Abuse Scale Non-Physical, CSS=

Core Stockholm Syndrome Subscale, PD= Psychological Damage Subscale, LD= Love-Dependence Subscale, K10= Kessler Psychological Distress Scale.

### Analysis Procedure

Data collected was analysed using the Statistical Package for Social Sciences (SPSS) version 23. Reliability of the scales was calculated using Cronbach's alpha coefficient. Pearson correlation coefficient was to measure the strength and direction of the association between the variables. Hayes SPSS Process Macro (Model 4) was used to determine the direct effects, indirect effects, and total effects between the variables (Hayes, 2018). The data was processed using descriptive and inferential statistics and converted into graphs, charts, and tables for easy understanding. Checks for skewness and kurtosis, histograms, Q-Q plots, and Kolmogorov-Smirnov tests were conducted to test for the assumption of normality. Furthermore, tests on

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independence errors such as Durbin Watson, and multicollinearity, such as Variance Inflation Factor (VIF) and tolerance, were conducted to check for the assumption of mediation analysis. Scatterplots were also be used to test normality, linearity, and homoscedasticity.

## Chapter IV

### Results

#### Missing Data and Data Cleaning

There were 372 responses for the English version survey and 97 for the Malay version. Among the 469 responses, 168 were incomplete, as participants did not finish answering the survey. As the survey was designed and completed using Qualtrics, respondents were required to answer all items before progressing to subsequent sections and submitting their responses. This function was intended to minimize the occurrence of missing data in the questionnaire. Nonetheless, it is suspected that the incomplete responses were due to survey participants quitting the Qualtrics survey, which is a common problem with online surveys. Additionally, 198 participants did not pass the screening phase of the survey, as they did not fulfil all of the three criteria for our study. All incomplete responses and those that did not meet the criteria were excluded, resulting in a valid data count of 103 (85 English responses and 18 Malay responses).

#### Demographic Statistics

##### *Demographic Information*

Table 2 displays the descriptive statistics to summarise the fundamental demographic details of the respondents in the present study. A total of 103 Malaysians aged from 18 to 57 ( $M = 27.1$ ,  $SD = 9.0$ ) participated in this study. The number of female participants (80.6%) surpasses that of male participants (19.4%). Regarding ethnicity, the majority (68.9%) are Chinese, while Malays constitute 22.3%, Indians comprise 6.8%, and a minor portion (1.9%) selected 'Others', identifying as Bumiputera and Bengali. Among the respondents, 78.6% of respondents are in a committed relationship, while 21.4% are married.

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As one of the criteria for this present study, respondents must have prior experience or be currently experiencing physical IPV and/or non-physical IPV. Respondents who fulfil either type of IPV are eligible for the study. It was found that 26.2% of respondents ( $n = 27$ ) did not experience physical IPV, 9.7% of respondents ( $n = 10$ ) are currently experiencing physical IPV, 64.1% ( $n = 66$ ) have experienced physical IPV before. In terms of non-physical IPV, 8.7% ( $n = 9$ ) does not experience non-physical IPV, 9.7% ( $n = 10$ ) are currently experiencing non-physical IPV, 81.6% ( $n = 84$ ) have experienced non-physical IPV before. 66% of the respondents ( $n = 68$ ) experienced (either have prior experience or is currently experiencing) both physical and non-physical IPV.

**Table 2**

*Demographic Information of Participants (N=103)*

Characteristics	<i>n</i>	%
<b>Gender</b>	83	80.6
Female	20	19.4
Male		
<b>Ethnicity</b>		
Chinese	71	68.9
Malay	23	22.3
Indian	7	6.8
Others	2	1.9
<b>Relationship status</b>		
In a committed relationship	81	78.6
Married	22	21.4
<b>Experience in physical IPV</b>		
Never experience	27	26.2
Have experienced before	66	64.1
Is currently experiencing	10	9.7
<b>Experience in non-physical IPV</b>		
Never experience	9	8.7
Have experienced before	84	81.6
Is currently experiencing	10	9.7

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### *Frequency Distribution of the Variables*

Table 3 shows the descriptive statistics of all variables involved in the present study. The means for physical IPV, non-physical IPV, core Stockholm syndrome, psychological damage, love-dependence, and psychological distress were 54.01 ( $SD = 28.18$ ), 84.73 ( $SD = 33.03$ ), 31.72 ( $SD = 11.54$ ), 32.01 ( $SD = 10.71$ ), 24.88 ( $SD = 12.45$ ), 27.67 ( $SD = 9.34$ ) respectively.

**Table 3**

### *Descriptive Statistics of Variables*

Variables	N		Min	Max	M	SD
	Valid	Missing				
Physical IPV	76	27	25	140	54.01	28.18
Non-physical IPV	94	9	25	163	84.73	33.03
Core Stockholm syndrome	103	0	8	52	31.72	11.54
Psychological damage	103	0	8	56	32.01	10.71
Love-dependence	103	0	8	50	24.88	12.45
Psychological distress	103	0	10	47	27.67	9.34

*Note.* M=Mean; SD=Standard Deviation; Min=Minimum; Max=Maximum

### **Normality Assumptions**

#### *Skewness and Kurtosis*

Skewness and kurtosis were conducted to check the normality of all variables, and the results were shown in Table 4. According to Gravetter et al. (2021), the acceptable range for skewness and kurtosis values is between -2 to +2. As shown in Table 3, all the variables reported within the acceptable range of skewness and kurtosis values, there is no violation of the normality.

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**Table 4**

*Skewness and Kurtosis*

Variables	Skewness	Kurtosis
Physical IPV	1.359	1.136
Non-physical IPV	.212	-.738
Core Stockholm syndrome	-.507	-.368
Psychological damage	-.248	-.397
Love-dependence	.295	-1.163
Psychological distress	.126	-.602

*Histograms and Q-Q Plots*

Normality was also accessed using the histograms (see Appendix B1). The histograms of all variables were found to be normally distributed, except for the physical IPV and non-physical IPV. Physical IPV was largely positively-skewed, while non-physical IPV was found to be slightly positively-skewed. As shown in the Q-Q plots (see Appendix B2), the observed values of all variables fell along closely to the diagonal line.

*Normality Tests*

Table 5 shows the results for Kolmogorov-Smirnov test for all variables. It shows that non-physical IPV,  $D(94) = .69, p = .2$ , and psychological distress,  $D(103) = .070, p = .2$ , were normally distributed. On the other hand, physical IPV,  $D(76) = .187, p < .001$ , core Stockholm syndrome,  $D(103) = .121, p = .001$ , psychological damage,  $D(103) = .092, p = .032$ , and love-dependence,  $D(103) = .112, p = .003$  do not follow a normal distribution.

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**Table 5**

*Kolmogorov-Smirnov Normality Test*

Variables	Kolmogorov-Smirnov <sup>a</sup>		
	Statistic	<i>df</i>	Sig.
Physical IPV	.187	76	.000
Non-physical IPV	.069	94	.200*
Core Stockholm syndrome	.121	103	.001
Psychological damage	.092	103	.032
Love-dependence	.112	103	.003
Psychological distress	.070	103	.200*

*Note.*

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

***Conclusion for Normality Assumptions***

By referring to the tests conducted, four variables in the present study (i.e., core Stockholm syndrome, psychological damage, love-dependence, psychological distress) satisfied the four normality indicators, which were the skewness, kurtosis, histograms, and Q-Q plots. As for the Kolmogorov-Smirnov test, core Stockholm syndrome, psychological damage, and love-dependence did not meet the criteria. Physical IPV passed three out of five assumptions, whereas non-physical IPV passed four out of five assumptions. Therefore, it can be concluded that the normality assumptions for all five variables are met, and all variables are normally distributed.

**Assumptions of Mediation Analysis**

***Test on Independence of Errors***

Durbin-Watson test was carried out to ensure that the residuals were independent from each other. Field (2017) suggested that Durbin-Watson values smaller than one and greater than

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three violate this assumption. The value of 1.739 (see Table 6) shows no violation in this assumption, indicating that the errors are independent of each other.

**Table 6**

*Model Summary<sup>b</sup>*

Model	<i>R</i>	<i>R</i> Square	Adjusted <i>R</i> Square	Std. Error of the Estimate	Durbin-Watson
1	.607 <sup>a</sup>	.368	.317	7.96826	1.739

a. Predictors: (Constant), Physical IPV, Non-physical IPV, Core Stockholm Syndrome, Psychological Damage, Love-dependence

b. Dependent Variable: Psychological distress

### ***Test on Normality of Residual, Linearity of Residual, Homoscedasticity***

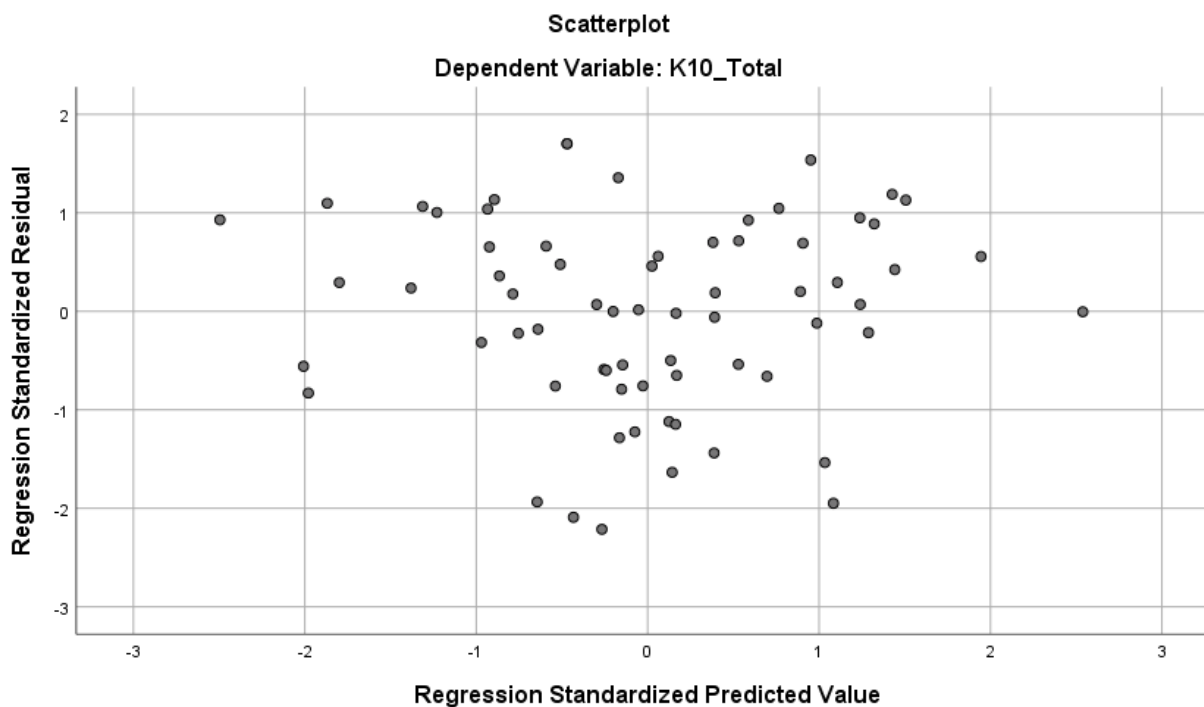
A scatterplot is used to test the assumption of normality of residual, linear of residual and homoscedasticity. The scatterplot (see Figure 2) showed the standardised predicted value of psychological distress against the standardised residual of the test. The observation of the scatterplot reveals a uniform and random distribution of residuals along the horizontal zero line. Therefore, the assumptions of normality of residual, linear of residual and homoscedasticity are not violated.



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**Figure 2**

*The Scatterplot to Test The Assumptions for Residual Linearity, Residual Normality and Homoscedasticity*



### ***Tests on Multicollinearity***

Table 7 presents the collinearity findings, including tolerance and variance inflation factor (VIF), which are employed to assess multicollinearity. Myres (1990) suggested that a VIF value greater than 10 indicates a collinearity issue. All the variables reported no collinearity issues as all the VIF values were smaller than 10. According to Menard (2002), there is a multicollinearity when the tolerance value is smaller than .1. As all the variables have a tolerance value greater than .1, the multicollinearity assumption is not violated.

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**Table 7**

*Coefficients among Variables*

Model		Collinearity Statistics	
		Tolerance	VIF
1	Physical IPV	.484	2.066
	Non-physical IPV	.411	2.431
	Core Stockholm Syndrome	.625	1.600
	Psychological Damage	.594	1.684
	Love-dependence	.582	1.718

*Note.* VIF=Variance Inflation Factor

***Test on Multivariate Outliers and Influential Cases***

A case-wise analysis was conducted to identify multivariate outliers within the dataset containing 103 cases. Two multivariate outliers were detected, which are case 7 and case 70 (see Table 8). To identify whether or not case 7 and case 70 are influential cases, the Mahalanobis distance, Cook's distance, and Centered Leverage distance were executed on each potential outlier (see Appendix B3). Cook and Weisberg (1984) proposed that values exceeding 1 for Cook's distance could indicate a cause of concern. As the values of the two outliers are not greater than one, Cook's distance is not violated. In terms of the Mahalanobis distance, all outliers have values smaller than 15, indicating no influential cases in the sample data. As for the Centered Leverage distance is calculated using the formula  $(p+1)/n$ , where  $p$  is the number of predictors and  $n$  is the total sample size. According to Ellis and Morgenthaler (1992), influential cases that exhibit values three times greater than the calculated Leverage's value are regarded as outlier. Using the formula, the calculated value is .08824, which is then multiplied by three,

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resulting in a value of .2647. As the Leverage's values for both cases are smaller than .2647, there is no violation of the Leverage. Thus, case 7 and case 70 can be retained.

**Table 8**

### *Casewise Diagnostics for Psychological Distress*

Case Number	Std. Residual	Psychological		
		Distress	Predicted Value	Residual
7	-2.223	10.00	27.4536	-17.45356
70	-2.050	10.00	26.0941	-16.09410

## Inferential Statistics

### *Pearson's Correlation Analysis*

To examine the correlation between physical IPV, non-physical IPV, core Stockholm syndrome, psychological damage, love-dependence, and psychological distress, Pearson product-moment correlation (PPMC) analysis was carried out (see Table 9). The findings from this section will be presented per the hypotheses stated in the Chapter I.

**H<sub>1a</sub>: Physical IPV Positively Correlates with Core Stockholm Syndrome among Couples in Malaysia.** The results depicted that physical IPV significantly and positively correlates with core Stockholm syndrome among couples in Malaysia,  $r(74) = .37, p = .001$ . Hence, H<sub>1a</sub> is supported.

**H<sub>1b</sub>: Physical IPV Positively Correlates with Psychological Damage among Couples in Malaysia.** There is a significant and positive correlation between physical IPV and psychological damage,  $r(74) = .30, p = .008$ . The results supported H<sub>1b</sub>.

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**H<sub>1c</sub>: Physical IPV Positively Correlates with Love-Dependence among Couples in Malaysia.** The results showed that physical IPV significantly and positively correlates with love-dependence,  $r(74) = .28$ ,  $p = .015$ . Thus, H<sub>1c</sub> is supported.

**H<sub>1d</sub>: Non-physical IPV Positively Correlates with Core Stockholm Syndrome among Couples in Malaysia.** Pearson's correlation showed that there is a positive correlation between non-physical IPV and core Stockholm syndrome,  $r(92) = .32$ ,  $p = .002$ . The hypothesis is accepted.

**H<sub>1e</sub>: Non-physical IPV Positively Correlates with Psychological Damage among Couples in Malaysia.** The results showed that non-physical IPV significantly and positively correlates with psychological damage among couples in Malaysia,  $r(92) = .45$ ,  $p < .001$ . Hence, H<sub>1e</sub> is supported.

**H<sub>1f</sub>: Non-physical IPV Positively Correlates with Love-Dependence among Couples in Malaysia.** According to the analysis, there is a significant and positive correlation between non-physical IPV and love-dependence,  $r(92) = .21$ ,  $p = .045$ . The hypothesis is accepted.

**H<sub>2a</sub>: Core Stockholm Syndrome Positively Correlates with Psychological Distress among Couples in Malaysia.** The results indicated a positive correlation between core Stockholm syndrome and psychological distress,  $r(101) = .42$ ,  $p < .001$ . Thus, H<sub>2a</sub> is accepted.

**H<sub>2b</sub>: Psychological Damage Positively Correlates with Psychological Distress among Couples in Malaysia.** The results revealed that psychological damage significantly and positively correlates with psychological distress,  $r(101) = .55$ ,  $p < .001$ . The hypothesis is accepted.

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**H<sub>2c</sub>: Love-Dependence Positively Correlates with Psychological Distress among Couples in Malaysia.** There is a significant and positive correlation between love-dependence and psychological distress,  $r(101) = .28, p = .004$ . The hypothesis is accepted.

**H<sub>3a</sub>: Physical IPV Positively Correlates with Psychological Distress among Couples in Malaysia.** As shown in the analysis, physical IPV and psychological distress are significantly and positively correlated,  $r(74) = .36, p = .002$ . Therefore, the hypothesis is accepted.

**H<sub>3b</sub>: Non-physical IPV Positively Correlates with Psychological Distress among Couples in Malaysia.** The results presented a significant and positive correlation between non-physical IPV and psychological distress,  $r(92) = .37, p < .001$ .

**Table 9**

*Pearson Correlation Coefficients Between Variables*

Variables	1	2	3	4	5	6
1. Physical IPV	-					
2. Non-Physical IPV	.68***	-				
3. Core Stockholm Syndrome	.37**	.32,**	-			
4. Psychological Damage	.30**	.45***	.63***	-		
5. Love-Dependence	.28**	.21*	.58***	.50***	-	
6. Psychological Distress	.36**	.37***	.42***	.55***	.28**	-

*Note.* \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

**Mediation Analysis**

The Hayes Process Macro Model 4 was conducted to analyse the mediation model by considering the direct, indirect, and total effects. For the mediation model to be significant, the  $p$ -value must be smaller than .05, the  $t$ -value must be greater than 1.645 for one-tailed test at 95%

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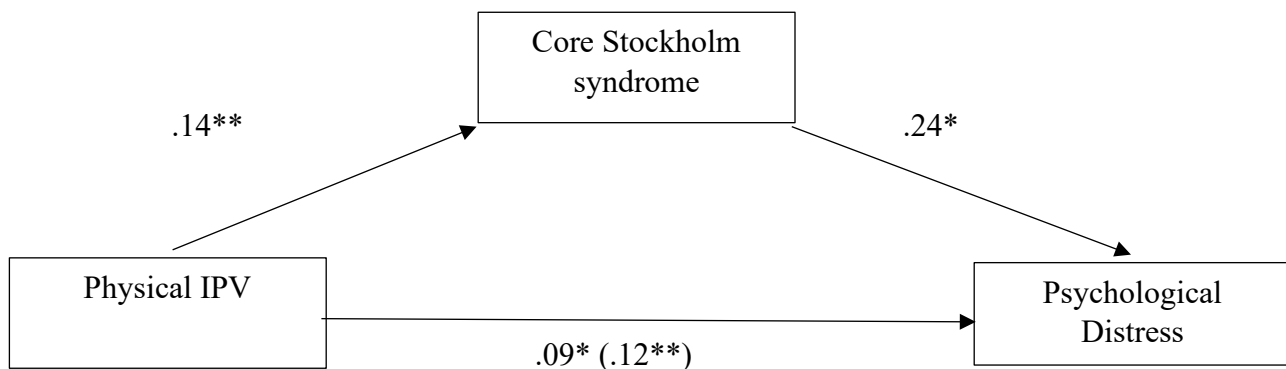
confidence level (Hair et al., 2016), and the value zero must not lie between the lower limit of the confidence interval (LLCI) and the upper limit of the confidence interval (ULCI). The 95% confidence interval (CI) was generated using 5,000 bootstrap samples.

**H<sub>4a</sub>: Core Stockholm Syndrome Significantly Mediates the Association between Physical IPV and Psychological Distress among Couples in Malaysia.** The results showed that physical IPV is a significant predictor of core Stockholm syndrome,  $B = .14$ ,  $SE = .04$ , 95% CI [.06, .22],  $\beta = .37$ ,  $p = .001$ , and that core Stockholm syndrome is a significant predictor of psychological distress,  $B = .24$ ,  $SE = .11$ , 95% CI [.03, .45],  $\beta = .26$ ,  $p = .03$ . Therefore, these results revealed that the indirect coefficient is significant,  $B = .03$ ,  $SE = .02$ , 95% CI [.00, .08], completely standardised  $\beta = .10$ . Since the indirect effect is significant, H<sub>4a</sub> is supported. After controlling the core Stockholm syndrome, physical IPV is still a significant predictor of psychological distress,  $B = .09$ ,  $SE = .04$ , 95% CI [.01, .17],  $\beta = .23$ ,  $p = .03$ . Approximately 13% of the variance in psychological distress is accounted for by the predictors ( $R^2 = .13$ ). H<sub>4a</sub> is supported, this is a complementary mediation. The associations between the variables are presented in Figure 3.

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**Figure 3**

*A Mediation Model Showing the Effect of Physical IPV and Core Stockholm Syndrome on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \* $p < .05$ ; \*\* $p < .01$*

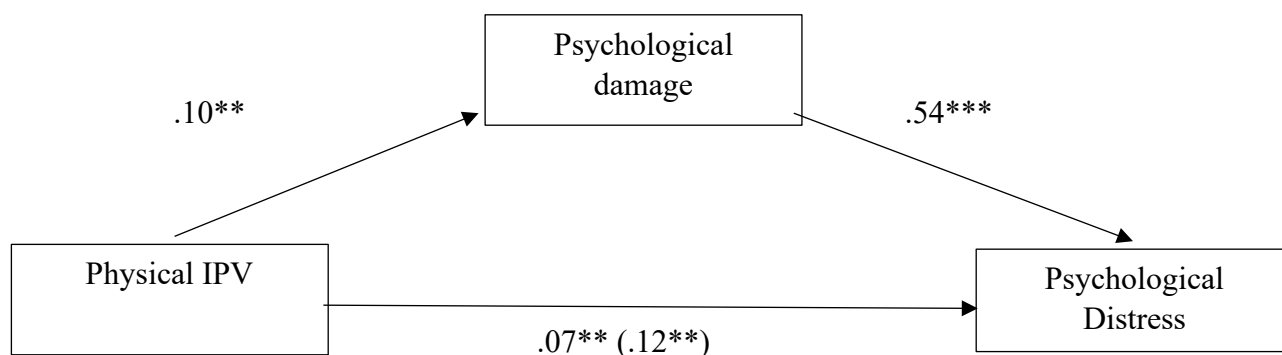


**H<sub>4b</sub>: Psychological Damage Significantly Mediates the Association between Physical IPV and Psychological Distress among Couples in Malaysia.** The statistical analysis revealed that physical IPV serves as a significant predictor of psychological damage,  $B = .10$ ,  $SE = .04$ , 95%CI [.03, .18],  $\beta = .30$ ,  $p = .01$ . Psychological damage is also a significant predictor of psychological distress,  $B = .54$ ,  $SE = .10$ , 95%CI [.35, .73],  $\beta = .54$ ,  $p < .001$ . The results showed that the indirect coefficient is significant,  $B = .06$ ,  $SE = .03$ , 95%CI [.01, .11], completely standardised  $\beta = .16$ . Therefore, H<sub>4b</sub> is supported. Even after accounting for the effect of psychological damage, the impact of physical IPV remains substantial in predicting psychological distress,  $B = .07$ ,  $SE = .03$ , 95%CI [.00, .13],  $\beta = .19$ ,  $p = .04$ . The model explains 13% of the variance in psychological damage ( $R^2 = .13$ ). This is a complementary mediation, and that psychological damage significantly mediates the association between physical IPV and psychological damage. A visual representation of the relationships between the variables is provided in Figure 4.

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**Figure 4**

*A Mediation Model Showing the Effect of Physical IPV and Psychological Damage on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \*\* $p < .01$ ; \*\*\* $p < .001$*



**H<sub>4c</sub>: Love-dependence Significantly Mediates the Association between Physical IPV and Psychological Distress among Couples in Malaysia.** Physical IPV significantly predicts psychological distress among couples in Malaysia,  $B = .12$ ,  $SE = .05$ , 95%CI [.02, .22],  $\beta = .27$ ,  $p = .02$ . Gender (covariance) was found significantly associated with love-dependence,  $B = -9.29$ ,  $SE = 3.35$ , 95%CI [-15.96, -2.61],  $\beta = -.30$ ,  $p = .007$ . Nevertheless, love-dependence is an insignificant predictor of psychological distress,  $B = .14$ ,  $SE = .09$ , 95%CI [-.05, .32],  $\beta = .18$ ,  $p = .14$ . The results showed that the indirect effect is insignificant,  $B = .02$ ,  $SE = .02$ , 95%CI [-.004, .06], completely standardised  $\beta = .05$ . As the indirect effect is not significant, H<sub>4c</sub> is not supported. After controlling the effect of love-dependence, physical IPV is still a significant predictor of psychological distress,  $B = .10$ ,  $SE = .04$ , 95%CI [.03, .18],  $\beta = .31$ ,  $p = .01$ . Approximately 13% of variance in psychological distress is explained by physical IPV ( $R^2$

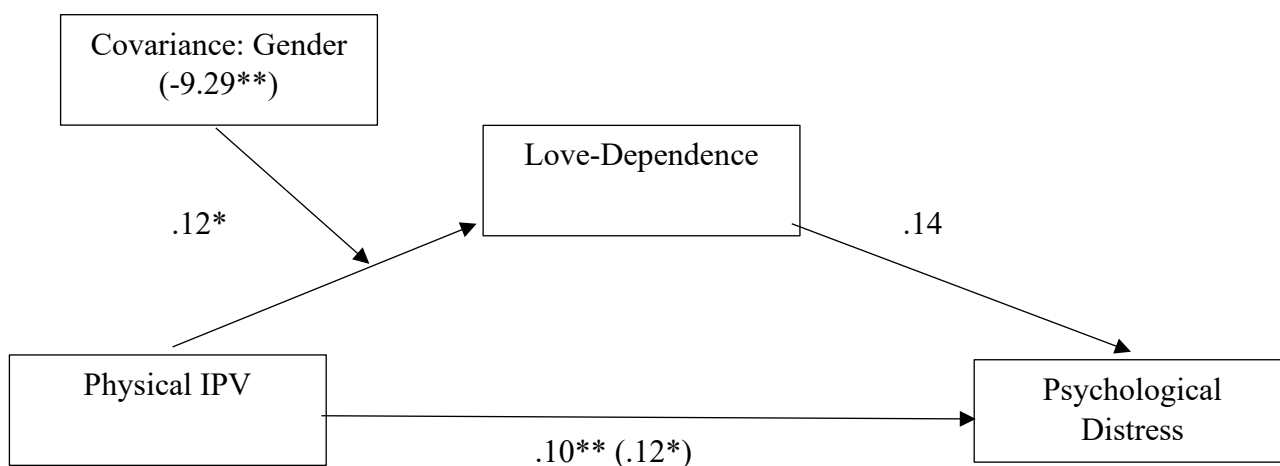


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= .13).  $H_{4c}$  is not supported, this is a direct-only non-mediation. The associations between the variables are presented in Figure 5.

**Figure 5**

*A Mediation Model Showing the Effect of Physical IPV and Love-Dependence on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \* $p < .05$ ; \*\* $p < .01$*



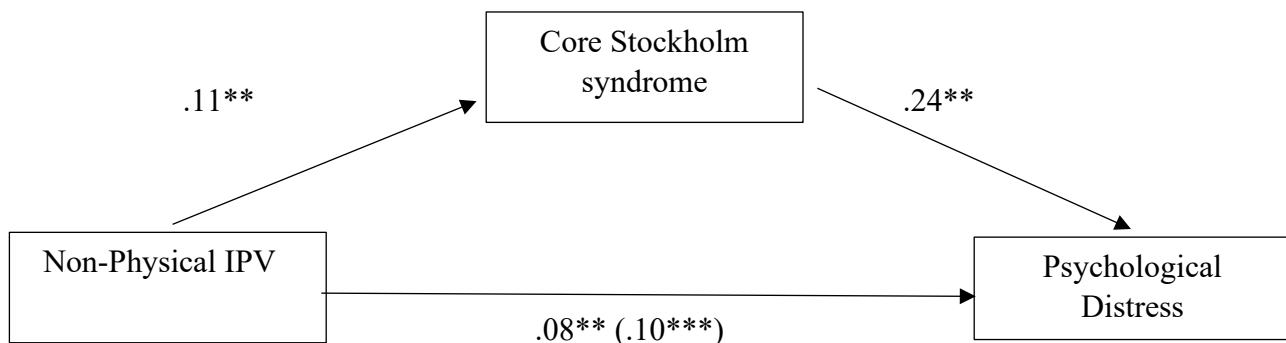
**$H_{4d}$ : Core Stockholm Syndrome Significantly Mediates the Association between Non-Physical IPV and Psychological Distress among Couples in Malaysia.** The results showed that non-physical IPV acts as a significant predictor of core Stockholm syndrome ( $B = .11$ ,  $SE = .03$ ,  $95\%CI [.04, .17]$ ,  $\beta = .32$ ,  $p = .002$ ). Besides, core Stockholm syndrome also emerges as a significant predictor of psychological distress ( $B = .24$ ,  $SE = .08$ ,  $95\%CI [.08, .40]$ ,  $\beta = .29$ ,  $p = .004$ ). The results thus demonstrated that the indirect effect is significant ( $B = .03$ ,  $SE = .01$ ,  $95\%CI [.01, .05]$ , completely standardized  $\beta = .09$ ). Therefore,  $H_{4b}$  is supported. The impact of non-physical IPV remains significant in predicting psychological distress even after

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controlling the effect of core Stockholm syndrome,  $B = .08$ ,  $SE = .03$ ,  $95\%CI [.02, .13]$ ,  $\beta = .27$ ,  $p = .01$ . Approximately 13% of the variance in psychological distress is accounted for by the predictors ( $R^2 = .13$ ). Hence, it is said that psychological damage significantly mediates the association between physical IPV and psychological damage, this is a complementary mediation. The associations between the variables are presented in Figure 6.

**Figure 6**

*A Mediation Model Showing the Effect Non-Physical IPV and Core Stockholm Syndrome on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \*\* $p < .01$ , \*\*\* $p < .001$*



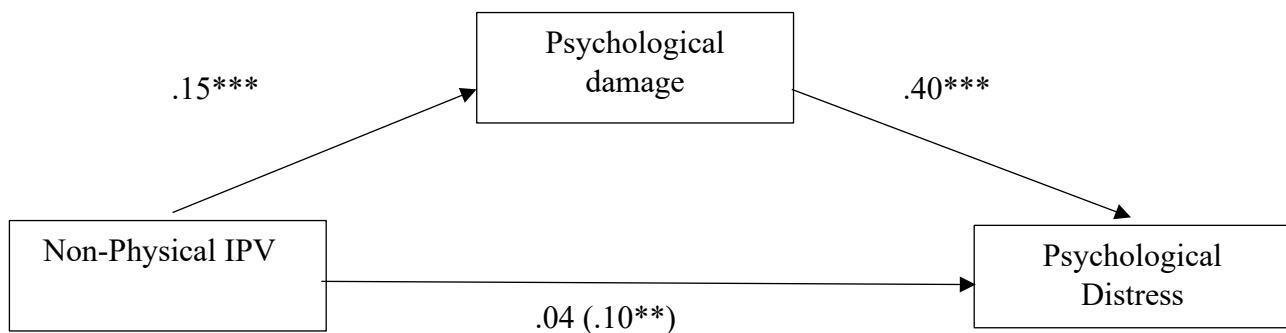
**H<sub>4e</sub>: Psychological Damage Significantly Mediates the Association between Non-Physical IPV and Psychological Distress among Couples in Malaysia.** Non-physical IPV was found to be a significant predictor of psychological distress,  $B = .15$ ,  $SE = .03$ ,  $95\%CI [.09, .20]$ ,  $\beta = .45$ ,  $p < .001$ , and that psychological damage is a significant predictor of psychological distress,  $B = .40$ ,  $SE = .08$ ,  $95\%CI [.23, .56]$ ,  $\beta = .46$ ,  $p < .001$ . Therefore, the results demonstrated significant indirect effect,  $B = .06$ ,  $SE = .02$ ,  $95\%CI [.03, .10]$ , completely standardised  $\beta = .21$ . Since the indirect effect is significant, H<sub>4e</sub> is supported. After controlling

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the psychological damage, non-physical IPV is no longer a significant predictor of psychological distress,  $B = .04$ ,  $SE = .03$ ,  $95\%CI [-.01, .10]$ ,  $\beta = .16$ ,  $p = .11$ . Approximately 13% of the variance in psychological distress is accounted for by the predictors ( $R^2 = .13$ ).  $H_{4c}$  is supported, this is an indirect-only mediation. The associations between the variables are shown in Figure 7.

**Figure 7**

*A Mediation Model Showing the Effect Non-Physical IPV and Psychological Damage on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \*\* $p < .01$ , \*\*\* $p < .001$*



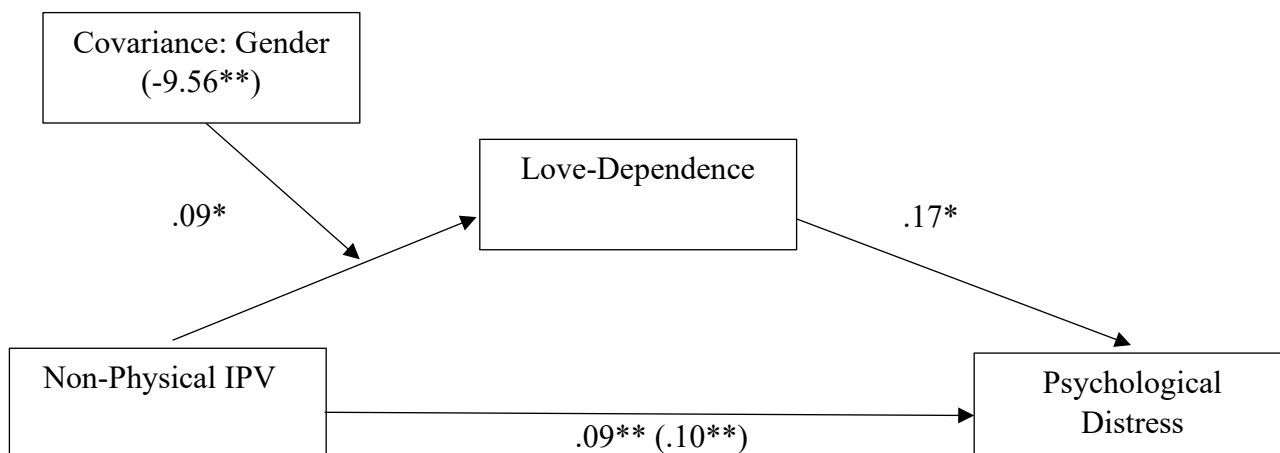
**H<sub>4c</sub>: Love-dependence Significantly Mediates the Association between Non-Physical IPV and Psychological Distress among Couples in Malaysia.** Non-physical IPV significantly predicts psychological distress among couples in Malaysia,  $B = .09$ ,  $SE = .04$ ,  $95\%CI [.02, .17]$ ,  $\beta = .25$ ,  $p = .01$ . Gender (covariance) was found significantly associated with love-dependence,  $B = -9.56$ ,  $SE = 2.92$ ,  $95\%CI [-15.39, -3.73]$ ,  $\beta = -.32$ ,  $p = .002$ . Besides, love-dependence was found to be a significant predictor of psychological distress,  $B = .17$ ,  $SE = .08$ ,  $95\%CI [.02, .32]$ ,  $\beta = .23$ ,  $p = .03$ . The results showed that the indirect effect is insignificant,  $B = .02$ ,  $SE = .01$ ,  $95\%CI [-.0001, .045]$ , completely standardised  $\beta = .06$ . As the indirect effect is not significant,

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H<sub>4f</sub> is not supported. After controlling the effect of love-dependence, non-physical IPV is still a significant predictor of psychological distress,  $B = .09$ ,  $SE = .03$ , 95%CI [.03, .14],  $\beta = .32$ ,  $p = .002$ . Approximately 14% of variance in psychological distress is accounted for by the predictors ( $R^2 = .14$ ). H<sub>4f</sub> is not supported, this is a direct-only non-mediation. The associations between the variables are presented in Figure 8.

### Figure 8

*A Mediation Model Showing the Effect Non-Physical IPV and Love-Dependence on Psychological Distress. The Values shown are Unstandardised Coefficients. The Total Effect was Shown in Parenthesis. \* $p < .05$ ; \*\* $p < .01$*



## Chapter V

### Discussion

This chapter presents discussion of results from data analysis conducted alongside support from previous research. Implications of the study, limitations, and recommendations for future research are also included in this chapter.

#### Discussion

##### *Intimate Partner Violence (IPV) and Stockholm Syndrome (SS)*

The present study aimed to explore the correlation between IPV and SS among couples in Malaysia. Generally, IPV, both physical and non-physical, significantly and positively correlate with all SS components (core Stockholm syndrome, psychological damage, and love-dependence).

The findings of the present study support hypotheses H<sub>1a</sub> and H<sub>1d</sub> whereby physical and non-physical IPV positively correlate with core Stockholm syndrome among couples in Malaysia. This significant correlation indicates that IPV victims in the present study have cognitive distortions and rationalising thoughts pertaining to the abuse. Various studies have also shown similar findings (e.g., Ahmad et al., 2018; Rahme et al. 2021). According to Fu et al. (2023), both physical and non-physical violence causes the individual to greatly fear for their well-being. The high levels of distress associated with being physically abused could alter the victim's thought process (Both et al., 2019), resulting in them rationalising and minimising the abuse as a survival mechanism (Iverson et al., 2015; Paradis, 2017). The victim may believe that having positive feelings and behaviours towards the perpetrator would reduce the risk of triggering further episodes of violence. Positive emotions allow the victim to behave in ways that

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appease the perpetrator, a phenomenon known as the fawn response. The fawn response is a reaction to traumatic events whereby the victim attempts to appease the abuser while disregarding their personal needs (Both et al., 2019; Douglass et al., 2022). Appeasement can reduce the reoccurrence of the abuse by de-escalating a situation, thereby increasing the chances of survival (Bailey et al., 2023; Douglass et al., 2022). In Malaysia, there still is stigma surrounding IPV (Singh et al., 2021). Hence, victims may feel stuck and helpless in the abusive situation, thus triggering the fawn response as fight or flight responses may result in more abuse episodes.

Hypotheses H<sub>1b</sub> and H<sub>1e</sub> are supported wherein physical and non-physical IPV positively correlate with psychological damage among couples in Malaysia. The findings reveal significant correlations between the variables. Findings indicate that IPV victims in the present study are more likely to develop and have low self-esteem, loss of sense of self, depression, anxiety, as well as interpersonal issues (Ahmad et al., 2018). Such findings are aligned with past research (e.g., Ahmad et al., 2018; Paradis, 2017) and expected as IPV has been shown to increase distress levels (Da Silva et al., 2021; McLaughlin et al., 2012). If not resolved soon, chronic high levels of distress would result in depression and anxiety (McLaughlin et al., 2012; Paradis, 2017). With IPV, Maslow's (1943) hierarchy of needs can be used to explain its correlation with psychological damage. According to Lonn and Dantzler (2017), when there is a threat to one's safety needs, the individual may emphasise taking measures to ensure safety rather than prioritising other needs that are higher up in the hierarchy (e.g., love and belonging, esteem and self-actualisation). For instance, one can engage in social activities to achieve long and belonging needs. However, IPV victims may focus on maintaining their safety, rather than partaking in social gatherings (Both et al., 2019). This is detrimental in collectivistic societies

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such as Malaysia (Abdollahi et al., 2022), wherein great importance is placed on communities. In collectivistic cultures, one's identity is derived from the social groups they belong to (Yaakobi & Williams, 2015). Hence, loss of these groups or interpersonal issues can result in loss of sense of self (Bland & DeRobertis, 2020) as well as a greater risk of developing depression and anxiety (Abdollahi et al., 2022; Poole et al., 2018; Wang et al., 2018).

Furthermore, the findings of the present study support hypotheses  $H_{1c}$  and  $H_{1f}$  whereby physical and non-physical IPV positively correlate with love-dependence among couples in Malaysia. This significant and positive correlation between the variables denotes that IPV victims in the present study have or have had feelings of dependency on their partner, wherein they believe that they cannot survive, and life is meaningless if their partner leaves them. The findings are supported by past studies such as that by Ahmad et al. (2018). According to Bastian (2019), abusers aim to inculcate feelings of dependency of the victim towards them. This is often done by love-bombing (Howard, 2019), isolating the victim from close others (Karakurt & Silver, 2013; Woodyatt & Stephenson, 2016), and limiting resources (Sanders, 2015). Before the abuse occurs, the abusive partner will often shower the victim with love, known as love-bombing. Continuous love-bombing will lead to the victim developing strong, positive emotional bonds with the abuser (Howard, 2019). In Malaysian society, overt and outright displays of love are uncommon (Yum et al., 2015). Hence, love-bombing may reinforce Malaysian IPV victims' belief that the abuser truly loves them, resulting in strong emotional bonds. These bonds, combined with isolation from close others, will likely lead to an all-or-nothing belief within the victim as the victim does not have anyone else to depend on. In addition, limiting resources available to the victim falls under non-physical IPV and can lead to love-dependency (Johnson et al., 2022; Postmus et al., 2020; Sanders, 2015) as the victim's belief

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that their survival depends on their partner will be further reinforced (Johnson et al., 2022; Sanders, 2015).

### *Stockholm Syndrome (SS) and Psychological Distress*

The present study aimed to explore the correlation between SS and psychological distress among couples in Malaysia. The findings supported hypotheses H<sub>2a</sub>, H<sub>2b</sub>, and H<sub>2c</sub>, whereby all three SS components (core Stockholm syndrome, psychological damage, and love-dependence), respectively, positively correlate with psychological distress among couples in Malaysia. The significant correlations indicate that individuals who experience any of the SS components, or all at once, display higher levels of psychological distress. Regarding core Stockholm syndrome, the findings aligned with past studies such as that by Ahmad et al. (2018), whereby a significant correlation was found between core Stockholm syndrome and psychological distress. Cognitive distortion, a key feature of core Stockholm syndrome, is associated with increased proneness to depression (Rnic et al., 2018). The distorted cognitions often include themes of self-blame, negative self-evaluations (Reich et al., 2015; Rnic et al., 2018), and more, causing the IPV victims to view themselves through a negative lens. Negative self-views and low self-compassion were found to be associated with elevated levels of psychological distress (Hamrick & Owens, 2019). Within the Malaysian context, cognitive distortions may develop with the societal opinion that individuals should be faithful in a relationship and tolerate their partners' shortcomings (Othman et al., 2013). Due to this societal consensus, victims may justify the abuse through distorted cognitions. However, the pressure to avoid societal judgement and maintain relationship harmony can lead to psychological distress.



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The findings of the present study on psychological damage and psychological distress are supported by Ahmad et al.'s (2018) study. A positive correlation between the two variables was in line with expectations as the two variables share overlapping themes such as depression, anxiety, and more (Graham et al., 1995; Kessler et al., 2002). Aspects of psychological damage (e.g., loss of sense of self, low self-esteem, and interpersonal issues) have been found to have links to increased psychological distress levels (Both et al., 2019). In addition, victims with psychological damage are more prone to blaming themselves for the abuse (Ahmad et al., 2018; Jülich & Oak, 2016). The cognitive appraisal theory can be drawn upon to explain how self-blame can lead to psychological distress. The theory postulates that interpretation and physiological reactions to an event differ between individuals (Lazarus & Folkman, 1984). The victim may interpret themselves to be deserving of the abuse. However, others may appraise the situation differently and judge the victim negatively for blaming themselves and continuing to stay in the abusive relationship, thus increasing psychological distress levels. This situation may be more apparent in Malaysia, where victims who voluntarily stay in an abusive relationship are typically blamed for the abuse (Women's Aid Organisation, 2021) due to a lack of understanding of SS. Psychological distress levels rise as the victim endures self-blame, as well as blame and shame from others.

With love-dependence, the findings of the present study were in contrast with that of Ahmad et al. (2018), wherein love-dependence did not correlate with all three subscales of the depression, anxiety, and stress (DASS) scale that was used to determine the correlation between SS and psychological distress. The present study's findings can be explained by hypervigilance (Karakurt et al., 2014; Tarshis & Baird, 2019) of the victim in fear of losing their partner. Malaysian IPV victims may feel a need to retain a family unit due to societal

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pressure to get and remain married (Himawan et al., 2018; Sumari et al., 2020). Loss of their partners may lead to negative judgments, particularly in divorce cases as divorce is often not encouraged in Malaysia (Sumari et al., 2020). As such, when the abuse occurs, love-dependence individuals may feel distressed about the possibility of angering and losing their partner. They would go to great lengths to behave in ways that will reduce the chances of their partner leaving them (Both et al., 2019). Hypervigilance towards the partner's mood and one's behaviour will result in increased psychological distress levels (Karakurt et al., 2014).

### *Intimate Partner Violence (IPV) and Psychological Distress*

The present study aimed to explore the correlation between IPV and psychological distress. Findings revealed positive correlations between physical and non-physical IPV with psychological damage and are supported by past research (e.g., Ahmad et al., 2018; Fortin et al., 2012; Kisa et al., 2019; Knight & Hester, 2016). Hypotheses H<sub>3a</sub> and H<sub>3b</sub> were supported in the present study wherein physical and non-physical IPV, respectively, significantly and positively correlated with psychological distress among couples in Malaysia. Such findings denote that individuals who are experiencing or experienced IPV have significant levels of psychological distress. The present study's positive correlation between the variables can be attributed to the depression and anxiety that develop after a traumatic experience. Victims constantly fear for their lives as there is a threat to survival. The victims' constant hypervigilance due to not knowing when the abuse will occur again will also increase psychological distress levels (Matheson et al., 2015). Another factor exacerbating psychological distress levels among Malaysian IPV victims is stigma of reporting IPV in Malaysia (Singh et al., 2021). Stigma is a barrier to help-seeking and may lead to victims being stuck in the abusive situation due to fear of

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being judged negatively (Alsaker et al., 2016; Overstreet & Quinn, 2013). The constant abuse may increase feelings of helplessness, thus enhancing psychological distress levels (Salcioglu et al., 2017).

### *The Mediating Role of Stockholm Syndrome*

The present study also explored the mediating role of SS in the link between IPV and psychological distress. Indirect and direct effects between the variables were examined to determine whether SS components mediated the relationship between IPV and psychological distress.

The findings of the present study supported hypotheses H<sub>4a</sub> and H<sub>4d</sub>, whereby core Stockholm syndrome significantly mediates the association between IPV (physical and non-physical) and psychological distress among couples in Malaysia. The present findings are inconsistent with the study by Ahmad et al. (2018) whereby core Stockholm syndrome did not have a mediating effect. Emotional turmoil from IPV can lead to cognitive distortions (e.g., rationalising or minimising the abuse) to cope with the trauma (Matheson et al., 2015; Rnic et al., 2018). Thus, psychological distress may arise when there is a discrepancy between the victims' beliefs (i.e., their partner loves them) and schema (i.e., partner's abusive behaviour indicates indifference to their well-being). Schema is a cognitive framework developed from experience that helps one to organise information and understand the environment (Bartlett, 1932). In Malaysia, related schemas on violence can be learned in educational settings through subjects such as Moral Education and Civic Education. Although the victim believes that the abuser still loves them, they may also understand that the abuse is wrong from their personal schema, as they may be taught prior to the abuse that violence is wrong and is never a sign of love and care

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(Horsman, 2013). Expectation-reality discrepancy can lead to disillusionment and discomfort, thereby increasing psychological distress levels (Wang et al., 2010).

Hypothesis H<sub>4b</sub> was supported whereby psychological damage significantly mediates the association between physical IPV and psychological distress among couples in Malaysia. The findings of the study were consistent with Ahmad et al. (2018), where psychological damage mediated the relationship between IPV and stress. The current study's significant indirect and direct effects among the variables can be attributed to the greater risk posed to one's life with physical IPV. With greater threat towards one's survival, psychological damage in the form of depression, anxiety, and trauma is likely to develop (Brown et al., 2015). In addition, physical IPV victims are likely to conceal their bruises and hide themselves due to stigma towards IPV victims (Ager, 2020; Overstreet & Quinn, 2013; Yamada & Kato, 2015). This is common in Malaysia where stigma and cultural values (e.g., keeping domestic issues private and ensuring family unity) greatly influence victims' choice to hide the abuse (Othman et al., 2013). The victim may choose not to attend social gatherings and/or distance themselves from close others, thus leading to interpersonal issues. Help-seeking may also prove difficult as there is no one close that the victim can approach for help or advice (Cravens et al., 2015). Difficulties in help-seeking and low self-esteem can lead to low self-efficacy that the victim can escape the abusive situation (Paradis, 2017), resulting in heightened psychological distress levels.

Next, the findings of the present study supported hypothesis H<sub>4e</sub> wherein psychological damage significantly mediates the association between non-physical IPV and psychological distress among couples in Malaysia. The findings also indicate that without the mediator (psychological damage), the relationship between non-physical and psychological distress would

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not be significant (Gunzler et al., 2013). The study by Ahmad et al. (2018) also supported the present study's results. The present study's significant indirect effects between the variables can be due to emotional abuse being the most common and associated form of non-physical IPV (Bikinesi et al., 2017; Woodyatt & Stephenson, 2016). With emotional abuse, the abuser tends to degrade, mock, and humiliate victim verbally (Woodyatt & Stephenson, 2016). These verbal attacks can result in a warped sense of self as well as the victim harbouring thoughts that they are unlovable and unworthy (Lagdon et al., 2014). In Malaysia, it is common for IPV victims to perceive abuse as a sign of love and a way for their partner to correct the victims' mistakes (Othman et al., 2013). Within the culture, emotional abuse (e.g., harsh remarks and controlling behaviour) is often seen as an acceptable and tougher way of showing care and love. As such, the victim may think that their only choice is to be with the abuser as only the abuser loves them despite their flaws (Cravens et al., 2015). Psychological distress increases as the victim is stuck in the abusive relationship.

Lastly, hypotheses H<sub>4c</sub> and H<sub>4f</sub> were not supported. Love-dependence does not significantly mediate the association between IPV (physical and non-physical) and psychological distress among couples in Malaysia. The present study's findings were inconsistent with Ahmad et al.'s (2018) study, whereby love-dependence mediated the relationship between IPV and two psychological distress subscales (e.g., stress and depression). As only the direct effects were significant, there is insufficient evidence to determine the absence or presence of the mediating effect of love-dependence on the relationship between IPV and psychological distress in the present study (Carrión et al., 2017). Malaysian IPV victims may act in ways that will appease the abuser due to the fear of losing them. Due to cultural values in Malaysia, great emphasis is placed on being in a relationship and building a family (Himawan et al., 2018; Sumari et al.,

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2020). Loss of one's partner could mean losing the possible family unit, resulting in behavioural changes to appease and make the abuser stay. Appeasement of the abuser would also reduce the chances of IPV (Bailey et al., 2023) and increase the likelihood of the relationship entering the honeymoon phase (Both et al., 2019). The honeymoon phase in Walker's (1978) cycle of violence is when the abuser apologises for the abuse and treats the victim lovingly (Rakovec-Felser, 2014; Redd, 2019). Being in the honeymoon phase would reduce the victim's psychological distress as fears that the abuser may leave them are alleviated. To sum, while love-dependence is a significant predictor of psychological distress, its mediating role and effect between IPV and psychological distress requires further research.

### **Implications**

#### ***Theoretical Implications***

Two theories have been adopted to explain the associations between intimate partner violence (IPV), Stockholm syndrome (SS), and psychological distress among couples in Malaysia. Firstly, the learned helplessness (LH) theory introduced by Seligman (1975) explains how repeated exposure to uncontrollable and negative situations can lead the victims of IPV to develop a sense of helplessness, thus believing they have no control over their circumstances. LH can therefore lead the victims to believe that seeking help is pointless, for which they might have tried to leave or get help in the past, but were met with bad results or more abuse. As a result, the belief that they are incapable of changing their situation are reinforced. Secondly, the cycle of violence introduced by Walker (1978) posited that multiple instances of IPV occur and that this tension accumulates until it bursts, at which point an intense battering incident takes place. The victims usually do not take the initiative to leave the relationship because they are subsequently

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showered by the abusers with gifts, love, and affection. During this phase, the victims start to hold the belief that the abuser might undergo a positive transformation, causing them to hesitate in ending the relationship. However, subsequent instances of violence occur, setting off a new cycle of abusive behaviour.

Prior to the present study, there is limited research that specifically delved into the associations between IPV, psychological distress, and the role of SS within the Malaysian context. Therefore, the focus of the present study on Malaysian couples contributes to contextualizing the findings within specific cultural, social, and geographical settings. This localized approach thus allows for the exploration of how cultural norms, gender roles, and societal expectations interact with the studied variables, ultimately filling the literature gap in the Malaysian context.

There has been a lack of application of the LH theory and the cycle of violence in studies regarding IPV and Stockholm Syndrome, particularly in Malaysia. By adopting these theories, it can be understood that victims of IPV may develop SS as a coping mechanism to deal with the trauma and unpredictability of their situations. This is because, through identifying with the abuser and perceiving them more positively, victims may temporarily experience a sense of safety. Therefore, the present study sheds a light for future researchers to expand the application of LH theory and the cycle of violence in studies regarding IPV.

Furthermore, the present study highlights the need for future research to incorporate SS as a variable in studies related to IPV, as the present study showed its significant impact on the whole framework. To elaborate, the perpetrators often isolate the victims from friends, family, and support networks, which create a sense of dependency. Victims may thus develop loyalty

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towards their abuser because they are the primary source of interaction and support, even if it is abusive. Therefore, the present study sheds light on the complexities of the dynamics at play within abusive relationships, calling for a more comprehensive consideration of SS in future research.

### *Practical Implications*

The present study provides insight to policymakers and legal professionals to consider incorporating a better understanding of the psychological complexities at play in cases of IPV. To elaborate further, given that the study highlights a significant correlation between both physical and non-physical IPV and the core Stockholm Syndrome, it becomes apparent that the victims might be unaware of the symptoms they are experiencing, therefore becoming trapped in the abusive relationship. In light of this, the present study provides a compelling argument for policymakers to consider revising the criteria governing the application of interim protection orders and emergency protection orders. For instance, they could consider the possibility of a family member or a friend who witnessed the abusive incident to initiate the process of obtaining protection orders. Such a consideration could be supported by the rationale that the victim could potentially be experiencing SS.

Additionally, the insights gained from the present study could guide the development of targeted interventions for couples dealing with IPV. These interventions can be centered on treating the particular causes of SS and how it affects psychological well-being. For instance, the Survivor Therapy Empowerment Program (STEP) is evident in reducing anxiety and increase psychological well-being among male and female survivors of IPV in the United States (Jungersen et al., 2019). Besides, the study by Iverson et al. (2021) revealed that the Recovering



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from Intimate Partner Violence through Strengths and Empowerment (RISE) improved empowerment, self-efficacy, and depressive symptoms among women survivors of IPV from the northeast areas of the United States. Additionally, they also reported experiencing reductions in IPV, resulting in improvements in their overall quality of life (Iverson et al., 2021). While trauma-related interventions have been largely used towards IPV survivors in Western countries, the social workers and therapists in Malaysia must be equipped with the relevant trauma-informed approach to deliver effective services. A better understanding of SS and its role in IPV can help therapists to further understand how to approach their clients in a manner that respects their needs and circumstances.

Lastly, the results from the present study could contribute to raising awareness about the complex dynamics of IPV and its psychological effects, including the role of SS. Given that no prior study focuses on SS within the Malaysian context, the introduction of this new variable enables stakeholders to understand how it can be associated with a person's experience of IPV and psychological distress. This awareness could be spread through educational programs, workshops, and public campaigns aimed at both couples and professionals in the field.

### **Limitations and Recommendations**

It cannot be denied that the present study has some limitations. Firstly, the total sample size obtained did not achieved the proposed sample size (i.e., 320). The small sample size can be attributed to various factors. To begin with, the study focused on individuals who have prior experience or is currently experiencing IPV, which classifies them as an out-group. Moreover, the pervasive stigma associated with being involved in abusive relationships may have deterred potential participants from taking part in the study. Lastly, confidentiality issues have

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influenced the organisation's (both government agencies and NGO) ability to provide contact information or to circulate the survey among potential participants (see Appendix C). A recommendation would be to collaborate closely with organisations that work with IPV survivors. These organisations often have established relationships of trust with survivors and can help facilitate participant recruitment through their networks. Future researchers could collaborate with these organisations by providing mutual benefits through initiatives like organising awareness campaigns on IPV.

Moreover, there was a high dropout rate among the participants. This means that many individuals who initially agreed to participate in the study did not complete it as intended. The high dropout rate could be attributed to various factors, including time constraints, a loss of interest, or any personal reasons that influenced their ability or willingness to complete the survey. A recommendation could involve physically distributing the survey, such as disseminating it following the aforementioned awareness campaigns. Additionally, exploring the possibility of utilizing shorter scales that assess the same context as in the present study is recommended to reduce the dropout rate.

Thirdly, the present study's generalizability is constrained as purposive sampling was adopted, driven by the unique nature of the targeted out-group sample. To elaborate, it is important to note that the sample for this study is based on self-reporting. Consequently, there is a potential for the sample to be influenced by a bias, as participants might be drawn to participate due to the incentive of the offered token of appreciation, which could lead to an overestimation of IPV. To address this limitation, recruiting participants from shelters provided for IPV survivors is recommended, while not violating confidentiality issues. This strategy maintains the

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ethical balance between safeguarding the participants' privacy and obtaining a more diverse and representative sample encompassing various IPV experiences.

Lastly, the present study might not accurately reflect the Malaysian population due to the imbalanced ethnic distribution among participants. Specifically, the proportion of Chinese participants in this study greatly outweighed the number of Malay participants, which diverges significantly from Malaysia's actual ethnic ratio. Therefore, it is recommended that future research adopts probability sampling techniques, such as stratified sampling, to ensure a more representative ethnic composition among the participants.

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# INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

## Appendices

### Appendix A: Sample Size Calculation using Monte Carlo Power Analysis for Indirect Effects

#### *Model 1 (Physical IPV → Core Stockholm Syndrome → Psychological Distress)*

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann (Contact), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator  
Objective: Set Power, Vary N

Target Power: 0.8  
Minimum N: 50  
Maximum N: 500  
Sample Size Steps: 1

# of Replications: 1000  
Monte Carlo Draws per Rep: 20000  
Random Seed: 1234  
Confidence Level (%): 95

Input Method: Correlations

	X	M	Y
X	1.00		
M	0.179	1.00	
Y	0.323	0.22	1.00
Std. Deviation	4.88	11.01	4.10

Instructions

To use this app, follow these steps:

- Select Model.** The user should first select the mediation model containing the indirect effect(s) of interest. Models may be selected in the drop-down menu in the left-most column of the app. Note that when a different mediation model is selected, the model graphic and input-value sections in the middle column will be altered.
- Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two options are

Calculate Power

ab	333.00	0.76	0.80	0.83
ab	334.00	0.76	0.80	0.83
ab	335.00	0.76	0.80	0.83
ab	336.00	0.76	0.80	0.83
ab	337.00	0.77	0.80	0.84

$N = 333$  at 0.80 power

#### *Model 2 (Physical IPV → Love-dependence → Psychological distress)*

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann (Contact), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator  
Objective: Set Power, Vary N

Target Power: 0.8  
Minimum N: 50  
Maximum N: 500  
Sample Size Steps: 1

# of Replications: 1000  
Monte Carlo Draws per Rep: 20000  
Random Seed: 1234  
Confidence Level (%): 95

Input Method: Correlations

	X	M	Y
X	1.00		
M	0.145	1.00	
Y	0.323	0.2	1.00
Std. Deviation	4.88	12.37	4.10

Instructions

To use this app, follow these steps:

- Select Model.** The user should first select the mediation model containing the indirect effect(s) of interest. Models may be selected in the drop-down menu in the left-most column of the app. Note that when a different mediation model is selected, the model graphic and input-value sections in the middle column will be altered.
- Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two options are

Calculate Power

ab	423.00	0.75	0.79	0.83
ab	424.00	0.75	0.80	0.83
ab	425.00	0.75	0.80	0.83
ab	426.00	0.76	0.80	0.84
ab	427.00	0.76	0.80	0.84

$N = 424$  at 0.80 power

# INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

## Model 3 (Physical IPV → Psychological damage → Psychological distress)

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann ( Contact ), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator

Objective: Set Power, Vary N

Target Power: 0.8

Minimum N: 50

Maximum N: 500

Sample Size Steps: 1

# of Replications: 1000

Monte Carlo Draws per Rep: 20000

Random Seed: 1234

Confidence Level (%): 95

Instructions

To use this app, follow these steps:

- Select Model.** The user should first select the mediation model containing the indirect effect(s) of interest. Models may be selected in the drop-down menu in the left-most column of the app. Note that when a different mediation model is selected, the model graphic and input-value sections in the middle column will be altered.
- Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two options are

Input Method: Correlations

	X	M	Y
X	1.00		
M	0.131	1.00	
Y	0.323	0.35	1.00
Std. Deviation	4.88	9.42	4.10

Calculate Power

	ab	0.75	0.79	0.83
ab	397.00	0.75	0.79	0.83
ab	398.00	0.75	0.79	0.83
ab	399.00	0.75	0.79	0.83
ab	400.00	0.76	0.80	0.83
ab	401.00	0.76	0.80	0.83

$N = 400$  at 0.80 power

## Model 4 (Non-physical IPV → Core Stockholm syndrome → Psychological distress)

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann ( Contact ), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator

Objective: Set Power, Vary N

Target Power: 0.8

Minimum N: 50

Maximum N: 1000

Sample Size Steps: 1

# of Replications: 1000

Monte Carlo Draws per Rep: 20000

Random Seed: 1234

Confidence Level (%): 95

Instructions

To use this app, follow these steps:

- Select Model.** The user should first select the mediation model containing the indirect effect(s) of interest. Models may be selected in the drop-down menu in the left-most column of the app. Note that when a different mediation model is selected, the model graphic and input-value sections in the middle column will be altered.
- Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two

Input Method: Correlations

	X	M	Y
X	1.00		
M	.5	1.00	
Y	.38	.30	1.00
Std. Deviation	4.49	11.01	4.10

Calculate Power

	ab	0.76	0.79	0.83
ab	444.00	0.76	0.79	0.83
ab	445.00	0.76	0.79	0.83
ab	446.00	0.76	0.80	0.83
ab	447.00	0.76	0.80	0.83
ab	448.00	0.76	0.80	0.83

$N = 446$  at 0.80 power

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### *Model 5 (Non-physical IPV → Love-dependence → Psychological distress)*

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann ( Contact ), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator  
Objective: Set Power, Vary N

Target Power: 0.8  
Minimum N: 50  
Maximum N: 1500  
Sample Size Steps: 10

# of Replications: 10000  
Monte Carlo Draws per Rep: 20000  
Random Seed: 1234  
Confidence Level (%): 95

Input Method: Correlations

	X	M	Y
X	1.00		
M	0.38	1.00	
Y	0.38	0.3	1.00
Std. Deviation	4.49	12.37	4.10

2. **Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two options are permitted. The user can choose to estimate the statistical power for a given model and sample size ("Set N, Find Power"), or the user may choose to estimate the required sample size for a given model and desired level of power ("Set Power, Vary N"). Once an option is selected, an additional set of options will appear below that require the user's attention.

For the **Set N, Find Power** option:  
**Select Sample Size.** The sample size (N) the user wishes to obtain a power estimate for should be entered in the

Calculate Power

ab	200.00	0.70	0.72	0.74
ab	210.00	0.72	0.74	0.76
ab	220.00	0.74	0.76	0.78
ab	230.00	0.76	0.78	0.80
ab	240.00	0.78	0.80	0.82

$N = 240$  at 0.80 power

### *Model 6 (Non-physical IPV → Psychological damage → Psychological distress)*

Monte Carlo Power Analysis for Indirect Effects  
Written by Alexander M. Schoemann ( Contact ), Aaron J. Boulton, & Stephen D. Short

Model: One Mediator  
Objective: Set Power, Vary N

Target Power: 0.8  
Minimum N: 50  
Maximum N: 500  
Sample Size Steps: 1

# of Replications: 1000  
Monte Carlo Draws per Rep: 20000  
Random Seed: 1234  
Confidence Level (%): 95

Input Method: Correlations

	X	M	Y
X	1.00		
M	0.64	1.00	
Y	0.38	0.35	1.00
Std. Deviation	4.49	9.42	4.10

Instructions  
To use this app, follow these steps:

- Select Model.** The user should first select the mediation model containing the indirect effect(s) of interest. Models may be selected in the drop-down menu in the left-most column of the app. Note that when a different mediation model is selected, the model graphic and input-value sections in the middle column will be altered.
- Select Objective.** Once the desired model is chosen, the user should select the objective of the power analysis. Two options are

Calculate Power

ab	341.00	0.76	0.79	0.82
ab	342.00	0.76	0.79	0.82
ab	343.00	0.76	0.79	0.83
ab	344.00	0.76	0.80	0.83
ab	345.00	0.76	0.80	0.83

$N = 344$  at 0.80 power

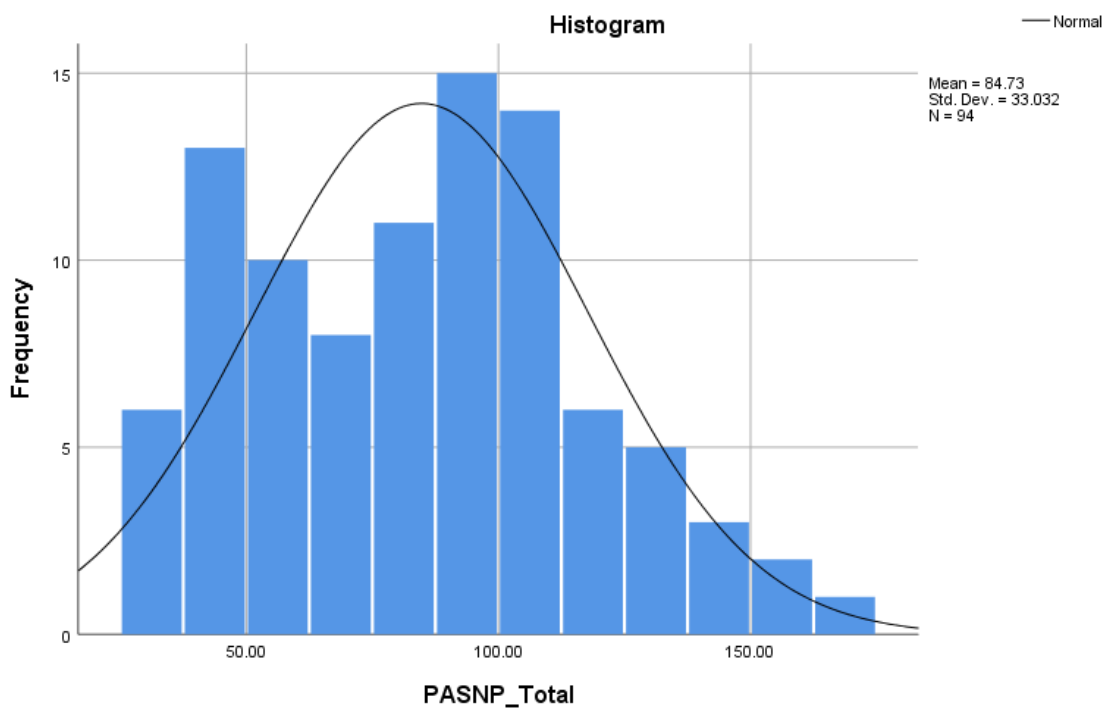
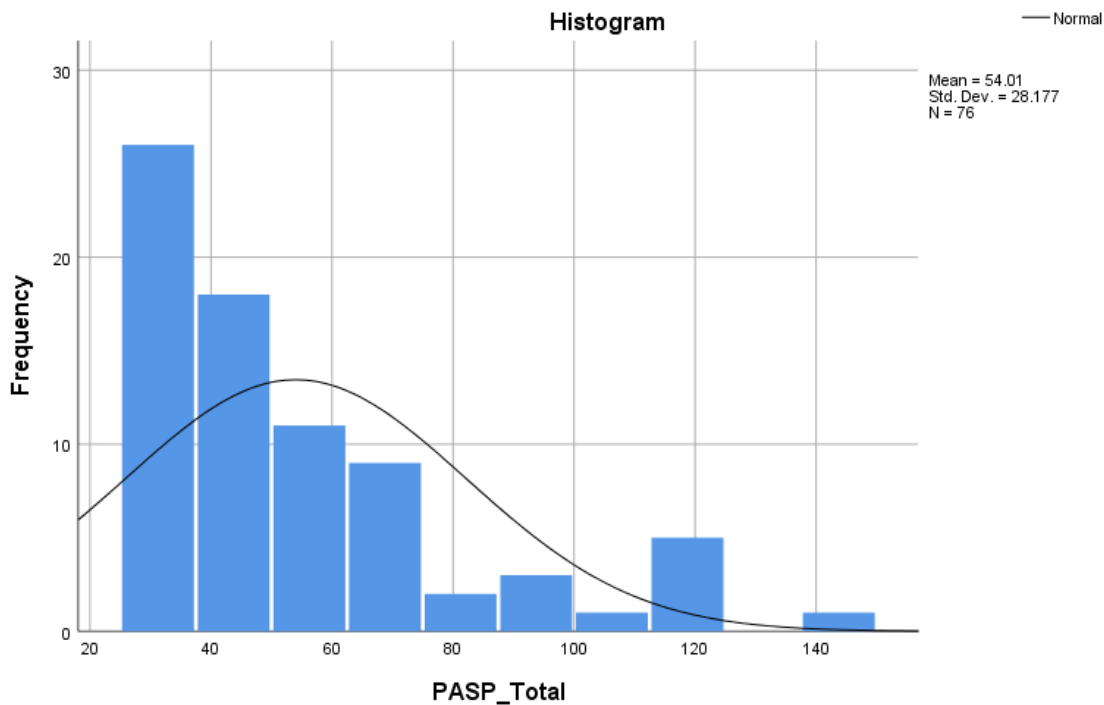
$N = (333 + 424 + 400 + 446 + 240 + 344) / 6$

$= 290$

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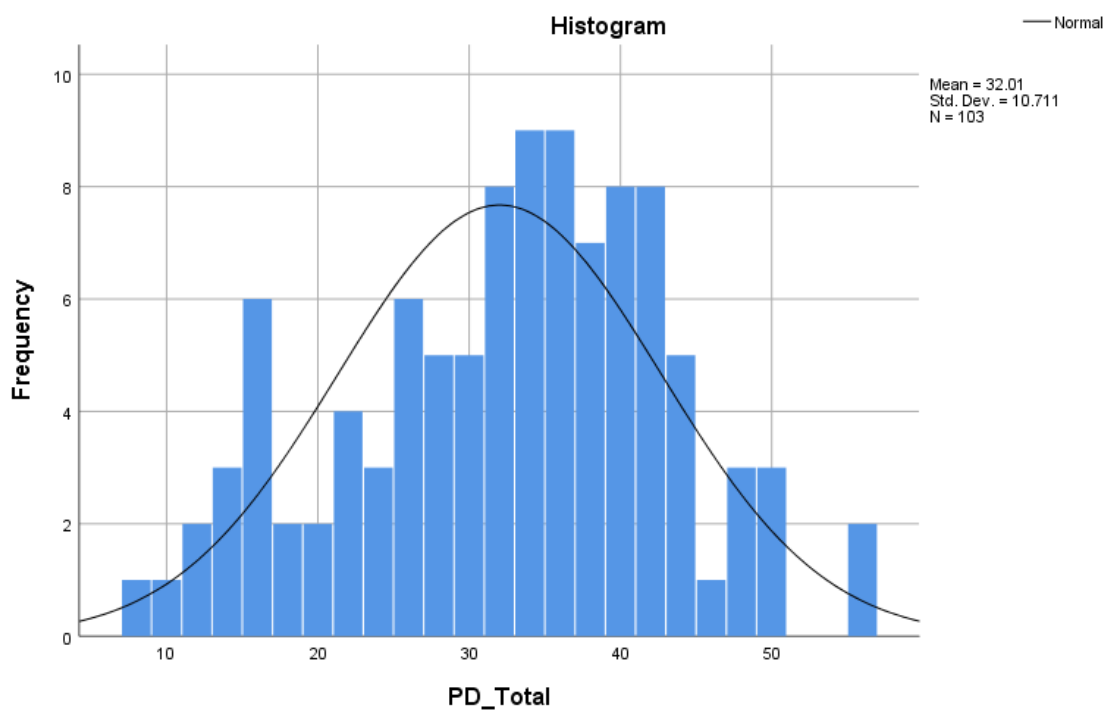
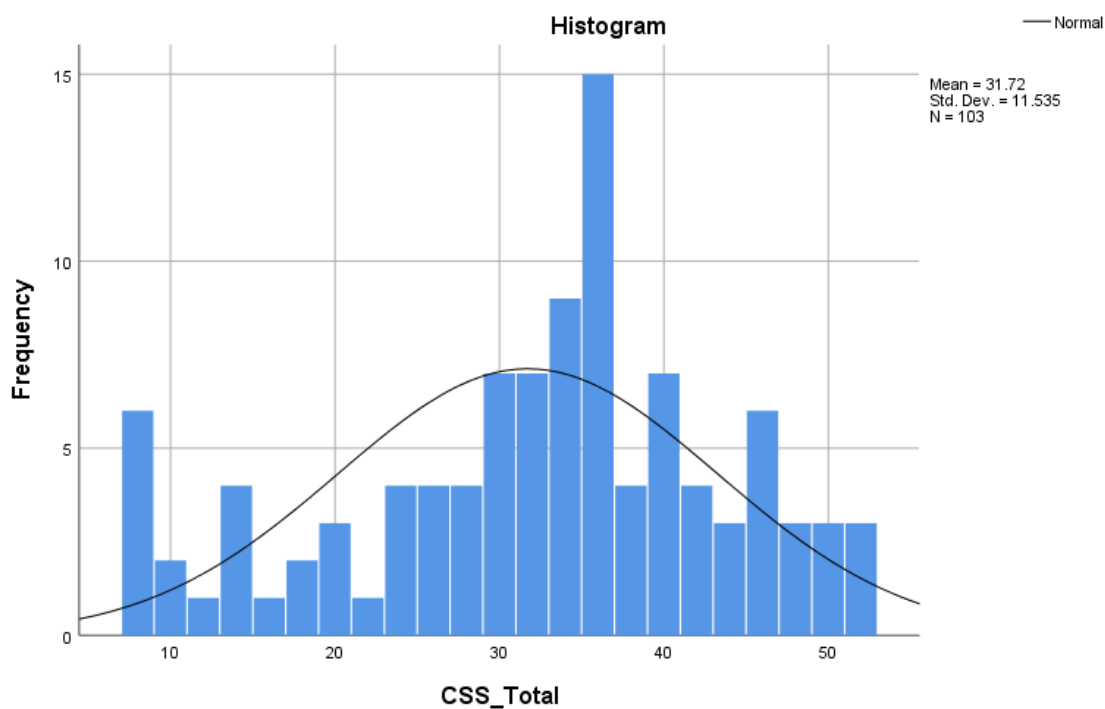
Appendix B: SPSS Results

Appendix B1 Histograms

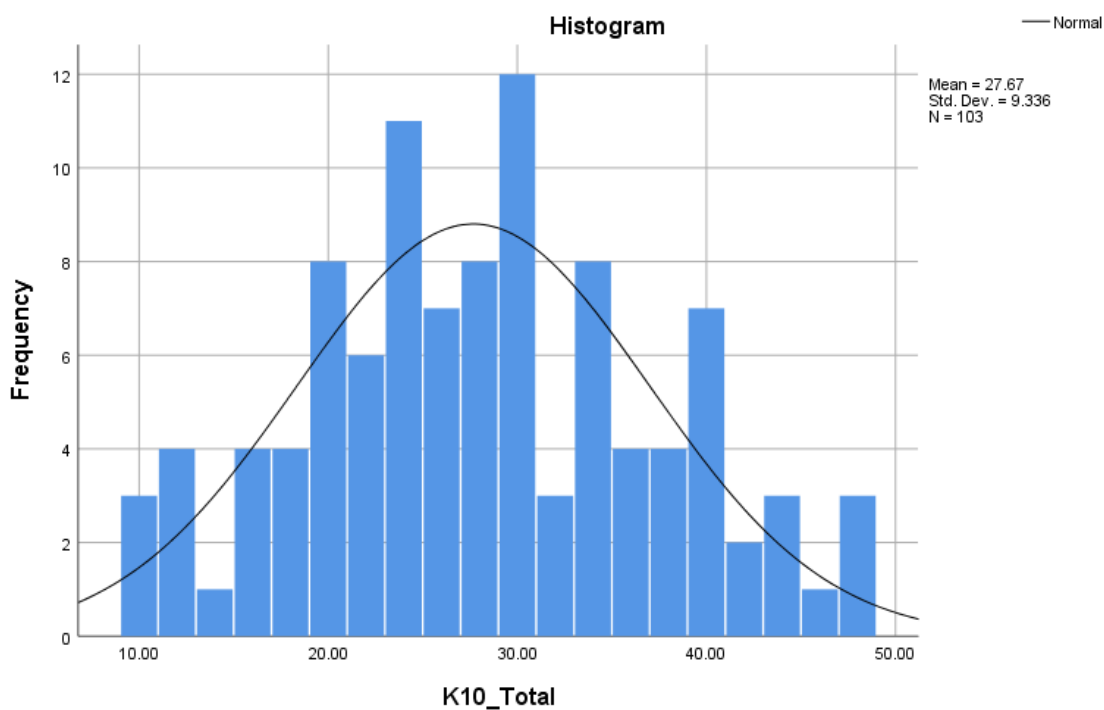
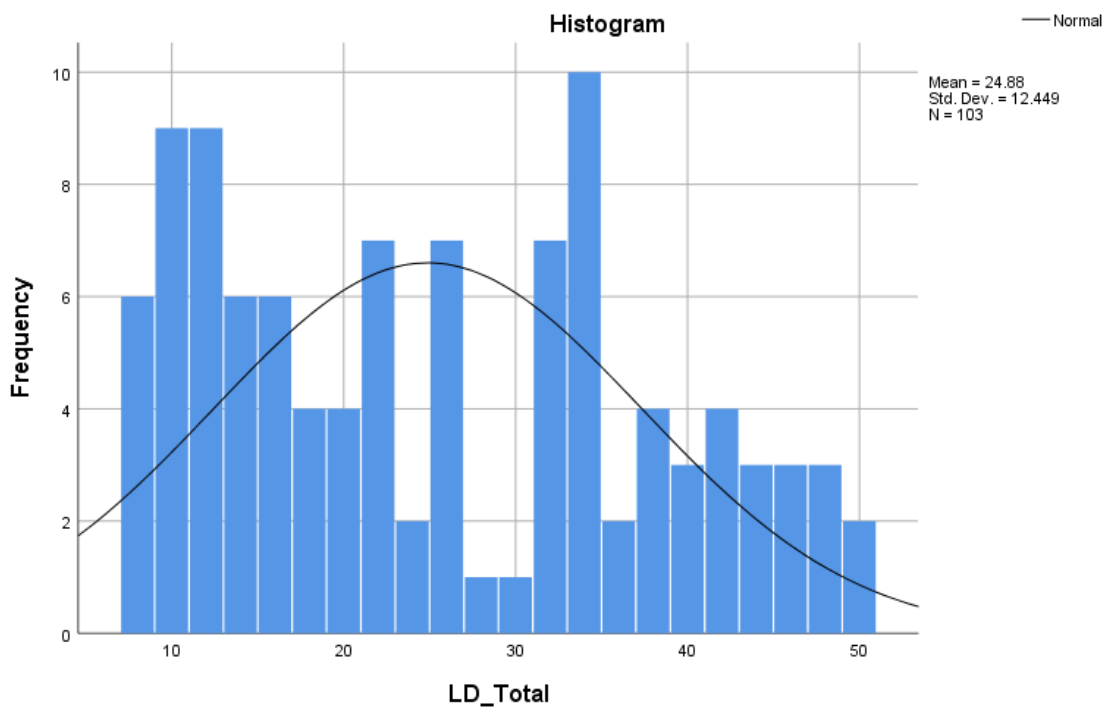




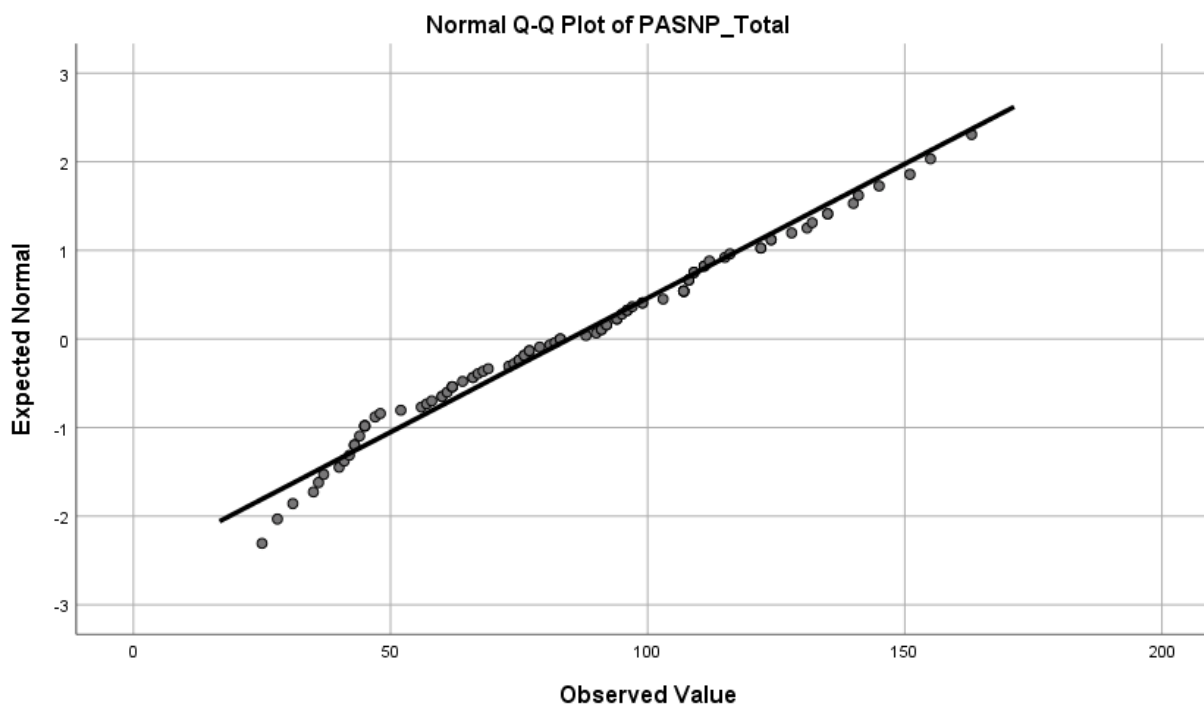
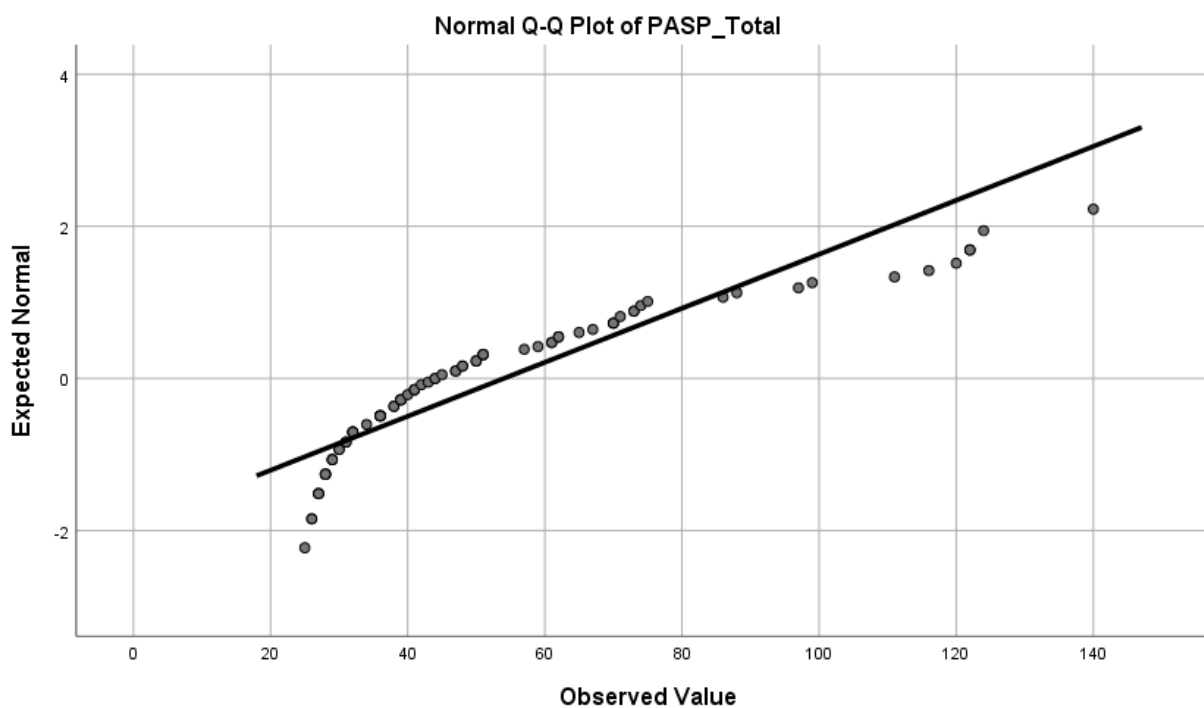
INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



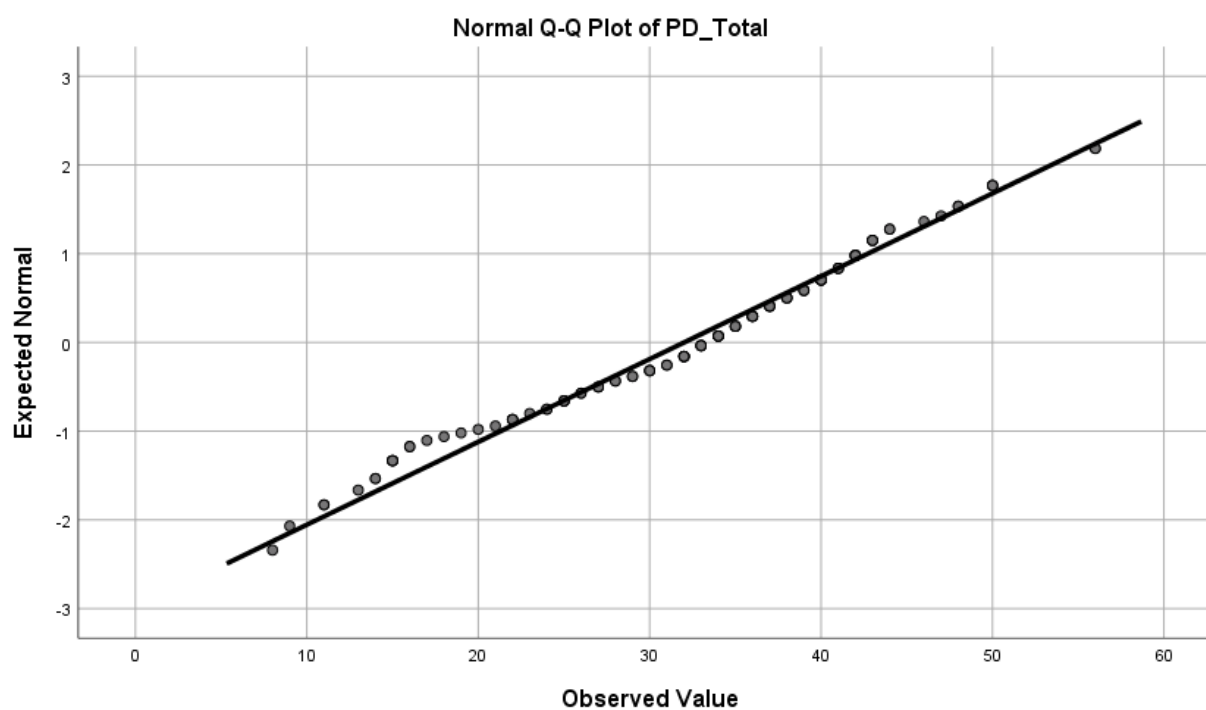
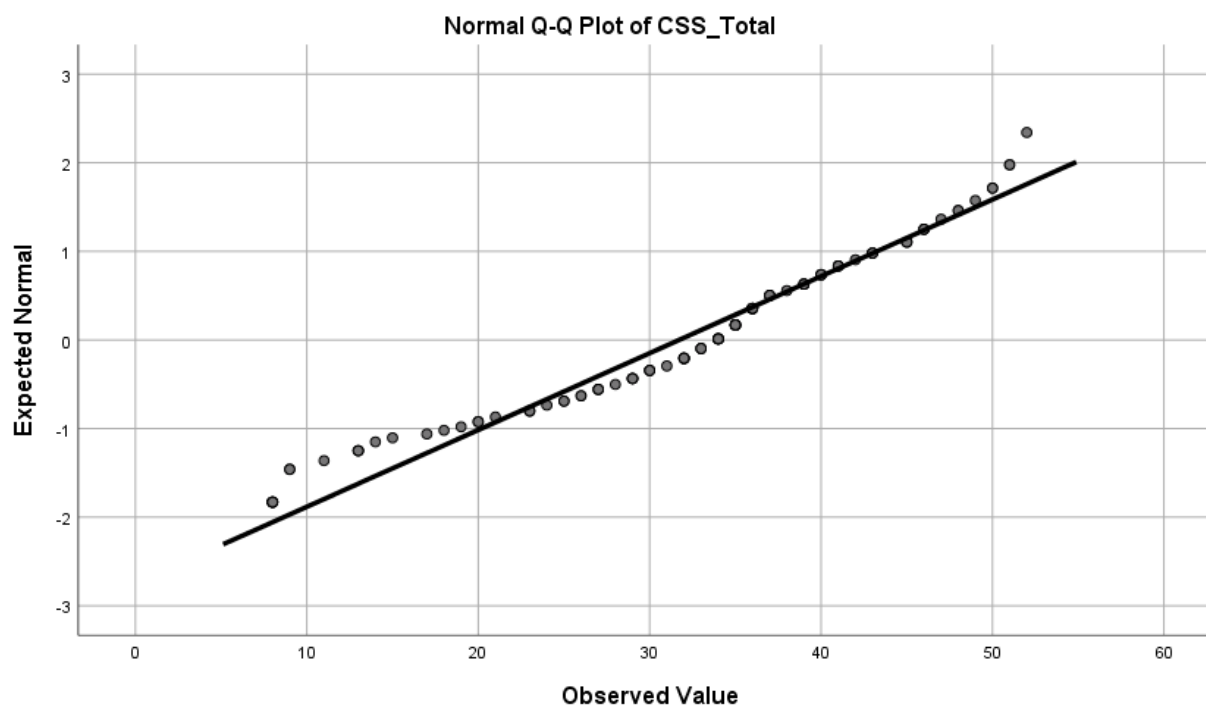
INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



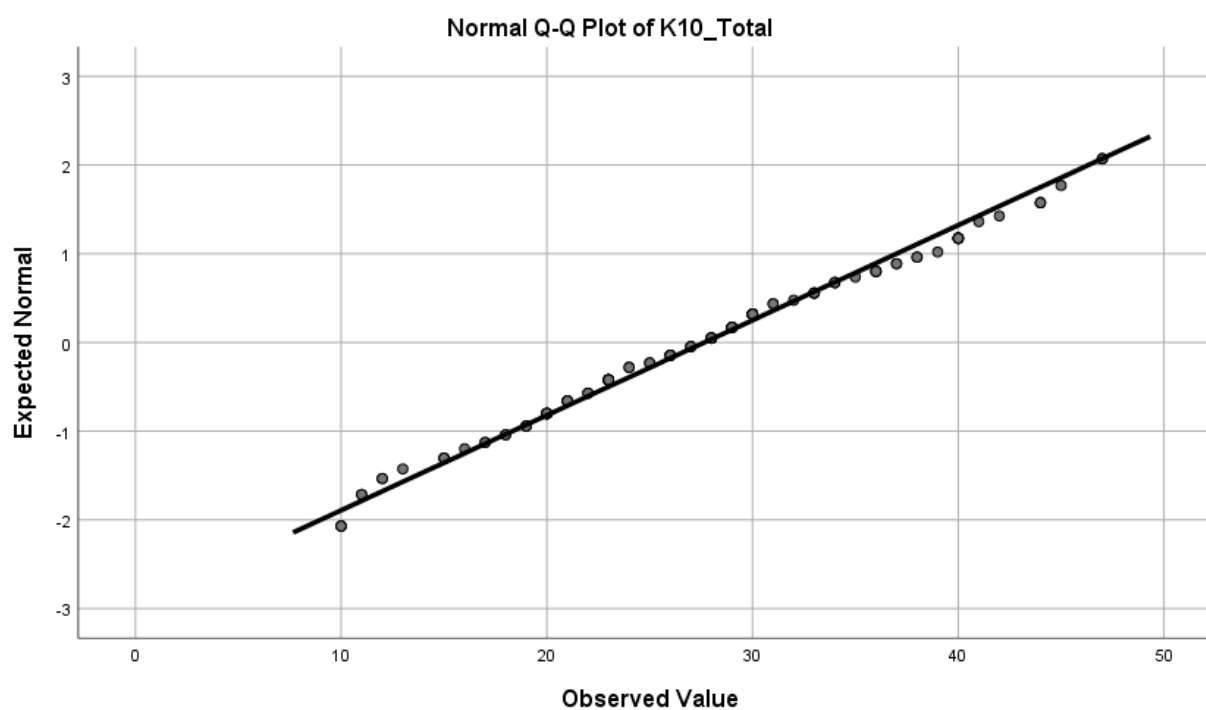
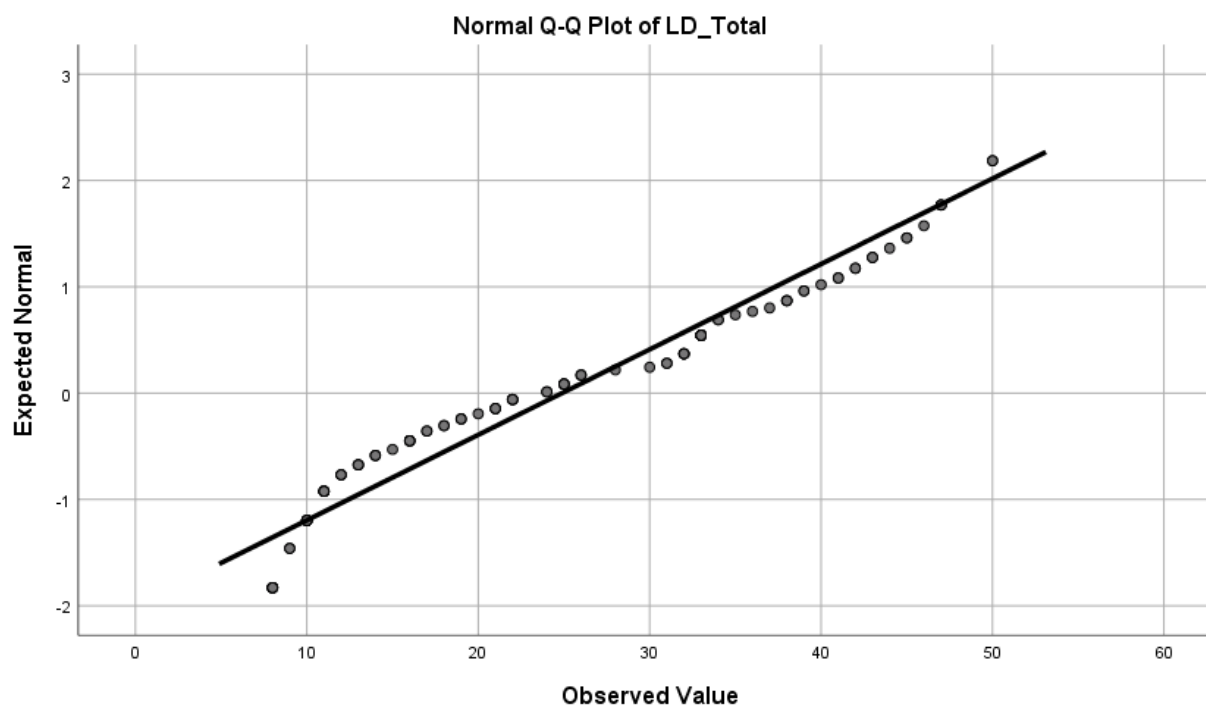
## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS

*Appendix B2 Q-Q Plots*

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

*Appendix B3 Case Summaries*

<b>Case Summaries<sup>a</sup></b>				
	Case Number	Mahalanobis Distance	Cook's Distance	Centered Leverage Value
1	1	1.72902	.00321	.02581
2	4	1.00426	.00788	.01499
3	6	1.29804	.00298	.01937
4	7	11.87249	.21409	.17720
5	8	2.37504	.00003	.03545
6	10	5.12723	.02307	.07653
7	14	7.62967	.06656	.11388
8	15	6.54069	.01875	.09762
9	17	1.06822	.00170	.01594
10	18	1.09230	.00240	.01630
11	19	2.11209	.00179	.03152
12	20	3.84870	.03299	.05744
13	23	5.66091	.00635	.08449
14	24	6.80238	.00036	.10153
15	25	5.55025	.00172	.08284
16	26	11.28765	.00822	.16847
17	27	1.50339	.00022	.02244
18	28	13.93884	.00796	.20804
19	29	7.61892	.01941	.11372
20	30	2.12595	.00858	.03173
21	32	7.68356	.00159	.11468
22	33	1.41222	.00274	.02108
23	34	8.14270	.00000	.12153
24	35	13.70950	.06805	.20462
25	36	2.84970	.02220	.04253
26	37	1.43367	.00853	.02140
27	38	.80482	.00199	.01201
28	39	.99696	.00327	.01488
29	40	.65803	.00000	.00982
30	41	9.89345	.01195	.14766
31	42	2.81486	.00611	.04201
32	43	4.26326	.01978	.06363

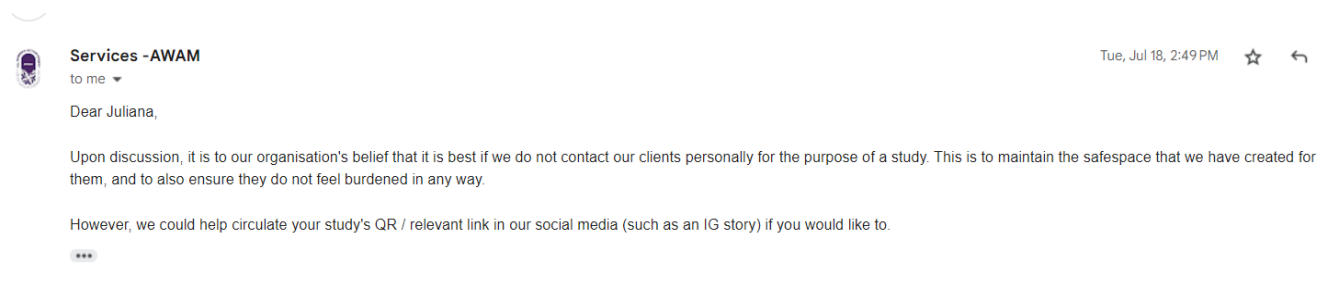
INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

33	44	3.52948	.00006	.05268
34	45	3.37327	.01356	.05035
35	46	9.13527	.03015	.13635
36	47	9.09634	.04903	.13577
37	48	1.04210	.00027	.01555
38	49	3.39750	.01593	.05071
39	50	1.43484	.00698	.02142
40	53	3.70357	.02222	.05528
41	54	5.02360	.01544	.07498
42	55	6.76140	.09357	.10092
43	56	7.58177	.00240	.11316
44	57	11.43095	.00218	.17061
45	58	4.54284	.04367	.06780
46	61	1.58948	.00241	.02372
47	63	7.87090	.01675	.11748
48	65	8.57510	.00000	.12799
49	66	1.75687	.00220	.02622
50	67	11.93227	.00024	.17809
51	68	8.74628	.00133	.13054
52	69	2.90289	.04082	.04333
53	70	4.44353	.07828	.06632
54	72	4.82803	.00054	.07206
55	74	6.90129	.00729	.10300
56	75	2.33509	.00000	.03485
57	85	3.29900	.00276	.04924
58	86	2.15990	.02494	.03224
59	87	2.57025	.02855	.03836
60	88	2.04011	.01520	.03045
61	90	6.18040	.01068	.09224
62	91	2.23594	.00088	.03337
63	94	2.23450	.00317	.03335
64	95	4.06129	.00366	.06062
65	99	6.25648	.02725	.09338
66	100	5.25983	.00968	.07850
67	101	9.41558	.03272	.14053
68	103	2.50329	.00034	.03736
Total	N	68	68	68

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

a. Limited to first 103 cases.

### Appendix C: Email from the All Women's Action Society





**Appendix D: Online Survey Questionnaire (English)**

# **IPV and Psychological Distress among Couples in Malaysia: The Role of Stockholm Syndrome**

---

**Start of Block: Default Question Block****Information Sheet Introduction**

We are Psychology students from Universiti Tunku Abdul Rahman (UTAR) conducting our final year project (FYP) entitled "Intimate Partner Violence and Psychological Distress among Couples in Malaysia: The Role of Stockholm Syndrome".

**Procedures and Confidentiality**

The following questionnaire comprises of 6 sections and will require approximately 15-20 minutes to complete. All information provided will remain private and confidential. The information given will only be reported as group data with no identifying information and will only be used for academic purposes.

**Participation**

Participation in this study is voluntary, you are free to withdraw and discontinue participation at any given time without any consequences. Your responses will be coded numerically for research interpretation. Participants are required to answer the questions as accurately as possible.

**Appreciation**

Thank you for your willingness to participate in this survey. Your participation and cooperation would be greatly appreciated.

**End of Block: Default Question Block**

---

**Start of Block: Informed consent**

**Q2 PERSONAL DATA PROTECTION NOTICE** Please be informed that in accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

in relation to collection, recording, storage, usage and retention of personal information.

1. Personal data refers to any information which may directly or indirectly identify a person which could include sensitive personal data and expression of opinion. Among others it includes:

- a) Name
- b) Identity card
- c) Place of Birth
- d) Address
- e) Education History
- f) Employment History
- g) Medical History
- h) Blood type
- i) Race
- j) Religion
- k) Photo
- l) Personal Information and Associated Research Data

2. The purposes for which your personal data may be used are inclusive but not limited to:

- a) For assessment of any application to UTAR
- b) For processing any benefits and services
- c) For communication purposes
- d) For advertorial and news
- e) For general administration and record purposes
- f) For enhancing the value of education
- g) For educational and related purposes consequential to UTAR
- h) For replying any responds to complaints and enquiries
- i) For the purpose of our corporate governance
- j) For the purposes of conducting research/ collaboration

3. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

4. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

5. UTAR is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

ensure that your personal data shall not be used for political and commercial purposes.

### Consent:

By submitting or providing your personal data to UTAR, you had consented and agreed for your personal data to be used in accordance to the terms and conditions in the Notice and our relevant policy.

If you do not consent or subsequently withdraw your consent to the processing and disclosure of your personal data, UTAR will not be able to fulfill our obligations or to contact you or to assist you in respect of the purposes and/or for any other purposes related to the purpose.

You may access and update your personal data by writing to us at  
julianahoo0126@lutar.my (Juliana Hoo Ju Yun)  
SamanthaNg@lutar.my (Samantha Ng Hui Li)

---

### Q3 Acknowledgement of Notice:

- I have been notified and that I hereby understood, consented and agreed per UTAR's above notice
- I disagree, my personal data will not be processed

*Skip To: End of Survey If Acknowledgement of Notice: = I disagree, my personal data will not be processed*

**End of Block: Informed consent**

---

**Start of Block: Demographic Data**

### Q1 Gender

- Male
- Female
-

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q2 Age

---

Q3 Ethnicity

- Chinese
- Indian
- Malay
- Others (Please specify in box below)

---



Q4 Religion

- Buddhism
- Hinduism
- Islam
- Christianity
- Others (Please specify in box below)

---

- Atheist/No religion

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

---

Q5 Relationship Status

- Single
- In a committed relationship
- Married
- Divorce
- Widowed

*Skip To: End of Survey If Relationship Status = Widowed*

*Skip To: End of Survey If Relationship Status = Single*

---

Q6 How long have you been in your current relationship?  
(Please specify the unit - e.g., years, months, or days)

\_\_\_\_\_

---

Q7 Do you have any children?

- No
- Yes (Please indicate number of children in the box below)

\_\_\_\_\_

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q8 Phone number (For claiming the token of appreciation through Touch 'n Go e-wallet)

---

End of Block: Demographic Data

---

Start of Block: Partner Abuse Scale (Physical)

Q9 Please read the following definitions carefully before answering the questions below.

Definitions of intimate partner violence (IPV):

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners.

Physical IPV includes:

- Scratching, pushing, or shoving
- Throwing, grabbing, or biting
- Choking, shaking, aggressive hair pulling, slapping, punching, hitting or burning
- Use of a weapon, use of restraints or one’s body, size, or strength against another person
- Sexual violence (which includes: Rape or penetration of victim; Non-physically pressured unwanted penetration; Unwanted sexual contact; Non-contact unwanted sexual experiences)

---

Q1 Are you currently or have you experienced physical intimate partner violence (IPV)?

- Yes (I am currently experiencing physical IPV)
- Yes (I have experienced physical IPV before)
- No

*Skip To: End of Block If Are you currently or have you experienced physical intimate partner violence (IPV)? = No*

---

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q2 Is your experience of physical intimate partner violence (IPV) with your current partner or former partner?

- Current partner
  - Former partner
- 

Q12 Instruction: Below are 25 statements which may happened to you. Using the 1–7 scale below, indicate your agreement with each item by indicating the response for each statement

---

Q1 My partner physically forces me to have sex.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q2 My partner pushes and shoves me around violently.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q3 My partner hits and punches my arms and body.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q4 My partner threatens me with a weapon.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q5 My partner beats me so hard I must seek medical help.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q6 My partner slaps me around my face and head.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q7 My partner beats me when he or she drinks.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q8 My partner makes me afraid for my life.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q9 My partner physically throws me around the room.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q10 My partner hits and punches my face and head.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q11 My partner beats me in the face so badly that I am ashamed to be seen in public.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q12 My partner acts like he or she would like to kill me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q13 My partner threatens to cut or stab me with a knife or other sharp object.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q14 My partner tries to choke or strangle me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q15 My partner knocks me down and then kicks or stomps me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q16 My partner twists my fingers, arms or legs.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q17 My partner throws dangerous objects at me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q18 My partner bites or scratches me so badly that I bleed or have bruises.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q19 My partner violently pinches or twists my skin.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q20 My partner badly hurts me while we are having sex.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q21 My partner injures my breast or genitals.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q22 My partner tries to suffocate me with pillows, towels, or other objects.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q23 My partner pokes or jabs me with pointed objects.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q24 My partner has broken one or more of my bones.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q25 My partner kicks my face and head.

- None of the time
- Very rarely
- A little of the time
- Some of the time
- A good part of the time
- Most of the time
- All of the time

**End of Block: Partner Abuse Scale (Physical)**

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### Start of Block: Partner Abuse Scale (Non-physical)

Q84 Non-physical IPV includes:

- Stalking and/or cyberstalking (i.e., repeated, unwanted, attention and contact that causes fear or concern for one's own safety)
  - Expressive aggression (e.g., name-calling, humiliating)
  - Coercive control (e.g., limiting access to transportation, money, friends, and family; excessive monitoring of whereabouts)
  - Threats of physical or sexual violence; control of reproductive or sexual health (e.g., refusal to use birth control; coerced pregnancy termination) - Exploitation of victim's vulnerability (e.g., immigration status, disability)
  - Exploitation of perpetrator's vulnerability
  - Presenting false information to the victim with the intent of making them doubt their own memory or perception (e.g., mind games)
- 

Q2 Are you currently or have you previously experienced non-physical intimate partner violence (IPV)?

- Yes (I am currently experiencing non-physical IPV)
- Yes (I have experienced non-physical IPV before)
- No

*Skip To: End of Block If Are you currently or have you previously experienced non-physical intimate partner violence (IPV)? = No*

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q3 Is your experience of non-physical intimate partner violence (IPV) with your current partner or former partner?

- Current partner
  - Former partner
- 

Q39 Instruction: Below are 25 statements which may happened to you. Using the 1–7 scale below, indicate your agreement with each item by indicating the response for each statement

---

Q1 My partner belittles me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q2 My partner demands obedience to his or her whims.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q3 My partner becomes surly and angry if I say he or she is drinking too much.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS

Q4 My partner demands that I perform sex acts that I do not enjoy or like.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q5 My partner becomes very upset if my work is not done when he or she thinks it should be.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q6 My partner does not want me to have any male friends.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q7 My partner tells me I am ugly and unattractive.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q8 My partner tells me I couldn't manage or take care of myself without him or her.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q9 My partner acts like I am his or her personal servant.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q10 My partner insults or shames me in front of others.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q11 My partner becomes very angry if I disagree with his or her point of view.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q12 My partner is stingy in giving me money.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q13 My partner belittles me intellectually.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q14 My partner demands that I stay home.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q15 My partner feels that I should not work or go to school.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q16 My partner does not want me to socialize with my female friends.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q17 My partner demands sex whether I want it or not.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q18 My partner screams and yells at me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q19 My partner shouts and screams at me when he or she drinks.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q20 My partner orders me around.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q21 My partner has no respect for my feelings.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q22 My partner acts like a bully towards me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q23 My partner frightens me.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q24 My partner treats me like a dunce.

- None of the time
  - Very rarely
  - A little of the time
  - Some of the time
  - A good part of the time
  - Most of the time
  - All of the time
- 

Q25 My partner is surly and rude to me.

- None of the time
- Very rarely
- A little of the time
- Some of the time
- A good part of the time
- Most of the time
- All of the time

**End of Block: Partner Abuse Scale (Non-physical)**

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### Start of Block: Seeking Help



Q3 Have you sought help for violence inflicted by an intimate partner?

Yes

No

*Skip To: End of Block If Have you sought help for violence inflicted by an intimate partner? = No*

---

Q4 Who did you approach for help for violence inflicted by an intimate partner?

---

Q5 How long did it take for you to seek help after the violence occurred?  
(Please specify the unit - e.g., years, months, or days)

---

### End of Block: Seeking Help

---

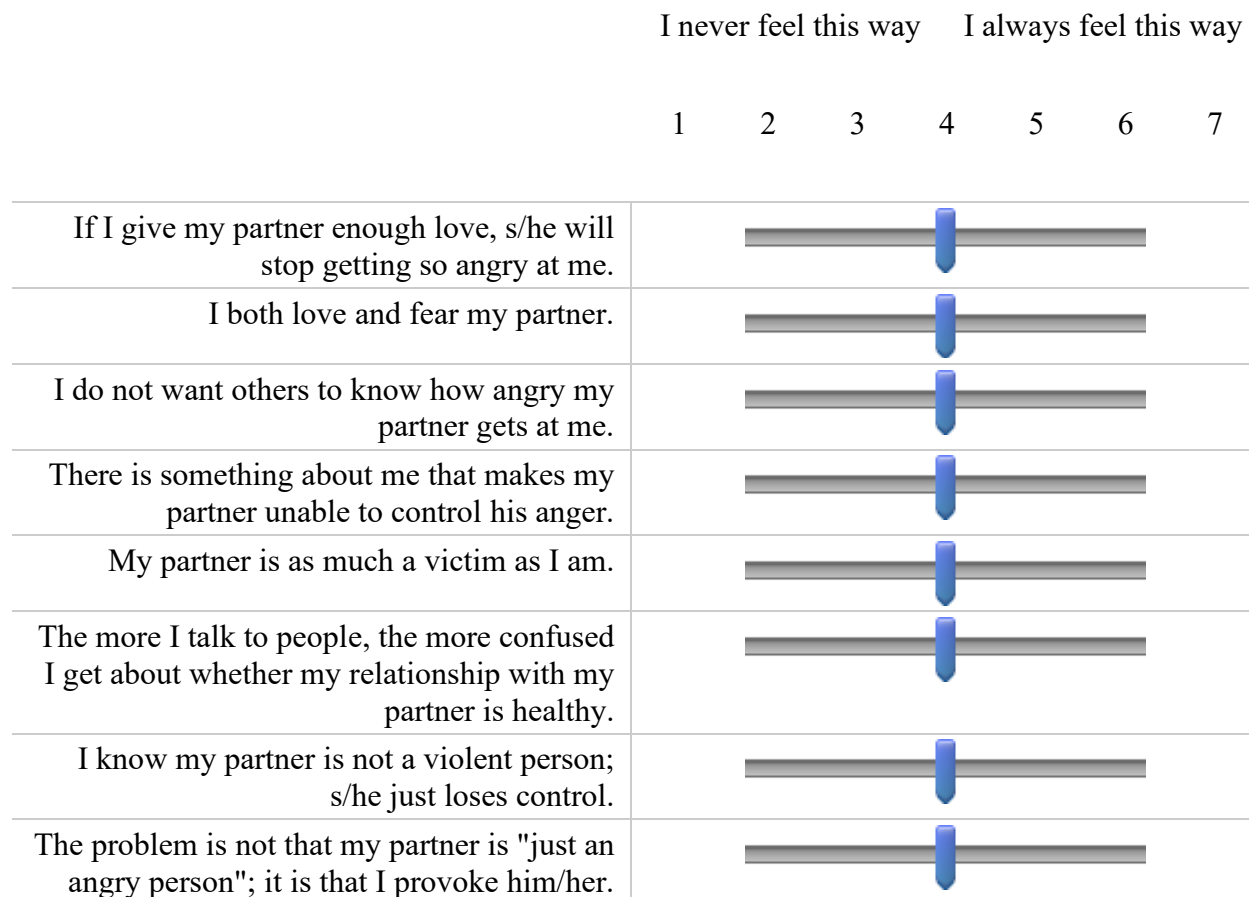
### Start of Block: Stockholm Syndrome Scale

Q65 Instruction: Using the 1–7 scale below, indicate your agreement with each item by indicating the response for each statement.

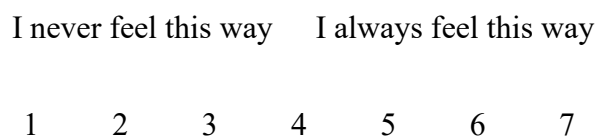
---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS









### Q66 Core Stockholm Syndrome



### Q67 Psychological Damage



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS








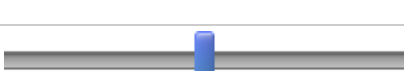
I do not know who I am.	
I feel down and blue.	
I feel calm and sure of myself.	
I feel good about who I am.	
I cannot make decisions.	
I find it difficult to concentrate on tasks.	
When others ask me how I feel about something, I do not know.	
When I start getting close to people, something bad happens.	

Q82 Love Dependency

I never feel this way    I always feel this way

1    2    3    4    5    6    7

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

I have to have my partner's love to survive.	
Without my partner, I have nothing to live for.	
I need my partner's nurturance and protection to survive.	
Without my partner, I would not know who I am.	
I am extremely attached to my partner.	
My partner's love and protection are more important than any hurt s/he might cause me.	
If my relationship were to break up, I would feel so much pain that I would want to kill myself.	
In my eyes, my partner is like a god.	

End of Block: Stockholm Syndrome Scale

Start of Block: Psychological Distress



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

Q69 Instruction: Using the 1–5 scale below, indicate your agreement with each item by indicating the response for each statement

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
In the past 4 weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 4 weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 4 weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 4 weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 4 weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS

In the past 4 weeks, about how often did you feel depressed?

In the past 4 weeks, about how often did you feel that everything was an effort?

In the past 4 weeks, about how often did you feel so sad nothing could cheer you up?

In the past 4 weeks, about how often did you feel worthless?

End of Block: Psychological Distress

---

Start of Block: Interview Questions

Q85 What do you think about the length of the questionnaire?

---

---



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q86 Were you able to understand all the questions?

If not, which question(s) did you not understand and what is your suggestion to improve it?

---

---

Q87 In your opinion, how can we further improve the way the survey is conducted?

---

End of Block: Interview Questions

---

Start of Block: Debriefing

Q80 Should you feel uncomfortable or distressed after answering the questionnaire, please do not hesitate to seek help from the relevant organisations.

### **Mental Health Support Resources**

**“Talian Kasih” hotline** (*Malay and English*)

Contact number: 15999 (24 hours)

**Befrienders** (*Malay, English, Mandarin, and Tamil*)

Contact number: 03-7627 2929 (24 hours)

**Mercy Malaysia** (*Malay and English*)

Contact number: \*03-2935 9935

\*Mon – Fri: 8.00am – 5.00pm

Sat: 8.00am – 1.00pm

**Lifeline Association of Malaysia** (*Mandarin*)

Contact number: \*011-3157 1495 / 016-720 1495

\*Mon – Fri: 10:00am – 12:00pm, 6:00pm – 10:00pm

Mon & Fri: 2:00pm – 4:00pm

Saturday: 2:00pm – 5:00pm

### **Domestic Abuse / Violence Resources**

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

**Women's Aid Organization** (*Malay, English, Mandarin, Tamil, and other dialects*)

Contact number: 03-3000 8858 (24 hours)

Website: [www.wao.org.my](http://www.wao.org.my)

**Telenita Helpline (All Women's Action Society (AWAM))** (*Malay, English, Mandarin, and Tamil*)

Contact number: \*016-2374421

\*Mon- Fri: 8.30am – 6.00pm

Website: [www.awam.org.my](http://www.awam.org.my)

End of Block: Debriefing

---

**Appendix E: Online Survey Questionnaire (Malay Version)**

# **Malay Version - Keganasan Pasangan Intim dan Tekanan Psikologi Dalam Kalangan Pasangan di Malaysia:**

---

## Start of Block: Default Question Block

### Information Sheet Pendahuluan

Kami adalah pelajar jurusan ijazah Psikologi daripada Universiti Tunku Abdul Rahman (UTAR) yang sedang menjalankan Projek Sarjana Muda bertajuk “Keganasan Pasangan Intim dan Tekanan Psikologi Dalam Kalangan Pasangan di Malaysia: Peranan Sindrom Stockholm”.

### Prosedur dan Kesulitan

Tinjauan ini mengandungi 6 bahagian dan memerlukan kira-kira 15-20 minit untuk dilengkapkan. Segala maklumat yang diberikan akan kekal peribadi dan sulit. Maklumat yang diberikan akan dilaporkan sebagai data kumpulan tanpa maklumat pengenalan dan hanya akan digunakan untuk tujuan akademik.

### Penyertaan

Penyertaan dalam kajian ini adalah secara sukarela, anda bebas untuk menarik diri dan memberhentikan penyertaan pada bila-bila masa tanpa sebarang akibat. Jawapan anda akan dikodkan secara berangka untuk tafsiran penyelidikan. Peserta dikehendaki menjawab soalan setepat mungkin.

### Penghargaan

Terima kasih atas kesudian anda untuk mengambil bahagian dalam tinjauan ini. Penyertaan dan kerjasama anda amatlah dihargai.

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### End of Block: Default Question Block

---

#### Start of Block: Informed consent

Q2 NOTIS PERLINDUNGAN DATA PERIBADI Dimaklumkan bahawa menurut Akta Perlindungan Data Peribadi 2010 (“PDPA”) yang berkuat kuasa pada 15 November 2013, Universiti Tunku Abdul Rahman (“UTAR”) dengan ini terikat untuk membuat notis dan memerlukan persetujuan berkenaan pengumpulan, rakaman, penyimpanan, penggunaan dan penyimpanan maklumat peribadi.

1. Data peribadi merujuk kepada sebarang maklumat yang secara langsung atau tidak langsung boleh mengenal pasti seseorang yang termasuk data peribadi sensitif dan luahan pendapat. Ia termasuk:

- a) Nama
- b) Kad pengenalan
- c) Tempat Lahir
- d) Alamat
- e) Sejarah Pendidikan
- f) Sejarah Pekerjaan
- g) Sejarah Perubatan
- h) Jenis darah
- i) Kaum
- j) Agama
- k) Gambar
- l) Maklumat Peribadi dan Data Penyelidikan Berkaitan

2. Tujuan data peribadi anda boleh digunakan termasuk tetapi tidak terhad kepada:

- a) Untuk penilaian sebarang permohonan kepada UTAR
- b) Untuk memproses sebarang faedah dan perkhidmatan
- c) Untuk tujuan komunikasi
- d) Untuk iklan dan berita
- e) Untuk tujuan pentadbiran am dan rekod
- f) Untuk meningkatkan nilai pendidikan
- g) Untuk tujuan pendidikan dan yang berkaitan dengan UTAR
- h) Untuk memaklum balas aduan dan pertanyaan
- i) Untuk tujuan tadbir urus korporat
- j) Bagi tujuan menjalankan penyelidikan/kolaborasi

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

3. Data peribadi anda mungkin dipindahkan dan/atau didedahkan kepada pihak ketiga dan/atau rakan kerjasama UTAR termasuk tetapi tidak terhad kepada ejen penyumberan luar yang dilantik untuk tujuan memenuhi kewajipan kami kepada anda berkenaan dengan tujuan dan semua tujuan lain tersebut yang berkaitan dengan tujuan dan juga dalam menyediakan perkhidmatan bersepadu, menyelenggara dan menyimpan rekod. Data anda mungkin dikongsikan apabila dikehendaki oleh undang-undang dan apabila pendedahan diperlukan untuk mematuhi undang-undang yang berkenaan.
4. Sebarang maklumat peribadi yang disimpan oleh UTAR akan dimusnahkan dan/atau dipadamkan mengikut polisi pengekalan kami yang digunakan sekiranya maklumat tersebut tidak diperlukan lagi.
5. UTAR komited dalam memastikan kerahsiaan, perlindungan, keselamatan dan ketepatan maklumat peribadi anda yang dikongsikan dengan kami dan ia telah menjadi dasar ketat kami yang berterusan untuk memastikan maklumat peribadi anda adalah tepat, lengkap, tidak mengelirukan dan dikemas kini. UTAR juga akan memastikan bahawa data peribadi anda tidak akan digunakan untuk tujuan politik dan komersial..

### Persetujuan:

Dengan menyerahkan atau memberikan data peribadi anda kepada UTAR, anda telah mengizinkan dan bersetuju untuk data peribadi anda digunakan menurut terma dan syarat dalam Notis dan polisi kami yang berkaitan.

Jika anda tidak bersetuju atau kemudiannya menarik balik persetujuan anda terhadap pemprosesan dan pendedahan data peribadi anda, UTAR tidak akan dapat memenuhi kewajipan kami atau menghubungi anda atau membantu anda berkenaan dengan tujuan dan/atau untuk sebarang tujuan lain yang berkaitan kepada tujuan.

Anda boleh mengakses dan mengemas kini data peribadi anda dengan menghantar e-mel kepada

- julianahoo0126@lutar.my (Juliana Hoo Ju Yun)
- SamanthaNg@lutar.my (Samantha Ng Hui Li)

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q3 Pengakuan Notis:

- Saya telah dimaklumkan bahawa saya dengan ini memahami, mengizinkan dan bersetuju mengikut notis UTAR di atas
- Saya tidak bersetuju, data peribadi saya tidak akan diproseskan

*Skip To: End of Survey If Pengakuan Notis: = Saya tidak bersetuju, data peribadi saya tidak akan diproseskan*

**End of Block: Informed consent**

---

**Start of Block: Demographic Data**

Q4 Jantina

- Lelaki
- Perempuan

Q5 Umur

---

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### Q6 Bangsa

- Cina
  - India
  - Melayu
  - Lain-lain ( (Sila nyatakan dalam kotak di bawah)
- 



### Q7 Agama

- Buddhisme
  - Hinduisme
  - Islam
  - Kristian
  - Lain-lain (Sila nyatakan dalam kotak di bawah)
- 

- Ateisme/Tiada agama



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q7 Status hubungan percintaan

- Bujang
- Dalam hubungan percintaan berkomited
- Sudah berkhawin
- Sudah bercerai
- Balu/Duda

*Skip To: End of Survey If Status hubungan percintaan = Bujang*

*Skip To: End of Survey If Status hubungan percintaan = Balu/Duda*

---

Q76 Berapakah lama anda telah berada dalam hubungan anda sekarang?  
(Sila nyatakan unit - contohnya, tahun, bulan atau hari)

---

Q77 Adakah anda mempunyai anak?

- Tidak
- Ya (Sila nyatakan bilangan anak dalam kotak di bawah)

---

Q8 Nombor telefon (Bagi tujuan tuntutan tanda penghargaan melalui Touch 'n Go)

---



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

### End of Block: Demographic Data

---

### Start of Block: Partner Abuse Scale (Physical)

Q9 Sila baca definisi berikut dengan teliti sebelum menjawab soalan di bawah.

Definisi keganasan pasangan intim (IPV):

Keganasan pasangan intim (IPV) ialah penderaan atau pencerobohan yang berlaku dalam hubungan percintaan. "Pasangan intim" merujuk kepada pasangan semasa dan bekas serta pasangan janji temu.

IPV fizikal termasuk:

- Mencakar, menolak, atau mendorong
- Melempar, menyambar, atau menggigit -
- Mencekik, menggoncang, menarik rambut secara agresif, menampar, menumbuk, memukul atau membakar
- Penggunaan senjata, penggunaan sekatan atau penggunaan badan, saiz atau kekuatan seseorang terhadap orang lain
- Keganasan seksual (yang termasuk: Rogol atau penembusan mangsa; Penembusan yang tidak diingini tanpa tekanan secara fizikal; Hubungan seksual yang tidak diingini; Pengalaman seksual yang tidak diingini tanpa sentuhan)

---

Q10 Adakah anda pernah atau pada masa ini sedang mengalami keganasan pasangan intim (IPV) fizikal?

- Ya (Saya sedang mengalami keganasan pasangan intim fizikal)
- Ya (Saya pernah mengalami keganasan pasangan intim fizikal)
- Tidak

*Skip To: End of Block If Adakah anda pernah atau pada masa ini sedang mengalami keganasan pasangan intim (IPV) fizikal? = Tidak*

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q11 Adakah pengalaman anda terhadap keganasan pasangan intim (IPV) fizikal dengan pasangan semasa atau bekas pasangan anda?

- Pasangan semasa
  - Bekas pasangan
- 

Q12 Arahan: Berikutnya adalah 25 kenyataan yang mungkin berlaku kepada anda. Dengan menggunakan skala 1-7 di bawah, nyatakan persetujuan anda terhadap setiap item dengan menunjukkan respons bagi setiap pernyataan.

---



Q1 Pasangan saya memaksa saya secara fizikal untuk melakukan hubungan seks.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS



Q2 Pasangan saya menolak dan mendorong saya dengan kasar.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q3 Pasangan saya memukul dan menumbuk lengan dan badan saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q4 Pasangan saya mengugut saya dengan senjata.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q5 Pasangan saya memukul saya dengan kuat sehingga saya mesti mendapatkan bantuan perubatan.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q6 Pasangan saya menampar muka dan kepala saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q7 Pasangan saya memukul saya apabila dia meminum arak.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS



Q8 Pasangan saya menyebabkan saya berasa takut terhadap hidup saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q9 Pasangan saya menghempaskan saya ke sekeliling bilik secara fizikal.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q10 Pasangan saya memukul dan menumbuk muka dan kepala saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q11 Pasangan saya memukul muka saya dengan teruk sehingga saya malu untuk dilihat di khalayak ramai.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q12 Pasangan saya bertindak seperti dia ingin membunuh saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q13 Pasangan saya mengugut untuk mengerat atau menikam saya dengan pisau atau objek tajam lain.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

---



Q14 Pasangan saya cuba mencekik atau mencengkam leher saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

---



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q15 Pasangan saya menerjangkan saya dan kemudiannya, menendang atau menghentak saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q16 Pasangan saya memulas jari, lengan atau kaki saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS



Q17 Pasangan saya membaling objek berbahaya kepada saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q18 Pasangan saya mengigit atau mencakar saya dengan teruk sehingga saya berdarah atau mengalami lebam.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q19 Pasangan saya mencubit atau memulas kulit saya dengan kasar.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

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Q20 Pasangan saya menyakitkan saya dengan teruk semasa kami melakukan hubungan seks.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q21 Pasangan saya mencederakan payudara atau alat kelamin saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q22 Pasangan saya cuba melemaskan saya dengan bantal, tuala, atau objek lain.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q23 Pasangan saya mencucuk atau menusuk saya dengan objek runcing.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



**INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS**

Q24 Pasangan saya telah mematahkan satu atau lebih daripada satu tulang saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q25 Pasangan saya menendang muka dan kepala saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

**End of Block: Partner Abuse Scale (Physical)**

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

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### Start of Block: Partner Abuse Scale (Non-physical)

Q127 IPV bukan fizikal termasuk:

- Mengintai dan/atau pengintaian maya (contohnya, perhatian dan hubungan yang berulang serta tidak diingini yang menyebabkan ketakutan atau kebimbangan terhadap keselamatan diri sendiri)
  - Keagresifan ekspresif (contohnya, memanggil nama, memalukan)
  - Kawalan paksaan (contohnya, mengehadkan akses kepada pengangkutan, wang, rakan dan keluarga; pemantauan berlebihan tentang keberadaan)
  - Ancaman keganasan fizikal atau seksual; kawalan kesihatan reproduktif atau seksual (contohnya, keengganan menggunakan kawalan kelahiran; penamatan kehamilan secara paksa)
  - Eksploitasi kelemahan mangsa (contohnya, status imigresen, kehilangan upaya)
  - Eksploitasi kelemahan pelaku - Menyampaikan maklumat palsu kepada mangsa dengan tujuan membuat mereka meragui ingatan atau persepsi mereka sendiri (contohnya, permainan minda)
- 

Q11 Adakah anda pernah atau pada masa ini sedang mengalami keganasan pasangan intim (IPV) bukan fizikal?

- Ya (Saya sedang mengalami keganasan pasangan intim bukan fizikal)
- Ya (Saya pernah mengalami keganasan pasangan intim bukan fizikal)
- Tidak

*Skip To: End of Block If Adakah anda pernah atau pada masa ini sedang mengalami keganasan pasangan intim (IPV) bukan fizikal? = Tidak*

---

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q132 Adakah pengalaman anda terhadap keganasan pasangan intim (IPV) bukan fizikal dengan pasangan semasa atau bekas pasangan anda?

- Pasangan semasa
  - Bekas pasangan
- 

Q98 Berikutnya adalah 25 kenyataan yang mungkin berlaku kepada anda. Dengan menggunakan skala 1-7 di bawah, nyatakan persetujuan anda terhadap setiap item dengan menunjukkan respons bagi setiap pernyataan.

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Q1 Pasangan saya memperlekehkan saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q2 Pasangan saya menuntut kepatuhan terhadap kehendaknya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q3 Pasangan saya bermasam muka dan menjadi marah sekiranya saya mengatakan bahawa dia meminum arak dengan berlebihan.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

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X→

Q4 Pasangan saya menuntut agar saya melakukan perbuatan seks yang tidak saya nikmati atau sukai.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

---

X→

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q5 Pasangan saya menjadi sangat kecewa jika kerja saya tidak selesai pada waktu yang dia anggap ia sepatutnya selesai.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q6 Pasangan saya tidak mahu saya mempunyai kawan lelaki.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

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Q7 Pasangan saya memberitahu saya bahawa saya hodoh dan tidak menarik.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa





## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q8 Pasangan saya memberitahu saya bahawa saya tidak dapat mengurus atau menjaga diri saya tanpanya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q9 Pasangan saya bertindak seolah-olah saya adalah orang gaji peribadinya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q10 Pasangan saya menghina atau memalukan saya di hadapan orang lain.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q11 Pasangan saya menjadi sangat marah sekiranya saya tidak bersetuju dengan pandangannya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q12 Pasangan saya kedekut dalam memberi wang kepada saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q13 Pasangan saya memperlekehkan saya secara intelektual.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q14 Pasangan saya menuntut agar saya duduk di rumah sahaja.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS

Q15 Pasangan saya merasakan bahawa saya tidak sepatutnya bekerja atau bersekolah.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q16 Pasangan saya tidak mahu saya bersosial dengan rakan-rakan wanita saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS



Q17 Pasangan saya menuntut seks sama ada saya menginginkannya atau tidak.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q18 Pasangan saya menjerit dan meneriak kepada saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q19 Pasangan saya menjerit dan meneriak kepada saya apabila dia meminum arak.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS



Q20 Pasangan saya memerintahkan saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q21 Pasangan saya tidak menghormati perasaan saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q22 Pasangan saya bertindak seperti seorang pembuli terhadap saya.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
-

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS



Q23 Pasangan saya menakutkan saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa



## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q24 Pasangan saya melayan saya seperti orang bodoh.

- Tiada sama sekali
  - Amat jarang
  - Jarang-jarang
  - Kadang-kadang
  - Kerap-kerap
  - Kebanyakan masa
  - Setiap masa
- 



Q25 Pasangan saya bermasam muka dan kasar kepada saya.

- Tiada sama sekali
- Amat jarang
- Jarang-jarang
- Kadang-kadang
- Kerap-kerap
- Kebanyakan masa
- Setiap masa

**End of Block: Partner Abuse Scale (Non-physical)**

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

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### Start of Block: Seeking Help

Q.1 Pernahkah anda meminta bantuan disebabkan keganasan yang dilakukan oleh pasangan intim?

- Ya
- Tidak

*Skip To: End of Block If Pernahkah anda meminta bantuan disebabkan keganasan yang dilakukan oleh pasangan intim? = Tidak*

---

Q.2 Siapakah telah anda hubungi untuk mendapatkan bantuan untuk keganasan yang dilakukan oleh pasangan intim?

---

Q.3 Berapakah lama masa yang diambil untuk anda mendapatkan bantuan selepas keganasan berlaku?

(Sila nyatakan unit - contohnya, tahun, bulan atau hari)

---

### End of Block: Seeking Help

---

### Start of Block: Stockholm Syndrome Scale

Q123 Arahan: Dengan menggunakan skala 1 – 7 di bawah, nyatakan persetujuan anda terhadap setiap item dengan menunjukkan respons untuk setiap pernyataan.

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INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS








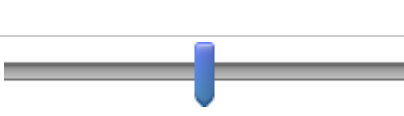
Q124 Sindrom Stockholm Teras

	Saya tidak pernah berasa begini			Saya sentiasa berasa begini				
	1	2	3	4	5	6	7	
Sekiranya saya memberi cinta yang cukup kepada pasangan saya, dia akan berhenti marah kepada saya.				4				
Saya mencintai dan pada masa yang sama takut terhadap pasangan saya.				4				
Saya tidak mahu orang lain tahu betapa marahnya pasangan saya terhadap saya.				4				
Ada sesuatu tentang saya yang membuatkan pasangan saya tidak dapat mengawal kemarahannya.				4				
Pasangan saya adalah mangsa seperti saya.				4				
Semakin saya bercakap dengan orang, semakin saya keliru mengenai sama ada hubungan saya dengan pasangan saya sihat.				4				
Saya tahu pasangan saya bukan orang yang ganas; dia hanya kehilangan kawalan.				4				
Masalahnya bukan kerana pasangan saya "hanya seorang yang pemarah"; malah saya yang memprovokasi dia.				4				

Q125 Gangguan Psikologi

Saya tidak pernah berasa begini			Saya sentiasa berasa begini			
1	2	3	4	5	6	7

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Saya tidak tahu siapa saya.	
Saya merasa sedih dan suram.	
Saya merasa tenang dan yakin pada diri sendiri.	
Saya merasa baik tentang siapa saya.	
Saya tidak dapat membuat keputusan.	
Saya sukar untuk menumpukan perhatian pada tugas.	
Apabila orang lain bertanya kepada saya bagaimana perasaan saya tentang sesuatu, saya tidak tahu.	
Apabila saya mula rapat dengan orang, sesuatu yang buruk berlaku.	









Q126 Ketergantungan Cinta

Saya tidak pernah  
berasa begini

Saya sentiasa berasa  
begini

1    2    3    4    5    6    7

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Saya mesti memperoleh cinta daripada pasangan saya untuk terus hidup.	
Tanpa pasangan saya, saya tidak mempunyai apa-apa untuk hidup.	
Saya memerlukan penjagaan dan perlindungan pasangan saya untuk terus hidup.	
Tanpa pasangan saya, saya tidak akan tahu siapa saya.	
Kasih sayang dan perlindungan daripada pasangan saya adalah lebih penting daripada sebarang kecederaan yang mungkin ditimbulkannya terhadap saya.	
Sekiranya hubungan antara saya dan pasangan saya terputus, saya akan berasa sangat pedih sehingga saya ingin membunuh diri.	
Di mata saya, pasangan saya seperti Tuhan.	
Saya sangat terikat pada pasangan saya.	

End of Block: Stockholm Syndrome Scale

Start of Block: Tekanan Psikologi (K-10)





INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

T Arahkan: Dengan menggunakan skala 1-5 di bawah, nyatakan persetujuan anda terhadap setiap item dengan menunjukkan respons bagi setiap pernyataan.

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

	Tidak sama sekali	Jarang-jarang	Kadang-kadang	Kebanyakan masa	Setiap masa
Dalam 4 minggu yang lepas, berapa kerap anda berasa letih tanpa sebab yang munasabah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dalam 4 minggu yang lepas, berapa kerap anda berasa gementar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dalam 4 minggu yang lepas, berapa kerap anda berasa begitu gementar yang tiada apa boleh menenangkan anda?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dalam 4 minggu yang lepas, berapa kerap anda berasa putus asa?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dalam 4 minggu yang lepas, berapa kerap anda berasa resah atau gelisah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dalam 4 minggu yang lepas, berapa kerap anda berasa begitu gelisah anda tidak dapat duduk diam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME &amp; PSYCHOLOGICAL DISTRESS

Dalam 4 minggu yang lepas, berapa kerap anda berasa tertekan?

Dalam 4 minggu yang lepas, berapa kerap anda berasa bahawa semua perkara perlu diusahakan?

Dalam 4 minggu yang lepas, berapa kerap anda berasa begitu sedih yang tiada apa yang boleh mengembirakan anda?

Dalam 4 minggu yang lepas, berapa kerap anda berasa tidak bernilai?

End of Block: Tekanan Psikologi (K-10)

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Start of Block: Soalan Temuduga

Q128 Apakah pendapat anda tentang panjang soal selidik?

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## INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL DISTRESS

Q129 Adakah anda dapat memahami semua soalan? Jika tidak, soalan manakah yang anda tidak faham dan apakah cadangan anda untuk menambah baik soalan tersebut?

---



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Q130 Pada pendapat anda, bagaimanakah kami boleh menambah baik cara tinjauan ini dijalankan?

---

**End of Block: Soalan Temuduga**

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**Start of Block: Debriefing**

Q80 Sekiranya anda berasa tidak selesa atau tertekan selepas menjawab tinjauan ini, sila mendapatkan bantuan daripada organisasi di bawah.

### **Sokongan Kesihatan Mental**

**Talian Kasih** (*Bahasa Melayu dan Inggeris*)

Nombor telefon: 15999 (24 jam)

**Befrienders** (*Bahasa Melayu, Inggeris, Cina, dan Tamil*)

Nombor telefon: 03-7627 2929 (24 jam)

**Mercy Malaysia** (*Bahasa Melayu dan Inggeris*)

Nombor telefon: \*03-2935 9935

\*Isnin – Jumaat: 8.00am – 5.00pm

Sabtu: 8.00am – 1.00pm

**Lifeline Association of Malaysia** (*Bahasa Cina*)

Nombor telefon: \*011-3157 1495 / 016-720 1495

\*Isnin – Jumaat: 10:00am – 12:00pm, 6:00pm – 10:00pm

Isnin & Jumaat: 2:00pm – 4:00pm; Sabtu: 2:00pm – 5:00pm

### **Bantuan Penderaan Rumah Tangga / Keganasan**

INTIMATE PARTNER VIOLENCE, STOCKHOLM SYNDROME & PSYCHOLOGICAL  
DISTRESS

**Pertubuhan Pertolongan Wanita** (*Bahasa Melayu, Inggeris, Cina, Tamil dan dialek lain*)

Nombor telefon: 03-3000 8858 (24 jam)

Laman web: [www.wao.org.my](http://www.wao.org.my)

**Talian Bantuan Telenita (All Women's Action Society (AWAM))** (*Bahasa Melayu, Inggeris, Cina, dan Tamil*)

Nombor telefon: \*016-2374421

\*Isnin-Jumaat: 8.30am – 6.00pm

Laman web: [www.awam.org.my](http://www.awam.org.my)

End of Block: Debriefing

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