RISK FACTORS, COPING STRATEGIES, AND EFFECTS OF INTIMATE PARTNER VIOLENCE: TRIANGULATION OF SCOPING REVIEW AND INTERVIEWS WITH WOMEN SURVIVORS AND SOCIAL WORKERS

By

ONG XIU HUI

A thesis submitted to the Department of Psychology and Counselling,
Faculty of Arts and Social Science,
Universiti Tunku Abdul Rahman,
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy (Social Science)
March 2025

ABSTRACT

Risk Factors, Coping Strategies, and Effects of Intimate Partner Violence: Triangulation of Scoping Review and Interviews with Women Survivors and Social Workers

Ong Xiu Hui

Intimate partner violence (IPV) remains a critical global health issue, with WHO reporting 30% prevalence among women worldwide. In Malaysia, IPV rates are increasing, yet research remains limited. This study addressed this gap through a multi-method investigation combining scoping reviews (Study One), interviews with IPV survivors (Study Two), and social worker perspectives (Study Three), with findings triangulated in Study Four. In Study Four, the results of these three studies were then triangulated to identify findings that are robust, possible and less likely. The risk factors reported in the scoping review and interviews were classified using the Ecological Framework, pointing towards the fact that risk factors exist across all four levels of the framework and interact to predict IPV among women. Coping strategies reported in the scoping review and interview responses were categorized according to Skinner et al. (2003)'s 11 families of coping, providing further backing for the framework's applicability in IPV research. Finally, the effects of IPV that were reported in the scoping reviews and interviews were classified according to the Biopsychosocial Model, emphasizing the profound impacts of IPV, with

psychological effects—especially mental health issues—being the most reported effect. In Study Four, the triangulation of results from Studies One to Three identified robust and possible risk factors, prevalent and possible coping strategies, as well as robust and possible effects of IPV. These findings highlight IPV's multidimensional nature, demonstrating how risk factors interact across ecological levels while emphasizing the predominance of psychological impacts. The study underscores the necessity for comprehensive, multi-level interventions addressing prevention, survivor support, and policy reform. Results significantly advance Malaysia's IPV research landscape while providing an empirical foundation for developing culturally-appropriate interventions and guiding future investigations into this critical public health issue.

keywords: intimate partner violence, risk factors, coping strategies, effects, ipv survivors, social workers

subject area: BF636-637

ACKNOWLEDGEMENTS

My heartfelt gratitude to my family who has been by my side throughout my postgraduate journey, and their unwavering support and understanding that made it possible for me to endure to the end.

I would like to express my utmost gratitude and appreciation to my supervisor, Dr Siah Poh Chua for his never-ending patience and guidance as I stumbled through the postgraduate journey and eventually grew in confidence as a researcher. I would not have been able to complete my postgraduate studies without him. Thank you to my current co-supervisor, Dr Lee Wan Ying for always being on hand with support and detailed analysis for whenever I had questions, and for bearing with my endless revisions. To my former co-supervisor, Dr Chie Qiu Ting, thank you for the time and care you gave me while you were at UTAR. Your words of encouragement were a light in times of despair when I could not see the light at the end of the tunnel.

To my friends, who bombard me with support and understanding while joking that it was about time I graduated, thank you for your levity and love.

To the IPV survivors who I interviewed, and whose stories moved me beyond the words I wrote within this dissertation, thank you for your courage. Thank you for trusting me with your stories, and thank you for living your lives so bravely despite the stones life has thrown at you. To the social workers I

interviewed, thank you for your generosity in sharing your wisdom and insights with me.

I leave a word of thanks to myself. Thank you for not giving up, for persevering through the sleepless nights and harrowing days when there seemed to be no end in sight. Finally, to Chen Chusheng, your music has been the light in the darkest days, and you showed me I was stronger than I believed.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

IPV	Intimate Partner Violence
NGO	Non-governmental Organizations
PSTD	Post-Traumatic Stress Disorder
SES	Socioeconomic Status
VAW	Violence against Women
WAO	Women's Aid Organization
WCC	Women's Centre for Change
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

This chapter presents a basic introduction to intimate partner violence (IPV), as well as the research objectives and research questions for this study. This study further consists of three studies, which are scoping reviews (Study One at Chapter Two), interviews with IPV survivors in Malaysia (Study Two at Chapter Three) and interviews with social workers who have worked with IPV survivors in Malaysia (Study Three at Chapter Four), and a triangulation of the results from Study One to Three (Study Four in Chapter Five).

1.1 Research Background

1.1.1 Intimate Partner Violence (IPV)

Gender-based violence (GBV) is an umbrella term for any harmful act directed at an individual based on their gender (Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, 2010). A key manifestation of GBV is violence against women, defined as “any act of gender-based violence

that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (United Nations General Assembly, 1993).

Among the most prevalent forms of violence against women is intimate partner violence (IPV) (Lövestad et al., 2017), and refers to physical violence, sexual violence, stalking or psychological violence against a current or former romantic partner (Gilbert et al., 2022). The World Health Organisation (WHO) (2021) views IPV as a major human rights violation and a serious public health concern, while UN Women (2024) estimated that 51,100 women and girls were killed by intimate partners in 2023.

According to WHO (2024), an estimated 30% women of worldwide have experienced IPV, and that over a quarter of women aged 15 to 49 years old will have experienced IPV at least once in their lifetime (since the age of 15). WHO estimated that lifetime prevalence of IPV was 33% for Sub-Saharan Africa and 30% for Northern Africa, while the rate was 33% in the South-East Asia region and 25% in the regions of the Americas. The sub-regions of Europe, which consisted of more high-income nations, had a rate that ranged from 23% to 16%. As such, it can be seen that IPV is prevalent throughout the world, and affects women everywhere, regardless of their demographic background. Therefore, this study chose to focus on women IPV survivors.

1.1.2 IPV in Malaysia

Malaysia is a Muslim-majority, multi-ethnic country, with .traditionally patriarchal values that shape societal attitudes toward intimate partner violence (IPV). Traditional gender norms emphasize male authority and female submission, leading many Malaysians—across Malay, Chinese, Indian, and indigenous communities—to view IPV as a private family matter rather than a criminal issue. Victim-blaming is common, with women often held responsible for provoking abuse, while cultural expectations of maintaining family harmony discourage survivors from seeking help (WAO, 2021). Although Malaysia's Domestic Violence (Amendment) Act 2017 criminalizes physical, psychological, and sexual abuse, patriarchal stigma and systemic barriers result in significant underreporting. For instance, reported IPV cases dropped from 6,540 in 2022 to 5,507 in 2023, which experts attribute to survivors' reluctance to come forward rather than an actual decline in violence ("Decline in reported domestic violence cases in 2023 due to underreporting, 2024"). This number rose sharply to a total of 22,908 cases in 2024, indicating a greater improvement in reporting IPV cases ("Selangor records highest number of domestic violence cases," 2024). Thus, Malaysian women navigate a patriarchal society and its associated challenges in addressing IPV.

Selangor, the epicenter of the IPV crisis in Malaysia, recorded 4690 cases (20.5% of the national total) in 2024("Selangor records highest number of domestic violence cases," 2024), which justifies this study's focus on this state. Out of the eight IPV survivors interviewed, five resided in Selangor, while six of the nine social workers interviewed were located in Selangor, reflecting the

state's particularly high occurrence of IPV. This central focus on Selangor, with the remaining participants – IPV survivors from Wilayah Persekutuan, Perak and Sabah, and social workers from Sarawak, Penang and Negeri Sembilan – captures Malaysia's ethnic diversity and portrays how IPV manifests across Malaysia's sociocultural landscape.

The alarming increase in IPV prevalence rates in Malaysia points towards its growing severity in Malaysia. Therefore, this study chose to focus on women who have experienced IPV in Malaysia in order to explore their experiences. By documenting these experiences, the research aims to contribute to more effective interventions and policy responses

1.1.3 Risk Factors

Certain women are more vulnerable to being involved in abusive relationships, due to the influences of certain risk factors. By understanding the underlying risk factors for IPV, it is possible to identify individuals at higher risk for being in abusive relationships, thereby allowing for early intervention or even prevention (Sunmola et al., 2019). Besides that, examining risk factors can also contribute towards breaking the cycle of violence, in particular intergenerational violence. Research has found that children who have a history of abuse or trauma, including witnessing inter-parental IPV, have a higher risk of IPV victimization or perpetration (Eldoseri & Sharps, 2020; Hernandez-

Vasquez et al., 2020; Krause-Utz et al., 2021), and understanding risk factors for IPV can aid in breaking the cycle of abuse (Whitfield et al., 2003). As such, this study chose to investigate the risk factors for IPV.

There has been much research conducted on the risk factors that may expose women to IPV, and different risk factors have been reported, such as education level, wealth, age and history of childhood trauma, and factors in relation to her intimate partner, such as alcohol or substance use of men, unemployment and violent tendencies (Canedo & Morse, 2019; Eldoseri & Sharps, 2017; Hernandez-Vasquez et al., 2020; Rahme et al., 2020; Yuan & Hesketh, 2019). With such a wide variety of different risk factors identified, this study seeks to provide a more complete summary of the possible risk factors that would expose women to IPV, by conducting a scoping review of recent literature regarding risk factors of IPV (Study One).

However, while research has been conducted on the risk factors that may expose women to being in abusive relationships, these studies have often focused on Western societies, with there being a lack of research regarding the common risk factors for IPV in Malaysia (Othman et al., 2021; Shuib et al., 2013). These results may not be able to be applied in the Malaysian context, as culture may also play a role in the prevalence of different risk factors, with certain factors such as societal acceptance of IPV being a risk factor unique to specific countries (Iyanda et al., 2019; Reese et al., 2017). As such, this study

aims to investigate the possible risk factors that may expose women to being in abusive relationships in Malaysia, by interviewing IPV survivors (Study Two) and social workers (Study Three) in Malaysia. In Study Four, these interview results will then be triangulated against the results of the scoping review, to highlight any existing research gaps, as well as highlight findings that may be unique to the Malaysian context.

Additionally, this study also aims to frame these risk factors according to the Ecological Framework (Heise, 1998). As noted, previous studies have reported many different risk factors, and using the Ecological Framework to classify all these different risk factors will provide a more comprehensive and complete understanding of IPV by considering how personal, situational, and sociocultural risk factors interact with each other.

1.1.4 Coping Strategies

In order to cope with and survive the abuse they experience in the relationship, as well as the aftermath of the abuse, survivors often engage in various coping strategies to face the negative affective states and associated life problems IPV has brought them (Asadi et al., 2021). The knowledge about the coping strategies used by survivors will contribute to better insight on what resources or support is the most helpful to survivors, thereby allowing better help to be given to them. As such, it is important to study the coping strategies

that IPV survivors use, to further enhance their support systems and promote recovery from the trauma that they have experienced.

This study aims to provide a more complete summary of the frequent coping strategies that IPV survivors use, by conducting a scoping review of recent literature regarding coping strategies used by IPV survivors (Study One). Besides that, it has been reported that few studies have explored IPV in Malaysia, especially regarding coping strategies. As such, there is a lack of research regarding what common coping strategies IPV survivors in Malaysia use to cope with the abuse (Oon et al., 2016). Therefore, this study aims to investigate the frequent coping strategies that IPV survivors in Malaysia may use, by interviewing IPV survivors (Study Two) and social workers (Study Three) in Malaysia. In Study Four, these interview results will then be triangulated against the results of the scoping review, to highlight any existing research gaps, as well as highlight findings that may be unique to the Malaysian context.

According to Nabbijohn et al. (2021), while there a wide variety of different coping strategies that have been reported, this has instead led to issues with classifying coping strategies, as well as comparing these coping strategies across different measures. As such Skinner et. al. (2003) proposed using the 11 families of coping, which provide conceptually clear and mutually exclusive action types to classify coping. Therefore, this study attempts to classify these

coping strategies according to Skinner et al.'s (2003) 11 families of coping.

1.1.5 Effects of IPV

IPV has been recognized as an enduring health issue and social problem worldwide (Song et al., 2020). WHO recognizes that IPV results in serious short and long-term physical, mental, sexual and reproductive health issues for women, and they also affect children's health and mental well-being (2021). With such widespread effects on women and their loved ones, it is important that global engagement of IPV occurs and appropriate action is taken, and this can be helped by having an accurate understanding of the prevalence and impact of IPV. This knowledge regarding the effects of IPV helps researchers and the general public to understand the profound impacts that IPV has on survivors, thereby raising greater awareness on the severity of IPV. As such, this study aims to investigate the effects that IPV survivors suffer from.

This study aims to provide a more complete summary of the effects that IPV survivors suffer from by conducting a scoping review of recent literature regarding the effects of IPV, thereby establishing foundational knowledge (Study One). Besides that, it has been found that few studies regarding IPV have been conducted in the Malaysian context, in particular about the effects that IPV survivors suffer from (Othman et al., 2021; Shuib et al., 2013). As such, this study investigates the common effects that IPV survivors in Malaysia may experience by interviewing IPV survivors (Study Two) and social workers

(Study Three), thereby providing localized insights into the Malaysian context. Finally, in Study Four, these interview results are triangulated against the findings of the scoping review to highlight any existing research gaps, as well as to identify effects that may be unique to Malaysia.

Additionally, it has been found that previous literature has focused on investigating specific effects rather than looking into the overall possible effects that IPV survivors may suffer from (Abe et al., 2021; Gilbert et al., 2022; Tonsing et al., 2020). However, as noted, IPV results in a wide variety of effects not just on the IPV survivors themselves, but their loved ones as well. As such, this study aims to use the Biopsychosocial Model to classify the effects of IPV, as this model can present a more cohesive and comprehensive picture of the profound impact that IPV has on survivors.

1.2 Problem Statement

Research regarding IPV in Malaysia have been few and far in between, with review of literature published on the Scopus database between the years 2017 to 2022 regarding risk factors for IPV, effects of IPV and coping strategies used by IPV survivors, revealing only three relevant studies that were conducted in Malaysia. According to Shuib et al. (2013), there is still a lack of research regarding IPV and its survivors in Malaysia. As such, it can be seen that there is a severe lack of research regarding the situation of IPV in Malaysia.

While many different risk factors for IPV have been studied, Eldoseri and Sharps (2017) suggested that these risk factors may differ depending on countries, where middle- to low-income nations may see different risk factors be more significant in predicting IPV, compared to developed countries, which could be due to gender attitudes and permissive attitudes towards violence which are different across cultures. Despite this global variation, studying risk factors for IPV allows for the identification of a universal pattern, which helps to identify the common underlying causes of IPV (Heise, 1998). Besides that, the findings of country-specific risk factors may also highlight cultural differences that reveal underlying structural inequalities, such as gender inequality, economic disparity or power imbalances. Recognizing the impact of these cultural factors on the risk factors for IPV tackles the root causes of IPV. As such, this study seeks to provide a more complete summary of the possible risk factors that would expose women to IPV. In order to achieve this, this study aims to frame the risk factors for IPV according to the Ecological Framework. The use of the Ecological Framework to classify risk factors allows for a more comprehensive understanding of IPV, through the influence of personal, situational and sociocultural factors that interact with one another, as IPV is a complex issue that is shaped by various factors that range from personal characteristics to social norms (Heise, 1998).

A review of literature regarding coping strategies revealed that there are complications within this field of research, with Nabbijohn et al. (2021) noting

that research regarding coping is “vast, heterogeneous and difficult to interpret” (pp.2), observing that there is a lack of consensus on the best way to classify and define coping strategies, which can be related to the existence of too many measures of coping that have led to excessive numbers of coping strategies being identified, as well as the lack of clear theories and descriptions regarding coping strategies, thereby making it difficult to understand the similarities and differences between different coping strategies across different measures. Another issue in measurements for classifying coping strategies is the use of a one-dimensional classification system to classify coping responses, such as “problem-focused coping” vs “emotion-focused coping, which Nabbijohn et al. (2021) noted may lead to inconsistencies across coping measures. This means one coping behavior could belong to more than one family of coping strategies. An example of this is “planning”, which Nabbijohn et al. (2021) noted could be both problem-solving and emotion-focused coping, as “planning” guides both problem-solving and calms negative emotions. This is supported by Skinner et al. (2003), who stated that there is little consensus regarding how to conceptualize or measure coping strategies, who proposed the 11 families of coping to solve the issue in categorizing coping strategies.

In terms of the effects of IPV, many studies focus on specific impacts of IPV, rather than considering the overall effects that IPV survivors might experience. For example, Yuan and Hesketh (2019) investigated only depression among IPV survivors, Gilbert et al. (2022) studied physical health effects that IPV survivors suffered from, while the study conducted Graham-Bermann et al.

(2018) looked specifically into PTSD among IPV survivors. As such, choosing to look at the overall possible effects that IPV survivors suffer from, using the biopsychosocial model would provide a more holistic picture of the various effects that IPV has left on the survivors.

As such, this study aims to address research gaps in Malaysia, as well as issues regarding analyzing and classifying risk factors, coping strategies and effects of IPV, by combining scoping reviews and qualitative interviews. As noted, the scoping reviews regarding risk factors, coping strategies and effects of IPV (Study One) will establish foundational knowledge as reported by current literature. Qualitative interviews with Malaysian IPV survivors (Study Two) and social workers (Study Three) will provide localized insights into the Malaysian context. Finally, a triangulation of the results from Studies One to Three will be triangulated in Study Four, in order to identify cultural specific patterns and research gaps. As such, the combination of these four studies allow for a multi-dimensional analysis, which ensures culturally relevant and methodologically robust conclusions.

1.3 Significance of Study

As noted above, IPV is a serious social issue worldwide, and is fast becoming a concerning issue in Malaysia, with All Women's Action Society (Awam), a Malaysian non-governmental organisation (NGO) stating that "the situation is explicitly dire" ("A call to action to end intimate partner violence in

Malaysia", 2024). IPV not only affects survivors, but also affects other family members, especially their children. According to Krause-Utz et al. (2018), IPV is a vicious cycle, with children who experienced or witnessed domestic violence between their parents having a higher likelihood of IPV perpetration and victimization. As such, it can be seen that IPV is a pervasive issue that results in cycles of violence that can span generations. However, despite the increasing severity of IPV in Malaysia, there is a lack of research on IPV in Malaysia, specifically in terms of risk factors, effects of IPV and coping strategies used by IPV survivors (Oon et al., 2016; Othman et al., 2021; Shuib et al., 2013). While there have been many studies conducted on IPV and its related factors, they have been conducted in the Western context, and may not be applicable to the Malaysian context. Therefore, this study is significant as it contributes to the pool of knowledge regarding IPV in Malaysia, and having more knowledge of IPV in Malaysia will allow for the issue of IPV and its contributing factors to be addressed effectively and accurately the government and non-governmental organisations linked with women's welfare in Malaysia.

Besides that, a review of studies on coping strategies used by IPV survivors have highlighted several issues. The first issue is the lack of consensus on the terminology used to label coping strategies, such as positive cognitive processing versus positive thinking (Oginska-Bulik & Michalska, 2021; Yusof et al., 2022), distraction versus filling in time (Skinner et al., 2003; Yusof et al., 2022) and emotional regulation versus controlled expression of emotion (Baffour et al., 2021; Puente-Martinez et al., 2019). As such, this study is

significant as it attempts to use one singular method, which is Skinner's 11 families of coping, to classify the wide variety of coping strategies found from the scoping reviews, as well as the interview responses of IPV survivors and social workers in Malaysia. This will provide further backing that Skinner's 11 families of coping is an effective method for classifying and defining coping strategies in IPV studies.

In addition to that, it has been found that some studies, both qualitative and quantitative, tend to focus on specific coping strategies, instead of looking at the overall range of strategies that IPV survivors use, and did not provide rich description for how the survivors engaged with these coping strategies and under what circumstances (Kelebek-Küçükarslan & Cankurtaran, 2022; Krisvianti & Triastuti, 2020; Oginska-Bulik & Michalska, 2021; Renner et al., 2022). As such, this study is significant as it aims to explore in greater detail the coping strategies that Malaysian IPV survivors use.

1.4 Research Objectives

As noted, this study further consists of four studies, which are scoping reviews (Study One), interviews with IPV survivors (Study Two), interviews with social workers (Study Three) and triangulation of the results from Study One, Two and Three (Study Four). The research objectives for the respective studies are as follows:

Study One

1. To investigate the risk factors for IPV, coping strategies used by IPV survivors and effects of IPV as reported in scoping reviews.

Study Two

2. To investigate the risk factors for IPV, coping strategies used by IPV survivors and effects of IPV as reported by IPV survivors in Malaysia.

Study Three

3. To investigate the risk factors for IPV, coping strategies used by IPV survivors and effects of IPV as reported by social workers in Malaysia.

Study Four

4. To triangulate the risk factors for IPV, coping strategies used by IPV survivors and effects of IPV, as reported by the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia.

1.5 Research Questions

Similar to research objectives, this study has four research questions for the respective three studies and the triangulation of results.

Study One

1. What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported in the scoping review?
    a. What are the risk factors for IPV reported in the scoping review, as analysed according to the Ecological Framework?
    b. What are the coping strategies used by IPV survivors reported in the scoping review, as analysed according to Skinner's 11 families of coping?
    c. What are the effects that IPV survivors suffer from reported in the scoping review, as analysed according to the Biopsychosocial Model?

Study Two

2. What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported IPV survivors in Malaysia?
    a. What are the risk factors for IPV reported by IPV survivors in Malaysia, as analysed according to the Ecological Framework?
    b. What are the coping strategies used by IPV survivors reported by IPV survivors in Malaysia, as analysed according to Skinner's 11 families of coping?
    c. What are the effects that IPV survivors suffer from reported by IPV survivors in Malaysia, as analysed according to the Biopsychosocial Model?

Study Three

3. What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported social workers in Malaysia?
    a. What are the risk factors for IPV reported by social workers in Malaysia, as analysed according to the Ecological Framework?

b. What are the coping strategies used by IPV survivors reported by social workers in Malaysia, as analysed according to Skinner's 11 families of coping?
c. What are the effects that IPV survivors suffer from reported by social workers in Malaysia, as analysed according to the Biopsychosocial Model?

Study Four

4. What are the triangulation results in terms of the risk factors of IPV, effects of IPV and coping strategies used by IPV survivors, as reported in the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia?
    a. What are the triangulation results in terms of the risk factors of IPV, as reported in the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia?
    b. What are the triangulation results in terms of the coping strategies used by IPV survivors, as reported in the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia?
    c. What are the triangulation results in terms of the effects of IPV, as reported in the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia?

1.6 Theoretical Framework

This study contained the use of three different theoretical frameworks to analyse and categorize the risk factors for IPV, the coping strategies used by IPV survivors and the effects that IPV survivors suffer from respectively. The selection of these three theoretical frameworks was guided by the need to comprehensively analyze the complex yet interconnected dimensions of risk factors, coping strategies and effects of IPV, as explored in this study. These frameworks provided a holistic understanding of IPV's complex nature, while managing to address the research questions of this study. The three frameworks are explained below.

1.6.1 Ecological Framework

The ecological framework was introduced by Heise in 1998 and became a frequent framework used in studying the risk and protective factors of IPV. This framework helped with understanding the occurrence of interpersonal violence by considering personal, situational and sociocultural factors (Yüksel-Kaptanoğlu & Adalı, 2019). Its strength lies in accounting for how individual circumstances, relationship dynamics, community conditions, and broader cultural norms collectively shape IPV. By applying this model, the study ensures a nuanced analysis of how risk factors operate at different levels, aligning with its goal of contextualizing IPV within Malaysia's unique cultural and structural landscape. Thus, this framework was used to analyse and categorise the risk factors that were found in the scoping review, and the interview responses of

the IPV survivors and social workers. This framework categorises risk factors according to four levels, which are the individual level, relationship level, community level and society level.

Individual Level. According to Heise (1998), individual factors are those factors relating to an individual's developmental experience or personality, such as alcohol use, education level, witnessing inter-parental violence and many more. This study focuses on women IPV survivors, as such, risk factors in the individual level are related to the women IPV survivors, such as women's age, women's education level, women's employment and many more.

Relationship Level. Heise (1998) described relationship level factors as related to the interactions that a person (the IPV survivor) directly engages in, which in the context of this study, is the abusive partner and relationship that the IPV survivor is engaged in. Examples of factors in this level include husbands' controlling behaviour, husband having an affair, male dominance and many more (Heise, 1998).

Community Level. Factors in this level are related to the social structures and settings that an individual belongs to. Factors in this level include area of living and socioeconomic status (SES) (Heise, 1998).

Society Level. Factors in the society level are those related to the wider cultural values and beliefs that influence the other three layers, and include male supremacy, rigid gender roles and sense of male entitlement (Heise, 1998).

1.6.2 Skinner's 11 Families of Coping

To examine survivors' adaptive responses to IPV, Skinner et al.'s 11 families of coping (2003) was selected for its empirically validated and conceptually clear taxonomy of coping strategies. Skinner et al. (2003) argued that there is little consensus regarding ways to conceptualise or measure coping strategies, and developed the 11 families of coping, which provide conceptually clear and mutually exclusive action types to classify coping. Skinner et al. (2003) report that the 11 families of coping have been derived from confirmatory factor analysis of coping strategies, and have resulted in clearly defined categories that were not ambiguous. As such, this study used these 11 families of coping to analyse and categorise the coping strategies found in the scoping review, and the interview responses of the IPV survivors and social workers. The 11 families of coping include accommodation, escape, helplessness, information seeking, negotiation, opposition, problem-solving, seeking support, self-reliance, social withdrawal and submission.

Accommodation. This refers to the adjusting of personal preferences

according to situational constraints and includes coping strategies such as distraction, cognitive restructuring, minimization and acceptance.

Escape. Escape strategies include efforts to disengage from the stressful situation, and include coping strategies such as cognitive avoidance, avoidant actions, denial and wishful thinking.

Helplessness. Helplessness refers to the relinquishment of control, which includes being passive, confused, experiencing cognitive interference or exhaustion, dejection and pessimism.

Information seeking. This family of coping is described as an individual's attempts to educate themselves about a stressful situation, which includes its course, causes, consequences, as well as strategies for intervention and remediation. Coping strategies within this category include monitoring and observing the situation one is in.

Negotiation. Negotiation is defined as active attempts to reach a compromise between the individual's priorities and the limitations of the situation and includes coping strategies such as priority setting, proposing compromises, persuasion, reducing demands, trade-offs and deal-making.

Opposition. Opposition is associated with externalizing behaviors which include projection, reactance, anger, aggression, discharge, venting and blaming of others.

Problem-solving. Problem-solving included lower-order approaches and problem-focused categories of instrumental action, strategizing and problem-solving, as well as strategies such as planning, logical analysis, effort, persistence and determination.

Self-reliance. Self-reliance is described as efforts to protect available social resources and includes coping strategies such as emotion and behavior regulation, emotional expression and emotion approach.

Seeking support. Seeking support is one of the most common families of coping, and refers to a wide array of strategies for seeking support from different targets, such as parents, spouses, peers and professionals, as well as having a variety of goals when approaching these people, whether for instrumental help, advice, comfort or contact.

Social withdrawal. Social withdrawal is described as actions that are aimed at staying away from other people or preventing other people from knowing about a stressful situation or its effects. This includes social isolation, avoiding others, concealment, stoicism and emotional withdrawal.

Submission. Submission is described as "giving up preferences" (p.245) and includes coping strategies such as rumination and intrusive thoughts.

1.6.3 Biopsychosocial Model

The Biopsychosocial Model (Engel, 1977) provides a comprehensive framework for understanding IPV's effects by examining physical, psychological, and social factors together, rather than focusing solely on biological aspects. This study used this model to analyze and categorize the multifaceted impacts reported by IPV survivors in both the scoping review and interviews with survivors and social workers. The model's strength lies in its holistic approach, rejecting narrow perspectives by showing how biological health, mental well-being, and social functioning are interconnected. This allows us to document not just immediate physical harms like injuries, but also chronic psychological trauma (such as anxiety) and social consequences (such as family members being affected), providing a complete picture of IPV's profound effects and supporting the need for integrated care approaches.

These three theoretical frameworks collectively provide a comprehensive approach to examining intimate partner violence. The Ecological Framework enables analysis of risk factors across multiple levels of influence, while Skinner's coping taxonomy offers a systematic classification of survivors' adaptive strategies. The Biopsychosocial Model ensures thorough documentation of IPV's multidimensional impacts. The three frameworks collectively ensure a thorough examination of IPV's complexities. Besides that, the three frameworks strengthens this study's analytical depth while maintaining methodological consistency across the scoping review and interview data analysis.

1.7 Conceptual Definitions

1. Intimate partner violence (IPV): According to WHO (2012), IPV refers to the physical, sexual, and emotional abuse and controlling behaviours by an intimate partner.

2. IPV survivors: In the context of this study, IPV survivors are Malaysian women above the age of 18 who have suffered any types of abuse (physical, psychological, sexual, financial or social abuse) from an intimate partner, whether it be married or unmarried partners.

3. Risk factors: A clearly defined behavior or constitutional (e.g., genetic), psychological, environmental, or other characteristic" that may indicate an increased possibility that an individual may develop a disease or disorder (American Psychological Association, 2018). In the context of this study, risk factors for IPV refer to the various factors that may expose women to being more vulnerable to IPV, or being involved in abusive relationships

4. Effects of IPV: In the context of this study, effects of IPV may refer to any physical, psychological, emotional, social or other effects that survivors suffer from as a result of the abuse they experienced.

5. Coping strategies: According to Irving and Liu (2020), coping is a multi-dimensional process, with humans engaging in a variety of strategies to adapt to the situation, and reduce stress from the stressor. In the context of this studies, coping strategies refer to the various strategies that women IPV survivors engage in to cope with the abuse and its resulting trauma.

CHAPTER TWO

STUDY ONE: SCOPING REVIEWS OF RISK FACTORS, COPING STRATEGIES AND EFFECTS OF IPV

The literature review for this study was derived from the scoping reviews conducted on journal articles on risk factors of IPV, effects of IPV and coping strategies used by IPV survivors, which were published between the years of 2016 to 2022 (Study One). This chapter details the methods of which the scoping reviews were conducted, as well as the results of the scoping review, which include detailed discussion about the risk factors of IPV, effects of IPV and the coping strategies used by IPV survivors.

The research questions for Study One are as follows:

RQ1: What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported in the scoping review?

a. What are the risk factors for IPV reported in the scoping review, as analysed according to the Ecological Framework?

b. What are the coping strategies used by IPV survivors reported in the scoping review, as analysed according to Skinner's 11 families of coping?
c. What are the effects that IPV survivors suffer from reported in the scoping review, as analysed according to the Biopsychosocial Model?

2.1 Risk Factors for IPV

A scoping review was conducted to study the risk factors of IPV noted in literature in the field of psychology from 2016 to 2022. This review was guided by the six-stage methodological framework proposed by Arksey and O'Malley (2005), which include (i) identifying the research question, (ii) identifying relevant studies, (iii) selecting eligible studies, (iv) charting of data, and (v) collating and summarizing the results.

2.1.1 Method

Identifying Relevant Studies. The search for articles were limited to several qualifying criteria. Only journal articles in English published on the electronic database Scopus were selected for consideration. The Scopus database was selected as it has a larger dataset with a wider journal range and

has a search option that allows users to better identify the material they require based on specific requirements (Burnham, 2006; Falagas et al., 2008). While other databases such as Web of Science, PsycINFO and PubMed were considered, Scopus was ultimately selected as it had a wider overall coverage and indexed a greater number of sources not indexed in other databases (Martín-Martín et al., 2020; Pranckutė, 2021). The articles were then further filtered to those published between the years 2016 to 2022, in the field of Psychology. After searching the keywords of "risk factors" and "intimate partner violence", 269 articles emerged as a result.

Selecting Eligible Studies. The 269 articles were reviewed by the research team to ensure the relevance of the studies to the aim and research question of this study. The articles were assessed according to the inclusion criteria. The inclusion criteria of this study required that the sample should include adult and adolescent women who have experienced IPV (despite their marriage status) and the risk factors that exposed them to being survivors of IPV. Studies that included male participants were included if there were also female participants. These studies were required to be published on Scopus after 2016 and were in the English language.

Articles that were not in the field of psychology, whose primary samples did not include women as survivors of IPV, and studies that did not examine the

risk factors of IPV were excluded, as these studies could not provide the information needed to answer the research question.

Among the 269 articles that emerged from the primary search, a total of 36 articles were finally selected by the two reviewers based on the inclusion and exclusion criteria. Another 3 articles were excluded, due to the fact that they were reviews of prior literature. In the end, 33 articles were included in the scoping review. The screening process is shown in Figure 2.1.

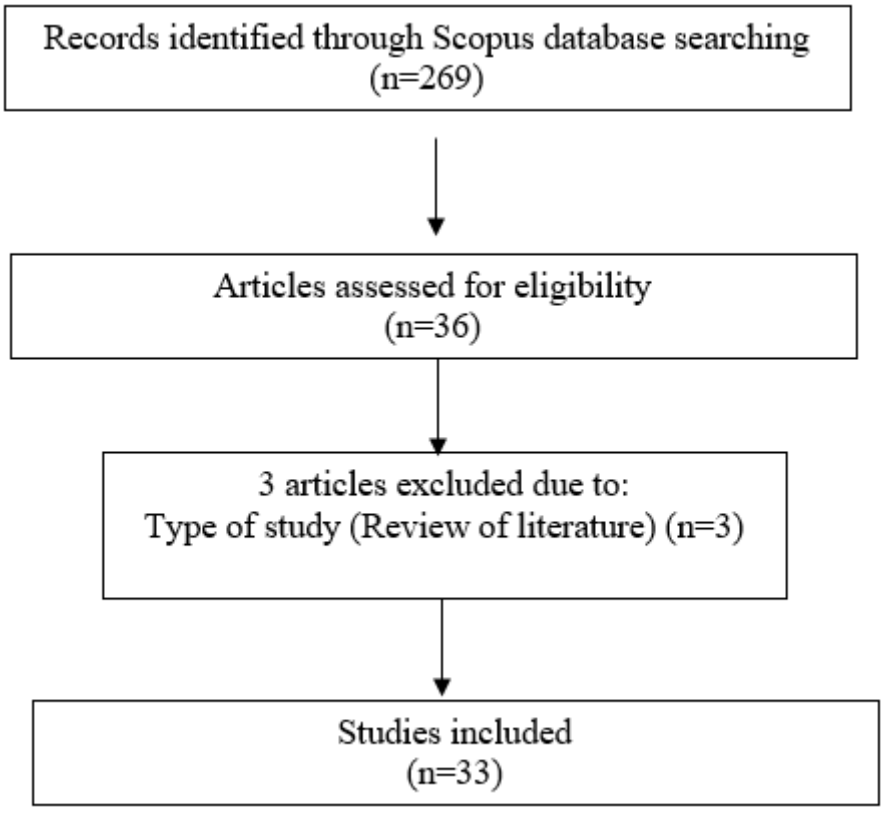

Figure 2.1 Screening Process of Articles on Risk Factors for IPV

2.1.2 Results

The results of the scoping review conducted on the risk factors for IPV revealed a wide variety of risk factors. A table was constructed to present a summary of the articles reviewed (see Table 2.1). All the risk factors found in the articles reviewed were able to be categorized according to the ecological framework. The ecological framework was introduced by Heise (1998) to theorize about the possible risk factors for gender-based violence, by taking into consideration personal, situational and sociocultural factors (Yüksel-Kaptanoğlu &Adalı, 2019). This framework consisted of four levels, which are the individual level, the relationship level, the community level and the society level. A summary of the risk factors categorized according to the respective systems is included in Figure 2.2.

Table 2.1 Summary of Reviewed Articles on Risk Factors for IPV

Reference	Background	Country	Sample	Screening Instrument	Results (Risk Factors)
1. Yuan & Hesketh (2019)	This study examined the prevalence of different types of IPV in China, risk factors of IPV and the association of depression and IPV.	China	A cross-sectional study was conducted and data from 2987 women were analysed.	IPV: The researchers developed a new questionnaire which included physical, psychological, and sexual violence and their potential determinants	**Factors relating to women:** low education attainment, low occupational status, having an income lower than the partner's, economic pressure, and having one or more children **Factors relating to men:** Men with lower socioeconomic status
2. Mukherjee & Joshi (2019).	This study examined the prevalence of IPV in India, and possible risk factors for IPV and controlling behavior.	India	500 women were recruited to complete a questionnaire.	IPV: National Family Health Survey-3 which included three, seven, and two questions, respectively, on emotional, physical, and sexual violence.	**Factors related to men:** Alcohol consumption and controlling behavior by the husband.
3. Canedo & Morse (2021)	This study examines the relationship on women's employment and whether or not it has an effect on the IPV women experience.	Mexico	Women whose ages ranged from 15 to 64 were included in the sample.	IPV: 2016 Mexican National Survey on the Dynamics of Household Relationships. Researchers analyzed the Married/Cohabiting survey questions.	**Factors related to women:** Women who were employed **Factors related to community:** Living in rural areas
4. Oliveros & Coleman (2019).	This study examined the relationship between family-of-origin violence, IPV and the role of emotional regulation as a mediator.	United States	620 participants in the United States were recruited as participants for this study	IPV: Conflict Tactics Scale-2; contains subscales of psychological aggression, assault and injury.	**Factors related to women:** History of family violence

5. Othman et al. (2021).	This study examined the prevalence of IPV among women attending primary care services in rural Malaysia, and identify the risk factors associated with IPV.	Malaysia	882 women aged 16 and above	IPV: 10-item women's experience with battering scale (WEBscale; Q1-Q10) was used. Risk factors: Women's Wellness Questionnaire."	**Factors relating to women:** Younger age, lower education levels, witnessing inter-parental violence, women who come from households with lower income.
6. Chikhungu et al. (2019).	This study examined the distribution of different levels of abuse among married women in Malawi and the key attributes associated with each level of abuse.	Malawi	Women aged 15 to 49	IPV: 2015 Malawi Demographic and Health Survey (MDHS). Three domains of IPV were included: physical, sexual and controlling behavior, where the woman reports experiencing that form of domestic abuse or otherwise.	**Factors relating to women:** Women who were employed, women with primary education.
7. Yüksel-Kaptanoğlu & Adalı (2019).	This study examined the risk and protective factors for physical violence perpetrated during pregnancy in Turkey.	Turkey	Women aged 15 to 59 who have had at least one pregnancy. The sample consisted of participants who were part of two nationwide surveys in Turkey, of which there 12,795 participants recruited in 2008 and 7,462 participants recruited in 2014.	IPV: Researchers developed surveys based WHO's "Multi-country Study on Women's Health and Domestic Violence Against Women." Physical violence was measured through a set of questions asked to women who have reported having at least one partner/husband in their lifetime.	**Factors relating to women:** Witnessing one's mother being exposed to violence **Factors relating to men:** Witnessing one's mother being exposed to violence, childhood exposure to violence, men's alcohol, gambling, or drug habits, having affairs
8. Amir-ud-Din et al. (2018).	This study examines violence against women in Pakistan, and the driving factors that may expose women to IPV.	Pakistan	3,265 married women aged 15 to 49 Data from the Pakistan Demographic and Health Survey (PDHS) 2012-13	IPV: Conflict Tactics Scale, physical violence subscale.	**Factors related to women:** women whose mothers were beaten by fathers, women's beliefs regarding spousal violence.

9. Martín-Lanas et al. (2019).	This study examined predictors of IPV in correlation to relationship power imbalance in the couples' engagement stage of a relationship	Spain	This study recruited 254 couples in Spain, who were asked to complete the questionnaire a year after marriage, and every two years thereafter they were asked to respond to briefer questions.	IPV: Measurement not specified	**Protective factors related to women:** Women with higher education, had a good relationship with their mother, and perceived the relationship between their parents as good **Protective factors related to men:** Men had a university degree and perceived their parents to have a good relationship,
10. Messinger et al. (2019).	This study examined IPV victimization and perpetration among sexual and gender minorities may be influenced by the witnessing or experiencing of violence during childhood.	United States	488 sexual minorities in the United States were split into two groups of cohorts: adolescent and young adult, and were recruited as participants for this study.	IPV: Researchers used one-item measures to assess psychological, physical, and sexual IPV victimization and perpetration.	**Factors related to women:** any form of childhood violence exposure
11. Cervantes & Sherman (2019).	This study examines low-income women's cycles of lifelong violence victimization	United States	24 low-income women with a mean age of 24 years.	IPV: Women were interviewed and any mention of victimization during childhood and adulthood were used as basis to be subsampled	**Factors related to women:** Childhood history of trauma
12. Saffari et al. (2017)	This study examined the prevalence of IPV in Iran, as well as the risk and protective factors for IPV.	Iran	1600 women from six different areas of Iran aged 18 years and older	IPV: Domestic Violence Questionnaire (DVQ) consists 81 items classified into three sections related to female IPV: emotional, physical, and sexual.	**Factors related to women:** History of prior marriage **Factors related to men/relationship:** History of prior marriage, substance abuse, an unstable marriage **Factors related to community:** Crowded family situation, low SES

13. Barnawi (2017)	This study examined the risk factors of IPV among women in Saudi Arabia.	Saudi Arabia	720 women were studied, among whom 144 reported experiencing IPV in the past year.	IPV: Self-administrated questionnaire was developed. All types of IPV that are inflicted on a woman by intimate partner or a family member over the last year were considered, including physical, psychological or emotional, sexual, economic, and social violence.	**Factors related to women:** younger women age, longer duration of marriage, higher women education, had fewer children **Factors related to men:** lower husband education, working husbands, military occupation, husbands with multiple wives, smoking husbands, aggressive husbands, **Other factors:** presence of chronic disease in women or husbands, and non-sufficient family income
14. Reichel (2017)	This study examines the determinants of IPV in regards to a couple's socioeconomic status in Europe.	Europe	42,000 women from 28 EU member countries participated in this survey.	IPV: Questions were asked about the violence and sexual violence committed by a woman's current partner.	**Factors related to men:** Low education, controlling behavior regarding finances, being violent outside a relationship, frequently getting drunk **Factors related to community:** low SES
15. Um et al. (2018)	This study examined various factors and their association with different types of abuse among North Korean refugee women living in South Korea.	South Korea	A sample of 180 ever-married North Korean refugee women in South Korea were recruited	IPV: Physical, emotional, and sexual abuse were measured by a culturally modified version of the Revised Conflict Tactics Scale	**Factors related to women:** Childhood history of trauma, were separated, divorced or bereaved **Factors related to society:** Women's traditional gender role beliefs childhood, lower level of sociocultural adaptation

16. Eldoseri & Sharps (2020)	This study examined risk factors for spousal physical violence among Saudi Arabia women frequenting health clinics.	Saudi Arabia	200 women from six health clinics were interviewed one-on-one.	IPV: Standard, structured (WHO) violence against women survey tool (version 10.0)	**Factors related to women:** witnessed inter-parental violence, younger than 30 years old **Factors related to men:** witnessed inter-parental violence, unemployed, engaged in substance abuse, had greater financial control, had greater inclinations towards violence against other men
17. Daoud et al. (2020)	This research set out to determine prevalence, recurrence, types, and risk factors for intimate partner violence (IPV) among women of childrearing age across Israel	Israel	1,401 Arab, and Jewish immigrant and nonimmigrant women (aged 16-48 years) who visited 63 maternal and child health were interviewed using structured questionnaires.	IPV: Any IPV was assessed using a 10-item questionnaire about acts perpetrated by a participant's intimate partner, and included physical or sexual violence, emotional or verbal violence and social or economic violence	**Factors related to women:** Younger Arab women **Factors related to community:** lived in an urban locality, had low income **Factors related to society:** Women's traditional and religious views
18. Ørke et al. (2020)	This study examined the association between various risk factors and involvement of women in abusive relationships in Norway.	Norway	154 women aged 20 to 69 in Norway were recruited from family counselling offices and interviewed using structured interviews. Out of the 154 women, 55 women experienced one abusive relationship, while 51 women experienced multiple abusive relationships. 48 women never experienced abusive relationships.	IPV: The Revised Conflict Tactics Scale Spousal Assault Risk Assessment Guide	**Factors related to women:** History of childhood sexual abuse, childhood emotional abuse, low level of education

19. Krause-Utz et al. (2018)	This study examined the risk factors for adult sexual IPV in the Netherlands.	Netherlands	633 participants in Netherlands who either experienced child sexual abuse or experienced an instance of sexual abuse as an adult, completed an anonymous survey. Out of the 633 participants, 100 participants experienced child sexual abuse, while 345 reported at least one incidence of sexual IPV. Participants were above the age of 18, with 70.8% being women.	IPV: Conflict tactics scale revised 2 (CTS-2) was used to screen for sexual IPV.	**Factors related to women:** history of severe child sexual abuse (CSA)
20. Rahme et al. (2020)	This study assessed the correlation of the Stockholm syndrome in women who are survivors of IPV, and risk factors of IPV among women in Lebanon.	Lebanon	350 women were selected from all of Lebanon's governorates and completed a questionnaire. The women were aged 18 and above.	IPV: Partner Abuse Scale–Physical and Nonphysical (PASP and PASNP).	**Factors relating to women:** being illiterate, divorced and being unemployed/housewife, higher age of women **Factors relating to men:** partners who drank alcohol and used substances, had a history of violence outside the home and are addicted to alcohol
21. Krause-Utz et al. (2021)	The present study investigated whether BP features mediate the relationship between childhood maltreatment and IPV	Netherlands	703 adults from the Netherlands (n = 537 female, n = 166 male) were asked to complete an online survey.	IPV: Conflict Tactics Scale–Revised	**Factors related to women:** History of childhood maltreatment **Factors related to men:** History of childhood maltreatment

22. Iyanda et al. (2021).	This study examined the risk factors for IPV in 12 African countries.	African Nations	This study used data from a national survey, which consists of nationally representative, cross-sectional random sample in these 12 countries. The survey collects household information on women of reproductive age (15–49 years).	IPV: Researchers constructed a scale known as GBV which used data from 13 items of the DHS, to explore women's exposure to IPV.	**Factors relating to women:** Women empowerment and their history of abuse **Factors relating to men:** Male dominance, alcohol consumption of the husband **Factors relating to society:** countries where there is an absence of IPV laws
23. Sunmola et al. (2019)	This study examined the effects of husband's controlling and domineering attitudes on the association between women's household decision-making autonomy and husband-perpetrated physical, sexual, and emotional violence in Nigeria	Nigeria	Data used in the study were drawn from an existing database of a 2013 cross-sectional Demographic and Health Survey (DHS) of nationally representative sample (N = 19,360) of Nigerian married women, aged 15 to 49	IPV: Women were asked to complete questionnaires on physical, sexual and emotional violence, as well as controlling behaviours by their husbands. It is unclear if researchers developed the instruments themselves, as there are no names for the scales.	**Factors relating to women:** Higher age of women, higher education, wealth status, being employed, women who exercised more household decision-making autonomy, women whose husbands had controlling and domineering attitudes **Factors relating to community:** Living in urban areas.

24. Memiah et al. (2018)	This study sought to determine the prevalence of IPV and other moderating factors associated with IPV among women in Kenya.	Kenya	This study utilized data from the 2014 Kenya Demographic and Health Survey (KDHS), a nationally representative household-based survey whereby a total of 3,028 women were interviewed. The women were aged 15 to 49 years old.	IPV: No mention of screening instrument, but participants were asked about their IPV experience, which was considered a composite variable made up of emotional, physical, and sexual violence acts by the spouse/husband or partner	**Factors relating to women**: Aged between 40 and 49 years, belonging to religions other than Catholic, Protestant, or practiced no religion, were currently working, received education, had a poor Wealth Index, were not sexually assertive, had one sexual partner other than their husband/spouse, received money, gifts, or favors in return for sex, had no knowledge on HIV, experienced early sexual debut before 18 years old **Factors related to men:** Older men aged 50 and above **Factors related to community:** resided in urban areas **Factors related to society:** Women's belief that their partners were justified in beating them
25. Alquaiz et al. (2021)	This study examined social determinants and their association with women's experience of IPV in Saudi Arabia.	Saudi Arabia	1,883 married Saudi females aged 30 to 75 years were interviewed.	IPV: WHO Questionnaire on IPV	**Factors relating to women:** Women who were of younger age between 30 to 40 years old, lacked emotional support, lacked tangible support and had a perceived poor self-health **Factors relating to men:** husbands had poor health, were engaged in polygamy
26. Aizpurua et al. (2017)	The current study analyzes the role of control within the Spanish context by examining its correlates, as well as the role and impact of CBs on psychological and physical violence.	Spain	Data from the Spanish sample of the Violence Against Women Survey carried out by the European Union Agency for Fundamental Rights (N = 1,520 adult women) was used for this study. Women's ages were 18 and above.	Researchers measured for psychological and physical violence but made no mention of the instrument used.	**Factors relating to women:** Older women, experienced abuse during childhood **Factors relating to partners:** partners who are violent outside of the home, partners who are drinkers, partners who earn more than the women, controlling behaviour

27. Dim & Elabor-Idemudia (2018)	This study examined the social structural and social learning perspectives and their relation to Nigerian women's experience of physical IPV.	Nigeria	Data from this study was obtained from the 2013 NDHS data, whereby 26,403 married women were analysed. Women's ages were 15 to 49 years old	IPV: Researchers screened for physical abuse. No mention of the screening measurement used was made	**Factors relating to women:** Women who had primary and secondary education, were employed, and were financially more well off, being survivors of childhood abuse and witnessing IPV between parents **Factors relating to partners:** Spouses' alcohol consumption
28. Reese et al. (2017)	This study examined the prevalence of and risk factors associated with past 12-month experiences of IPV among women in Tanzania.	Tanzania	Data from this study was obtained from the Tanzanian Demographic and Health Survey Domestic Violence Module, which consists of nationally representative sample of women of reproductive age (15-49 years) from Tanzania (n = 5,372)	IPV: Researchers screened for physical IPV	**Factors relating to women:** Women with a secondary education, having children, previous exposure to parental IPV, women who were responsible for making household decisions **Factors relating to men:** Husband made decisions on visits to the wife's family, husbands who drank **Factors relating to culture:** Women who held beliefs that husbands were justified in beating their wives were also more likely to be abused.
29. Hernandez-Vasquez et al. (2020)	This study aimed to identify factors associated with IPV in Nicaragua.	Nicaragua	A secondary analysis of the 2011–2012 Nicaraguan Demography and Health Survey (ENDESA 2011–2012) was conducted. The sample consisted of a total of 12,605 women aged 15–49 years who were married or were in a relationship.	IPV: Researchers screened for verbal/psychological, physical, or sexual violence.	**Factors relating to women**: Younger women below the age of 25, women who were employed, and only have a secondary education level attained, had a history of abuse as a child. **Factors relating to environment:** Living in an urban setting,

30. Afkhamzadeh et al. (2019)	This study examined the prevalence of IPV against women and its related factors in Sanandaj, west of Iran.	Iran	360 women in Sanadai, who were referred to two educational hospitals in Sanandaj were asked to complete a self-report questionnaire. Women's ages were 15 years and older.	IPV: WHO Standard Questionnaire. This questionnaire contained items regarding women's exposure to physical, emotional and sexual violence, and demographic variables about the husband and wife.	**Factors relating to women**: Women's unemployment **Factors relating to men/relationship:** Men's low education level, couple's sexual dissatisfaction **Factors relating to environment:** low economic status of family
31. Nwabunike & Tenkorang (2017)	This study examined the risk factors of IPV in Nigeria, as well as ethnic differences in the prevalence of IPV in Nigeria.	Nigeria	This study used data obtained from the 2008 NDHS, which had a sample of 33,385 female respondents aged 15 to 49 years selected from households.	IPV: A shortened and modified version of the Conflict Tactics Scale was used to screen for physical, sexual, and emotional violence	**Factors related to women:** grew up with family violence, were employed, received primary or secondary education. **Factors relating to partner:** Domineering husbands, husbands who drank alcohol. **Factors relating to society:** believe wife-beating is justified
32. Till-Tentschert (2017)	This study examined how experiences of violence in childhood can affect women's later exposure to violence and their risk of victimization in Europe.	Europe	This study used data from the first comparative European Union (EU)-wide survey on violence against women which was conducted in 2012 by the European Union Agency (FRA). Participants were 18 years and older.	Researchers screened for experiences of physical, sexual, and psychological violence, both before the age of 15 years by an adult, and as an adult.	**Factors relating to women:** Experienced violence by an adult perpetrator before the age of 15
33. Ahmadi et al. (2016).	This study examined the prevalence and sociodemographic factors associated with IPV among married women in Iran.	Iran	2091 women in the city of Rasht, Iran, were recruited as participants in this study, and were asked to complete a questionnaire. The women were aged 18 to 75 years.	IPV: Revised Conflict Tactics Scale (CTS-2)	**Factors relating to women:** Women aged 40 and below, were younger at the time of marriage, low education level, being unemployed, having no children **Factors relating to men:** Being unemployed, low education level, addiction, living in rented home

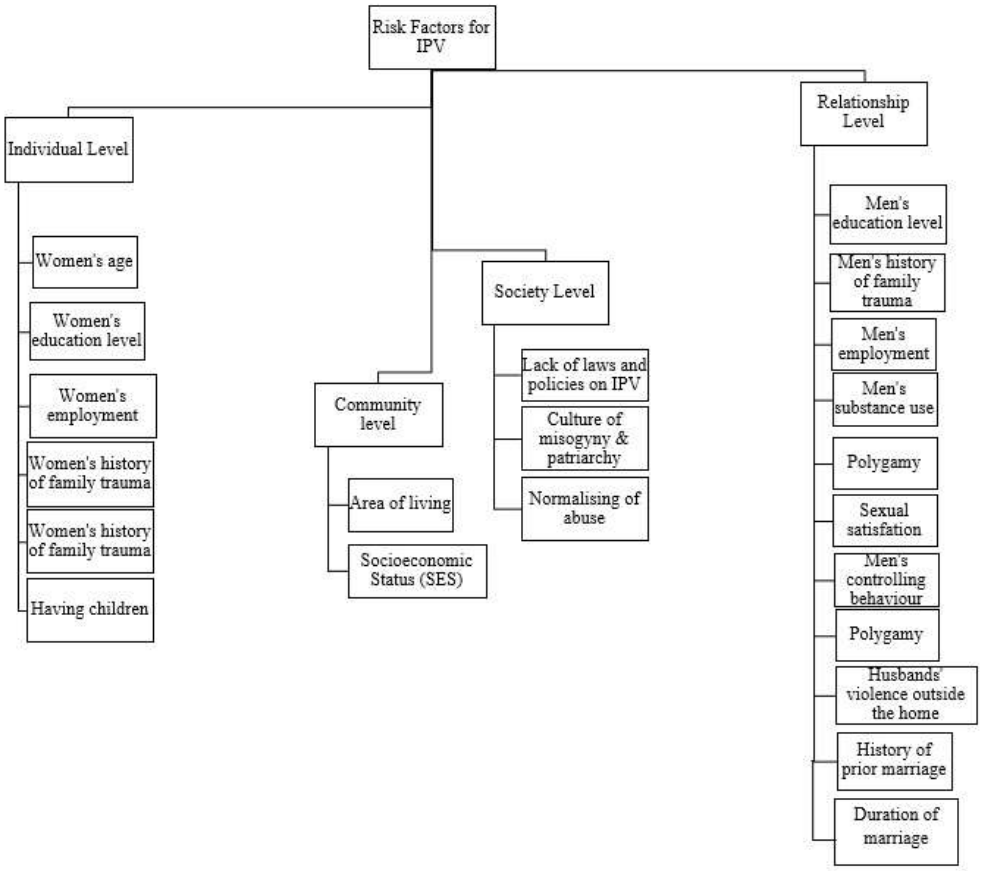

Figure 2.2 Risk Factors Reported in Scoping Review According to the Ecological Framework

2.1.2.1 Individual Level. According to Heise (1998), factors at this level are related to an individual's developmental experience or personality that influences their response to stressors. With the women IPV survivors being the central focus of this study, risk factors at the individual level are related to the women, and are factors that may make the women to being more vulnerable to being in abusive relationships. A total of five risk factors were found at this

level, which are women's age, women's education level, women's employment, women's history of family trauma, women's wealth and having children.

Women's History of Family Trauma. 18 articles reviewed in the scoping review reported that having a history of family trauma, which includes witnessing inter-parental violence, was a risk factor for their adult victimization of intimate partner violence (IPV). Messinger et al. (2019)'s study was conducted among 488 adolescents and young adults in the United States, and it was found that their history of abuse or violence as a child significantly predicted their IPV victimization as an adult. In particular, witnessing inter parental violence as a child significantly predicted physical violence victimization as an adult. In Oliveros & Coleman (2019)'s study, 620 participants in the United States (475 women, 145 men) aged 18 to 30 years old were asked to answer a series of questionnaires related to their experience of witnessing inter parental violence and later experience of IPV. It was found that for women, child-directed violence they experienced from both their mothers and fathers predicted an increased risk for experienced IPV. This is also relevant in the Malaysian context. Othman et al. (2021) conducted a study among 882 women in Malaysia attending primary care services in rural Malaysia, whereby participants were asked to complete a series of questionnaires on their experience of IPV and other factors such as demographic characteristics, history of trauma as a child and social support. It was found that Malaysian women who witnessed inter-parental violence were three times more likely to experience IPV themselves. In a qualitative study conducted by Cervantes and Sherman

(2019), 24 low-income women living in Washington, United States, were interviewed on their abusive relationships. The results showed that many of the women reported experiencing trauma as a child, and this led to women's repeated cycle of victimization. Participants in their study reported having married young as a means to escape their abusive homes, and thereby enter into their first abusive relationships as an adult. Having been socialized to a home that was filled with violence, the women came to treat abuse as a normal occurrence and even expected it in their adult relationships.

Women's Age. 12 articles reviewed in the scoping review mentioned women's age as a risk factor. Several studies reviewed have found that younger women were more likely to be abused compared to older women. Barnawi (2017) conducted a study among 720 married women who attended Al-Wazarat primary health care center in Saudi Arabia. The women were asked to complete a set of questionnaires, and it was found that women who were younger in age, that is below the age of 30, were more likely to experience abuse. This was similar to Eldoseri and Sharps' (2020) study that was conducted among 200 women recruited from six health care clinics in Saudi Arabia. Data in this study was collected by interviewing the women, and researchers found that women younger than the age of 30 were more likely to experience abuse, compared to women aged 50 and above. In a study conducted by Daoud et al. (2020), researchers recruited 1,401 Arab, and Jewish immigrant and nonimmigrant women who visited 63 maternal and child health care facilities in Israel as

participants to be interviewed. It was found that younger women were more likely to experience IPV, with 58.3% of women aged 16 to 24, and 36.7% of women aged 25 to 34 reported being abused. Another study was conducted by Alquaiz et al. (2021) among 1,883 married Saudi females aged 30 to 75 years. The women were interviewed and asked to complete a questionnaire regarding their experience of IPV, and results showed that women who were of younger age between 30 to 40 years old. In another study, Hernandez-Vasquez et al. (2021) conducted a secondary analysis of the 2011–2012 Nicaraguan Demography and Health Survey (ENDESA 2011–2012), which consisted of 12,605 women aged 15–49 years who were married or were in a relationship. The results of this analysis found that younger women below the age of 25 were more likely to suffer from abuse, compared to women aged 25 to 34, and 35 to 49. Ahmadi et al. (2016) recruited 2091 women in the city of Rasht, Iran as participants in their study, and the women were asked to complete a set of questionnaires, which yielded the finding that there was a significant association between women under the age of 40 and intimate partner violence.

On the other hand, contrasting results were also reported, whereby several other studies have found that older women were more vulnerable to IPV. Aizpurua et al. (2017) analysed data from the Spanish sample of the Violence Against Women Survey, which recruited a sample of 1,520 adult Spanish women who were interviewed, and the results showed that older women were more likely to experience psychological violence, although younger women

were more likely to have partners' who were controlling. Rahme et al. (2020) conducted a study among 350 women in Lebanon aged 18 and above, and who were asked to complete questionnaires on their experience of intimate partner violence and Stockholm syndrome. The results of this study showed that women's higher age was significantly associated with higher partner non-physical abuse. In a study conducted in Kenya, Memiah et al. (2018) analysed data from the 2014 Kenya Demographic and Health Survey (KDHS), which was a nationally representative household-based survey whereby a total of 3,028 women aged 15 to 49 years old were interviewed. Results of this analyses found that older Kenyan women in the age range of 40 to 49 were more likely than any other age groups to be abused by their spouses, although the type of violence was not mentioned.

Women's Education. A total of 14 articles reviewed reported women's education as a risk factor. Studies that were conducted in countries such as China, Iran, Norway and Malaysia, found that receiving a low education level was a risk factor for women to be exposed to violence. Yuan and Hesketh (2019) found that in China, lower education attainment among women was a significant risk factor for women experiencing sexual abuse, while a study conducted by Ahmadi et al. (2016) in Iran found that women's low education had a significant association with IPV, and low education level predicted women's experience of physical abuse and injury abuse. Similar findings were reported in Malaysia as well, with Othman et al. (2021) reporting that women who had experienced IPV

had a lower education level. Hernandez-Vasquez et al. (2020) found that among Nicaraguan women, those who received a secondary education were more likely to experience abuse compared to women who received higher education. Orke et al. (2020) conducted a study in Norway by interviewing 154 women aged 20 to 69 years old, and the results indicated that women who had suffered abuse by multiple partners had lower education levels than women who had suffered abuse by one partner. While this study did not indicate if education level was a protective factor against being in an abusive relationship, it indicates that at the very least, receiving higher education may be protective against women suffering abuse in multiple relationships, by multiple partners.

On the other hand, there were also studies that found that women who received education, or received higher education, were more likely to be abused, particularly in many African nations and Saudi Arabia. Sunmola et al. (2019) analysed data from the 2013 cross-sectional Demographic and Health Survey (DHS), which consisted of a nationally representative sample of 19,360 Nigerian married women, aged 15 to 49. The women were asked to complete questionnaires on physical, sexual and emotional violence, as well as controlling behaviours by their husbands. The results of the analysis indicated that women who received higher education were more likely to experience physical violence. In Nigeria, Dim and Elabor-Idemudia (2018) analysed data from the 2013 NDHS data, whereby 26,403 married women aged 15 to 49 years old were administered questionnaires.. Researchers found that women who

received primary or secondary education had a higher incidence rate of minor physical violence, compared to women who did not receive an education, while women who received primary, secondary or tertiary education had a higher incidence rate of severe physical violence compared to women who did not receive an education. In another study, Reese et al. analyzed data from the Tanzanian Demographic and Health Survey Domestic Violence Module, which consists of nationally representative sample of 5372 women aged 15 to 49 years. The results indicated that women with a secondary education were two times more likely to experience IPV in the past 12 months, compared to women with no education. Nwabunike and Tengkorang (2017) analyzed data from the 2008 NDHS, which had a sample of 33,385 female respondents aged 15 to 49 years selected from households. The results showed that women who received primary or secondary education were more likely to experience physical violence than women who did not receive education. However, researchers note that having received an education protected the women from emotional violence. Similar findings were reported by Chikhungu et. al. (2019) who analysed data from the 2015 Malawi Demographic and Health Survey data which included 24,562 women whose ages ranged from 15 to 49. The results of the analyses indicated that women who received primary education were more likely to experience Moderate Physical and Emotional Abuse (MPE) and High and Complete Abuse (HCA) than women who were not educated. These findings were supported by Barnawi's (2017) study found that among Saudi Arabian women, women's higher education exposed them to a greater chance of being abused, while Memiah et al. (2018) found that Kenyan women who

received primary education were two times more likely to be abused, compared to women who did not receive an education.

As such, it can be seen that in countries that had a stronger emphasis on male dominance, in particular the African nations, any indication of women having independence or autonomy in terms of education, made women more vulnerable to violence, as it was seen that education empowered women to challenge men (Barnawi, 2017).

Women's Employment. 11 articles reviewed in the scoping review reported women's employment as a risk factor. A study conducted by Reese et al. (2017) in Tanzania found that women having independent earnings was a protective factor against abuse in the past year, with Tanzanian women with either cash or in-kind earnings having reduced risks of being abused compared to women with no earnings. Besides that, Yuan and Hesketh (2019) found that Chinese women who earned less than their partners were more likely to experience physical, psychological and sexual violence. Afkhamzadeh et al. (2019) conducted a study among women in Iran, where 360 women aged 15 and older, who were referred to educational hospitals in Iran, were asked to complete a self-report questionnaire. It was found that women being employed was negatively associated with any forms of violence in the past year, and physical, sexual and emotional violence in the past year. In another study

conducted by Ahmadi et al. (2016) in Iran, 2,091 Iranian women aged 18 to 75 years were asked to complete a questionnaire. Results found that being unemployed was a risk factor for women experiencing physical and injury abuse. This was supported by Rahme et al. (2020) who conducted a study among Lebanon, whereby 350 women aged 18 and above were recruited to complete a questionnaire. It was found that women's unemployment was a risk factor for their experience of physical and non-physical violence.

In contrast to these findings, other studies have reported that women's employment was a risk factor for their experience of IPV, specifically studies that were conducted in Mexico, Nicaragua and the African nations. Canedo et al. (2021) conducted a study in Mexico, whereby data from the 2016 Mexican National Survey on the Dynamics of Household Relationships was analyzed, which surveyed 72,855 women aged 15 to 64 years old. Results found that women who were employed were more likely to experience physical violence. Among Malawian women, Chikhungu et al. (2019) found that women who worked were 37% more likely to experience MPE, and 40% more likely to experience HCA, compared to women who were unemployed. Similar findings were reported by Dim and Elabor-Idemudia (2018), who found that Nigerian women who were currently employed were more likely to experience both minor and severe physical violence compared to unemployed women, while a study conducted by Memiah et al. (2018) found that Kenyan women who were currently working had increased chances of experiencing IPV. In Nigeria,

Sunmola et al. (2019) found that women who were currently employed were more likely to experience physical and emotional violence, although being employed correlated negatively with controlling behavior by husbands. In another study conducted in Nigeria, Nwabunike and Tengkorang (2017) also reported that women who were currently working were more likely to experience physical and emotional violence. Besides that, Hernandez-Vasquez et al. (2020) found that in Nicaragua, women who were employed had double the chances of experiencing IPV.

Similarly to women's education, there appears to be a cultural difference as to how this risk factor exposes women to IPV. Nwabunike and Tengkorang (2017) hypothesize that in Nigeria, the men expect the women to always be available to them, and being employed prevents the women from being always available to fulfill their domestic duties, thereby making employed women more vulnerable to abuse. Sunmola et al. (2019) further elaborates that women with greater autonomy, which employment gives the women, result in their husbands being more likely to engage in IPV, as an attempt to control the women. This therefore reflects a cultural difference in different countries about how women's employment becomes a risk factor for IPV.

Women's Wealth. In the scoping review, four articles reviewed reported women's wealth as a risk factor. Two studies conducted in Nigeria reported that

women with greater wealth were more likely to experience abuse, with Dim and Elabor-Idemudia (2018) finding that Nigerian women who were financially well-off were more likely to experience physical violence, while Sunmola (2019) also found that wealth of women positively co-varied with physical, emotional and sexual abuse.

On the other hand, Memiah et al. (2018) found that in Kenya, women who scored in the poor and middle wealth index were more likely to experience abuse compared to women who were in the rich wealth index. In China, Yuan and Hesketh (2019) found that women who had a lower income than their partners were more likely to experience physical, psychological and sexual abuse.

Having Children. Four articles reported that having children, or the number of children, was also a risk factor for IPV (Ahmadi et al., 2016; Barnawi, 2017; Reese et al., 2017; Yuan & Hesketh, 2019). Yuan and Hesketh (2019) and Reese et al. (2017) found that in China and Tanzania respectively, women who had children were more likely to experience violence. On the other hand, Barnawi (2017) found that Saudi Arabian women who had fewer children were more likely to be abused, while Ahmadi et al. (2016) found that Iranian women who had no children were more likely to experience injury from their husbands.

2.1.2.2 Relationship Level. According to Heise (1998), factors at this level are related to the interactions that a person (the IPV survivor) directly engages in, which in the context of this study, is the abusive partner and relationship that the IPV survivor is engaged in. A total of ten risk factors were discovered in this level, which are men's education, men's history of family trauma, men's employment, men's alcohol/substance use, polygamy, sexual satisfaction, men's controlling behaviour, husbands' violence outside the home, history of prior marriage and duration of marriage.

***Men's Education*.** Four articles reviewed in the scoping review reported men's education level as a risk factor (Afkhamzadeh et al., 2019; Ahmadi et al., 2016; Barnawi, 2017; Reichel, 2017;), whereby it was found that men who had a lower education level were more likely to abuse their partners. Reichel (2017) analysed data from a European Union-wide survey conducted in 2018, which consisted of a sample of 42,000 women from 28 European nations. The results of the analyses found that women with lower educated partners were more likely to experience abuse, while the sample confirmed the trend of lesser IPV among couples with higher education. In Iran, both Ahmadi et al. (2016) and Afkhamzadeh (2019) found that men who had lower education were more likely to physically abuse their wives, while Barnawi's (2017) study in Saudi Arabia

also found that men's lower education level were risk factors for women to experience IPV.

Men's History of Family Trauma. Four articles reviewed in the scoping review reported men's history of family trauma as a risk factor for women's experience of IPV (Eldoseri & Sharps, 2020; Krause-Utz et al., 2017; Messinger et al., 2019; Oliveros & Coleman, 2019). Studies conducted in the United States by Messinger et al. (2019) and Oliveros and Coleman (2019) reported that men's history of childhood trauma also predicted women's chances of being abused, with the latter's study noting that fathers' aggressive behavior predicts emotional regulation difficulties and aggression more strongly for sons than for daughters. In Saudi Arabia, Eldoseri and Sharps (2020) who found that men's history of being beaten as a child, and witnessing their fathers beat their mothers, was a risk factor for women being abused. A study in Netherlands was conducted by Krause-Utz et al. (2018), who recruited 703 adults (537 females and 166 males) to complete an online survey. The results of this study found that childhood history of trauma, particularly emotional abuse, physical abuse and neglect, significantly predicted IPV perpetration.

Men's Employment. In the scoping review, three articles reviewed reported men's employment as a risk factor for women's experience of IPV (Ahmadi et al., 2016; Barnawi, 2017; Eldoseri & Sharps, 2020). Barnawi (2017)

found that Saudi Arabian men who were employed, or who were employed in the military, were more likely to abuse their wives.

However, contrasting results were reported in other studies. Another study conducted in Saudi Arabia by Eldoseri and Sharps (2020) reported that men who were unemployed were more likely to abuse their wives. This is further supported by Ahmadi et al. (2016) who found that Iranian men who were unemployed were more likely to inflict psychological, physical, sexual and injury abuse on their wives.

Men's Alcohol/Substance Use. 11 articles reviewed highlighted men's addictive behaviors as a risk factor for women's experience of IPV. It was found that men's alcohol or substance use increased the likelihood of men abusing their wives. Mukherjee and Joshi (2019) conducted a study among 500 women in Dehli, India who were asked to complete a questionnaire, and the results of this study found that women whose husbands who drank alcohol had an increased chance of experiencing "any form of violence". In Turkey, Yüksel-Kaptanoğlu and Adalı (2019) analysed data from two nation-wide surveys conducted in 2008 and 2014, which consisted of a sample of 20,257 women aged 15 to 59 women who have at least one pregnancy. Results of this analyses found that women whose husbands consumed alcohol or drugs, or gambled, had an increased chance of physical abuse during their pregnancy. 1600 women

from six different areas of Iran were surveyed using a cross-sectional design. Saffari et al. (2017) conducted a study in Iran, in which 1600 women from six different areas of Iran were surveyed using a cross-sectional design. Results showed that substance abuse by a woman's partner was a risk factor for women to be abused. Iyanda et al. (2021) analysed data from a national survey that included the 12 African nations, with a sample of women aged 15 to 49 years old. Results indicated that men's alcohol consumption was a risk factor for women to be abused. Rahme et al. (2020) found that in Lebanon, women whose partners' were addicted to alcohol and gambling, and who took substances, were more likely to experience both physical and non-physical abuse, whereas Aizpurua et al. (2017) found that in Spain, women whose partners were drinkers, were more likely to experience psychological abuse. Besides that in Nigeria, Dim and Elabor-Idemudia (2018) found that Nigerian women whose partners consumed alcohol were more likely to experience severe physical abuse, while Nwabunike and Tengkorang (2017) found that Nigerian women whose partners drank alcohol were more likely to experience physical, emotional and sexual abuse. Reese et al.'s (2017) study in Tanzania found that women whose partners drank had increased chances of experiencing IPV. In Iran, Ahmadi et al. (2016) found that men who were addicted to substance and alcohol were more likely to physically and psychologically abuse their partners, while Eldoseri and Sharps (2020) report that in Saudi Arabia, women whose husbands were substance abusers were more likely to experience IPV.

Polygamy. Studies conducted in Turkey and Saudi Arabia by Yüksel-Kaptanoğlu and Adalı (2019), Barnawi (2017) and Alquaiz et al. (2021) respectively, found that when men were involved in polygamy or had extra-marital affairs, they were more likely to abuse their wives, whereas Memiah et al. (2018) found that Kenyan women who had more than one sexual partner than their husbands were more likely to experience abuse from their husbands.

Sexual Satisfaction. In terms of sexual satisfaction, only one article was found to have pointed out this risk factor. Afkhamzadeh et al. (2019) found that in Iran, a couple's sexual dissatisfaction was a risk factor for the women to be abused. It must be noted that no explanation was given by the researchers of this study.

Men's Controlling Behavior. Six articles reviewed reported that men's controlling behavior was a risk factor for women's experience of IPV. Aizpurua et al., (2017) reported that husbands' controlling behavior was associated with a higher likelihood of the women experiencing psychological and physical abuse. Eldoseri and Sharps (2020) reported that in their study conducted in Saudi Arabia, controlling behavior from the abusive men came in the form of the control of women's wealth, thereby reducing the women's autonomy and exposing them to higher chances of IPV. Similar results have been reported in Africa. Iyanda et al. (2021) conducted a study in the 12 African Nations, and

found that male dominance was a risk factor for IPV, while Nwabunike and Tenkorang (2017) reported that Nigerian women who had controlling husbands were more likely to experience physical, sexual and emotional violence. Sunmola et al. (2019) also reported findings that women who had controlling husbands had a higher chance of experiencing physical violence. In India, Mukherjee and Joshi (2019) reported that women who had controlling husbands were more likely to experience any form of violence.

Husbands' Violence outside the Home. Four articles reviewed in the scoping review reported husbands' violence outside the home as a risk factor for IPV (Aizpurua et al., 2017; Eldoseri & Sharps, 2020; Rahme et al., 2020; Reichel, 2017). It was found that when men had tendencies to engage in violence outside the home, they were more likely to abuse their wives. Reichel (2017) found that among the European Union, women had an increased risk of being abused when their partners were violent outside the home, while Aizpurua et al. (2017) found that women whose partners had greater inclinations of violence towards other men were more likely to be psychologically abused. Besides that, Eldoseri and Sharps (2020) reported that in Saudi Arabia, women whose husbands had greater inclinations of violence towards other men were more likely to be abused. These findings were supported by Rahme et al. (2020), who found that Lebanese women whose husbands had a history of violence outside the home were more likely to experience physical and non-physical abuse.

***History of Prior Marriage*.** Three articles reviewed reported history of prior marriage as a risk factor for IPV (Rahme et al., 2020; Saffari et al., 2017; Um et al., 2018). Saffari et al. (2017) found that in Iran, a history of prior marriage for either party was a risk factor for the women to experience IPV, while Rahme et al. (2020) found that divorced Iranian women were more likely to experience IPV in their subsequent relationships. Um et al. (2018) conducted a study among North Korean women living in South Korea, which used a sample of 180 ever-married North Korean refugee women from the 2010 National Survey on Family Violence. It was found that women who were divorced, separated or bereaved were more likely to experience physical abuse.

Duration of Marriage. One article reviewed in the scoping review reported that a longer duration of marriage was a risk factor for IPV (Barnawi, 2017). Barnawi (2017) found that among Saudi Arabian couples, a longer duration of marriage was associated with higher risk of IPV, while Mukherjee & Joshi (2019) found that this had no effect on Indian women's experience of IPV.

2.1.2.3 Community Level. According to Heise (1998), factors in this level are related to the social structures and settings that an individual belongs

to. Two risk factors were discovered at this level, which are socioeconomic status (SES) and area of living.

SES. Seven articles reviewed reported low SES as a risk factor for IPV. Yuan & Hesketh (2019) found that among couples who had low SES, the women were more likely to experience physical, sexual and emotional violence, and hypothesized that men with lower SES are more likely to engage in violence as they are more likely to still have traditional notions of gender roles. This adherence to traditional gender roles seemingly give men "permission" to threaten and be aggressive to their wives, in order to intimidate them into complying with demands and carrying out what is considered to be their duties. Othman et al. (2021) found that among Malaysian women, those whose household incomes were lower were twice as likely to experience IPV, whereas Saffari et al. (2017) found that in Iran, women with a crowded family situation and lower SES were at higher risk of IPV. Similarly, in Europe, Reichel (2017) found that among couples with lower income and SES, women were more likely to experience IPV, while in South Korea, Um et al. (2018) found that North Korean women refugees living in South Korea who reported low income, were more likely to experience two or more forms of abuse. The study conducted by Daoud et al. (2020) found that Arabian women who had low household income were more likely to experience abuse, while Afkhamzadeh et al. (2019) found that in Iran, the family's low SES was a risk factor for women to experience emotional violence and "any form of violence". Barnawi's (2017) study yielded the finding that insufficient family income was a risk factor for women to

experience abuse, and noted that a low SES may lead to family stress, frustration and a sense of inadequacy by the men, thereby leading to a situation where men are easily triggered to be violent.

Area of Living. Five articles reported area of living as a risk factor for IPV. Some researchers have found that women living in urban areas are more vulnerable to IPV (Daoud et. al., 2020; Memiah et. al., 2018; Hernandez-Vasquez et. al., 2020; Sunmola et. al., 2019).

On the other hand, Canedo and Morse (2021) found that in Mexico, women who lived in rural areas were more likely to experience physical violence. Hernandez-Vasquez et al. (2020) noted that while women living in urban areas are more likely to experience IPV, women in rural areas may suffer more severe violence, due to the lack of accessibility to services such as police station in rural areas. It is unfortunate to note however, that these studies do not offer an explanation or hypothesis as to why women living in urban areas are more likely to experience IPV, as such, this could be an aspect for future research to focus on.

2.1.2.4 Society level. According to Heise (1998), factors in the society level are those related to the wider cultural values and beliefs that influence the other three layers. Three risk factors are found at this level, which are cultural beliefs, normalizing of abuse, and the lack of laws and policies relating to IPV.

Cultural Beliefs. One article reviewed in the scoping review reported traditional gender role beliefs as a risk factor for IPV. Um et al. (2018), whose study consisted of North Korean women living in South Korea, found that women who had more traditional gender role beliefs that IPV is an accepted and normal aspect of marital marriage, and believe that it is the men's role in the family to be in control and dominant while the wife's responsibility is to maintain harmony, were more likely to experience physical and emotional abuse.

Normalizing of Abuse. Five articles reviewed in the scoping review reported normalizing of abuse as a risk factor of IPV. It was found that women, and the general society, who believed that it was within men's rights to beat their wives, and were justified to do so, were more likely to be abused by their partners. Amir-ud-Din et al. (2018) analysed data from the Pakistan Demographic and Health Survey (PDHS) 2012-13, which consisted of a sample 3,265 ever married women aged between 15 and 49 years. It was found that Pakistani women who believed that husbands were justified in beating their

wives, were more likely to experience physical violence themselves. In Africa, Iyanda et al. (2021) noted that women's acceptance of men's violence towards women predicted their exposure to IPV, while Nwabunike and Tengkorang (2017) found that Nigerian women who believed the husband was justified in beating the wife, were more likely to experience physical, sexual and emotional abuse. This was also similar to Kenya and Tanzania, with both Memiah et.al (2018) and Reese et al. (2017) reporting that women who felt that men were justified in beating their wives were more likely to be abused. The researchers of these studies conducted in Pakistan, and the African nations respectively note these countries to be predominantly patriarchal societies, and wife beating is even an accepted practice in these communities, with Reese et al. (2017) hypothesizing that women may justify wife beating due to a view that violence is normative for these women.

Lack of Laws and Policies Relating to IPV. One article reviewed in the scoping review reported the lack of laws and policies regarding IPV as a risk factor for women's experience of IPV (Iyanda et al., 2021). Iyanda et al. (2021) found that out of the 12 African nations, only five have attained full legislation on IPV, while six countries provide no legal protection for women who have experienced IPV. As such, their findings note that women who lived in countries where there is an absence of laws against IPV were more likely to experience IPV. This study highlights the lack of research into the relationship between

laws on IPV and the incidence of IPV, as well as the lack of implementation and enforcement of laws on IPV, not just in African nations but worldwide.

2.1.3 Discussion

2.1.3.1 Individual Level. One of the most common risk factors for IPV at the individual level according to the scoping review, was women's history of family trauma, with 18 out of 33 articles reporting this finding. Not only is women's history of family trauma the most common risk factor at the individual level, it is also the most common risk factor out of the 21 risk factors found in the scoping review. This indicates the importance of childhood experiences, with Cervantes and Sherman (2019) explaining that women who experienced trauma as a child end up in an endless cycle of victimization, whereby these women married young as a way to escape the abusive home, but end up in an abusive relationship due to the normalization of violence.

2.1.3.2 Relationship Level. At the relationship level, men's addictive behaviour, which includes substance abuse and gambling, is another significant risk factor for IPV, with 11 out of 33 articles reporting on this finding. Men's engagement in these addictive behaviours led to an increased chance of women experiencing physical, sexual, emotional and psychological abuse (Aizpurua et

al., 2017; Dim & Elabor-Idemudia, 2018; Rahme et al., 2020). As such, it can be seen that women are exposed to IPV not just because of certain demographic factors relating to women, but to men as well.

2.1.3.3 Community Level. At the community level, SES was the most significant risk factor, with seven out of 33 articles reporting on SES as a risk factor for IPV. While Barnawi (2017) explained that a low SES could lead to family stress and frustration, thereby increasing the likelihood of women experiencing abuse, Yuan and Hesketh (2019) hypothesize that men with lower socioeconomic status are more likely to engage in violence as they are more likely to still have traditional notions of gender roles. This adherence to traditional gender roles seemingly "allows" the men to threaten and be aggressive to their wives.

2.1.3.4 Society Level. At the society level, normalizing of abuse is the most significant risk factor, with four out of 33 articles reporting on this finding. What is interesting to note that these four studies were conducted in Pakistan and the African nations, which is noted to be predominantly patriarchal, with wife beating seen as an accepted, even encouraged, practice in these communities, to the extent that the women themselves believe that it is justified

for their husbands to abuse their wives (Iyanda et al., 2021; Nwabunike &Tengkorang, 2017; Reese et al., 2017).

2.2 Coping Strategies Used by IPV Survivors

A scoping review was conducted to gather evidence in literature in the field of psychology from the Scopus database from 2016 to 2022. This review was guided by the six-stage methodological framework proposed by Arksey and O'Malley (2005), which includes (i) identifying the research question, (ii) identifying relevant studies, (iii) selecting eligible studies, (iv) charting of data, and (v) collating and summarizing the results.

2.2.1 Method

Identifying Relevant Studies. The search for articles was limited to several qualifying criteria. Only journal articles that were written in English and were published on the electronic database Scopus were selected for consideration. The Scopus database was selected as it has a larger dataset with a wider journal range (Falagas et al., 2007) and has a search option that allows users to better identify the material they require based on specific requirements (Burnham, 2006). The articles were then further filtered to those published

between the years 2017 to 2022, in the field of Psychology. After searching the keywords of “coping” and “intimate partner violence”, 297 articles emerged as a result.

Selection of Eligible Studies. The 297 articles were reviewed by the researchers to ensure the content of the articles was relevant to the aim and research question of this study, which was to investigate the coping strategies used by women IPV survivors. Further eligibility criteria were applied to ensure that the selected articles were able to provide the necessary information relevant to the study. The inclusion criteria of this study required that the sample must include adult and adolescent women who have experienced IPV (despite their marriage status) and the coping strategies they used. Studies that included male participants were included if there were also female participants. These studies were required to be published on Scopus after 2016 and were in the English language.

Exclusion criteria were also applied to articles that did not fit the inclusion criteria for the search. Articles that were not in the field of psychology, whose primary samples did not include women as victims of IPV, and studies that did not examine the coping strategies used by women IPV survivors were excluded, as these studies could not provide the information needed to answer the research question.

Among the 297 articles that emerged from the primary search, a total of 31 articles were finally selected by the two reviewers based on the inclusion and exclusion criteria. Another four articles were excluded because they were reviews of prior literature. In the end, 27 articles were included in the scoping review. The screening process is shown in Figure 2.3.

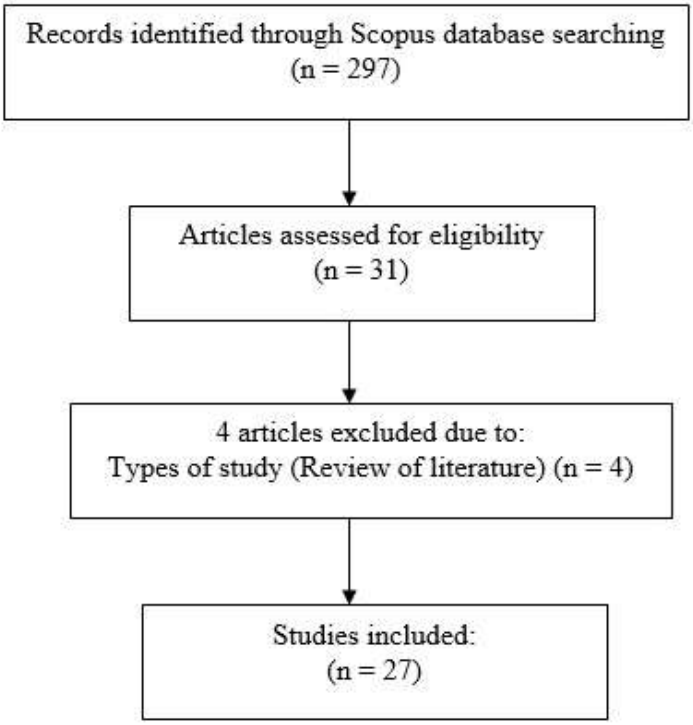

Figure 2.3 Screening Process for Articles on Coping Strategies used by IPV Survivors

2.2.2 Results

The results of the scoping review revealed a wide variety of coping strategies. A table was constructed to present a summary of the articles reviewed (see Table 2.2). All the coping strategies among the data collected from the scoping review were able to be analyzed and matched according to Skinner et al. (2003)'s 11 families of coping. Skinner et al. (2003) argued that there is little consensus regarding ways to conceptualise or measure coping strategies, and developed the 11 families of coping in response to this ambiguity and lack of consensus, which provide conceptually clear and mutually exclusive action types to classify coping. The 11 families of coping included accommodation, escape, helplessness, information seeking, negotiation, opposition, problem-solving, seeking support, self-reliance, social withdrawal and submission. The 11 families of coping were further classified according to three adaptive processes, which are coordinating actions in the environment, coordinating social resources and coordinating available options. A summary of the coping strategies categorized according to Skinner's 11 families of coping are presented in Figure 2.4 (see Figure 2.4

Table 2.2 Summary of Reviewed Articles on Coping Strategies Used by IPV Survivors

Reference	Background	Country	Sample	Measurement	Results
1. Yusof et al. (2022) A Qualitative Analysis of the Coping Strategies of Female Victimisation After Separation	This study investigated the coping strategies IPV survivors in Malaysia used after separating from their partner.	Malaysia	15 women aged 18 and above	Semi-structured interview	1. Filling in time: 12 women filled their time to distract them from the stress of their IPV experiences, engaging in community activities and getting a job. 2. Positive thinking: 8 women tried to face their stress and problems with optimism. They also found their children as a source of strength. 3. Seeking formal services: Two participants sought the help of formal organisations: counselling and social services from the Islamic Religious Department and Welfare Department. 4. Religion 5. Sharing Problems Through Non-Formal Systems: This referred to informal social support, including family and friends
2. Kelebek-Küçükarslan & Cankurtaran (2022) Experiences of Divorced Women Subject to Domestic Violence in Turkey	This study examined the experiences of divorced women who experienced IPV in Turkey.	Turkey	13 women aged 22 to 48	Semi-structured interview	• Seeking help Reached out for family support, support from neighbours and community, police and shelters as a last resort. Professional psychological helped participants in coping. • Divorce • Children Children were a motivation for the women to leave • Economic freedom (after leaving) Employment gave women. • Remarriage As divorce plays an important part in the status that women lose in society, this status gets restored by remarriage.

3. Baffour et al. (2022) Coping Strategies Adopted by Migrant Female Head-load Carriers Who Experienced IPV	This study examined the coping strategies among head-load carriers in Ghana, a profession which employs migrant women due to their low employable skills.	Ghana	20 women aged 14 to 23	Semi-structured interview	**Interpersonal coping approach** 1. Fighting back: This happened during the early days of the abuse, where the women sought to instill hurt in their partners, but this only increased the violence. 2. Apologising, self-explanation & negotiation: after realizing fighting back made things worse, they tried apologizing or discussing with their partners. **Intrapersonal coping**/Silence: They sought to reduce the violence and prolong the relationship. 1. Walking out of the house in silence: 2. Silence & crying as emotional management: Some participants used silence as a preventive measure and crying as an emotional outlet which helped them relieve their negative emotions. 3. Silence as culturally motivated: Most participants chose to remain silent about the abuse due to traditional views and stigma about abuse. **Socio personal coping** 1. Seeking external advice & support: Participants sought advice or support from a friend, family member or the police. 2. Keeping ties with family & friends: Participants' family and friends were a source of strength. **Prayers & hope**: God as their only hope. However, as their religion disproved of divorce, their only option was to stay in the marriage and hoped God would change their partners. **Leaving the relationship**
4. Mahaptro & Singh (2020).	This study examined the roles informal and	India	299 married women whose ages	In-depth interview	• Normalising, acceptance, denial, keeping the peace, blaming themselves

Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India	formal institutions of justice played in the coping strategies used by women who experienced IPV.		ranged from below 20 to above 40.		• Seeking external help, including family and friends and formal institutions. • They isolated themselves from social functions and family members, prayed and wished for miracles.
5. Schaefer et al. (2019). The Road to Resilience: Strength and Coping Among Pregnant Women Exposed to Intimate Partner Violence	This study examined the experiences of pregnant women who were exposed to IPV, as well as the coping strategies they used.	United States	56 women with a mean age of 27.63	Focus groups	• Maladaptive coping Rumination on self-guilt and self-blame Engaging in avoidance & denial (false hope & substance abuse) • Social support Women managed to engage in adaptive coping through social support, whether through personal relationships, the community or professional support. • Children as a source of strength • Understanding the cycle of IPV empowered the women to leave • Ending the relationship • Having safety plans • Social support through parent group. Professional assistance given helped women learn better coping.
6. Renner et al. (2022) An Evaluation of a Parent Group for Survivors of Intimate Partner Violence	This study examined the experiences of women who participated in a 12-week parent group, who have experienced IPV and had children in the US.	United States	15 women aged 27 to 48	Participants completed survey items that were developed for this study, and focused on their perception of support received in the parent group. They were also	

				interviewed as a follow-up.	
7. Oginska-Bulik & Michalska (2021) The Mediating Role of Cognitive Processing in the Relationship Between Negative and Positive Effects of Trauma Among Female Victims of Domestic Violence	This study aimed to establish the mediating role of multiple patterns of cognitive processing, reflected by the cognitive strategies used to cope with trauma, in the relationship between negative and positive posttraumatic changes in women following IPV.	Poland	63 women aged 19 to 71 years.	Cognitive Processing of Trauma Scale (CPOTS)	• Resolution/acceptance • Downward comparison • Regret: thinking persistently about what could have been done to avoid the events surrounding the trauma • Positive cognitive restructuring
8. Arboit & de Mello Padoin (2022) Driving Factors and Actions Taken by Women to Confront Violence: Qualitative Research Based on Art	This study aimed to analyze the critical path of women in coping with situations of violence in Brazil.	Brazil	11 women aged 18 to 59.	In-depth interview	• Taking action against abusers: reporting the aggressor, requesting restraining orders, • Social support: Seeking help from the Guardianship Council Seek help from family members • False hope & denial: Hoping the abuse would get better Getting back with the aggressor, hoping things would change • Leaving the relationship
9. Tonsing et al. (2020). Domestic Violence, Social Support, Coping and Depressive Symptomatology among South Asian	This study examined the relationships between IPV, coping strategies, perceived social support, and mental health outcomes among South Asian	Hong Kong	131 South Asian migrant women in Hong Kong aged 18 and above	Brief COPE scale	• Maladaptive coping: Self-distraction, behavior disengagement, self-blame, and denial) • Social support from family and friends

Women in Hong Kong	women in Hong Kong.				
10. Tonsing & Barn (2021) Help-seeking behaviors and practices among Fijian women who experience domestic violence: An exploration of the role of religiosity as a coping strategy	This study focuses on help-seeking behaviors and practices among Fijian women	Fiji	18 women aged 18 and above	Interview	• Role of religion. Confiding in their pastor and/or religious leader or friends in the church, in seeking help and/or a solution to their problem. Praying to God, reading the Bible and personal quiet time with God. • Confiding in family & friends. • Formal sources of support: police and social service agencies
11. Roberto & McCann (2021) Violence and Abuse in Rural Older Women's Lives: A Life Course Perspective	This study examined the experiences of older women who experienced IPV in the US.	United States	10 rural older women aged 54 to 70 who had experienced IPV within 5 years of the study	Interview	• Denial: One woman described being in denial that her partner was abusive. • Fighting back: Fought back by physically aggressive themselves, talking back, and yelling. • Avoidance behaviours; avoiding conflicts with her husband, locking herself in the room • Leaving the relationship: Only four women were completely separated from their partners • Social support: Women's shelter was a supportive place in terms of resources.
12. Chatzifotiou & Andreadou (2021) Domestic Violence during the Time of the COVID-19 Pandemic: Experiences and Coping Behavior of Women from Northern Greece	This study investigated the experiences and coping behaviors of abused women from northern Greece during the COVID-19	Greece	15 abused women from Northern Greece aged 30 to 50	Interview	• Social support from formal social and counselling services • Survivors increased their consciousness by being aware of and learning more about their situation • Established safety plans • Counselling

13. Akca & Genko (2022) The Experience of Disgust in Women Exposed to Domestic Violence in Turkey	This study investigates how women experience disgust during and after IPV, as a prolonged and repeated traumatic experience, and how they try to cope	Turkey	6 women aged 18 to 55	Semi-structured interview	• Avoidance from perpetrator. They tried to avoid them by physical separation, such as by separating their beds. • Re-identification of the perpetrator with substitutive identity. They attributed a new role, or identity, to the perpetrator in order to redefine their connectedness. • Alienation from self. Women engaged in detachment of identity • Re-identification of self with new relationships. The women got in new relationships that they could identify themselves with new roles, repairing their distorted self-image.
14. Asadi-Bidmeshki, Mohtashami, Hosseini, Saberi & Nolan (2021) Experience and coping strategies of women victims of domestic violence and their professional caregivers: A qualitative study	This study examines the strategies which had been used by women who had been victims of IPV in Tehran, Iran	Iran	12 women survivors (mean age of 35.6) and 14 women medical professionals (mean age 39.7) who had worked with survivors	Semi-structured interview	• Pragmatic actions Asking for help, financial independence, protective behaviors, spouse conviction, legal prosecution process, and securing the environment • Social support: Some participants sought help from professionals and organisations, including medical services and counselling. Support from family/friends • Denial of the abuse/trying to remain hopeful: Some women stayed in the relationship because they remained hopeful things would change, had misplaced trust in the abuser.
15. Sabri, Wahyudi & Mujib (2020). Resistance Strategies of Madurese Moslem Women Against Domestic Violence in Rural Society	This study examined the resistance strategies used by Madurese women in Indonesia.	Indonesia	4 Madurese women who were victims of IPV	Semi-structured interview	1. Internal resistance strategies: Prayers and religion for inner peace 2. External resistance strategies • Support and help from friends and families, as well as the police. Some sought the help of shamans and religion. • Divorce
16. Chinnu & Suja (2020) Through the Life of their Spouses- Coping	This study examines the coping strategies used by wives of alcoholics in India in order to cope	India	Indian women above the age of 20, whose husbands	Ways of Coping Scale	• Avoidance • Competition • Taking special actions • Seeking support • Adjusting their expectations • Denial

Strategies of Wives of Male Alcoholics	with the violence they face from their husbands due to their drinking habits.		were alcoholics. The number of participants was not specified.		• Self-blame
17. Oyewuwo-Gassikia (2020). Black Muslim Women's Use of Spirituality and Religion as Domestic Violence Coping Strategies	This study examined the use of religion and spirituality of the black American Muslim community in coping with IPV.	United States	6 black Muslim women	All participants completed an initial interview, with another 5 completing a follow-up interview	• Seeking help from religious leaders. The women sought out the help of the local imam (religious leader) for advice, refuge and intervention. However, the imams still advised the women to stay in the relationship. • Spiritual coping strategies: Prayer for guidance and support. Religion as a deterrent from abuse Spiritual cleansing. • Connecting to a larger purpose. Participants tried to help other women going through the same experiences, and this gave them the power that the abuse has taken from them.
18. Oyewuwo-Gassikia (2019) Black Muslim Women's Domestic Violence Help-Seeking Strategies: Types, Motivations, and Outcomes	This study examined how black Muslim women in the US sought help for IPV.	United States	6 black Muslim women	Interview	• Family and friends. • Religion and spirituality. • Services: Hotlines, shelters and counselling. • Legal system. Women called (or threatened to call) the police, obtained orders of protection, and contacted lawyers.
19. Irving & Liu (2020). Beaten Into Submissiveness? An	The aim of the study was to identify the prevalence and perceived helpfulness of a	Londo n, United Kingd om	40 women in outer London aged 18 and above	Intimate Partner Violence Strategies Index (IPVSI)	• Placating Tried to keep things quiet for abusers Did whatever they wanted to stop the abuse

Investigation Into the Protective Strategies Used by Survivors of Domestic Abuse	variety of protective strategies that were used by female survivors of domestic abuse in the UK and to explore factors that may have influenced strategy usage.				Tried not to cry during the abuse Tried to avoid them Tried to avoid an argument • Resistance Fought back physically. Chose to sleep separately from them Refused to do what they said Ended or tried to end the relationship Fought back with words rather than physically Left home to get away from them • Informal support Support and help from family and friends • Legal Help from police or legal aid • Safety planning Keeping car/house keys close by Keeping money/valuables close by Keeping important phone numbers for help Keeping extra supply of basic necessities Keeping important papers hidden • Formal support Help from shelter, helpline or religious figure
20. Krisvianti & Triastuti (2020) Facebook group types and posts: Indonesian women free themselves from domestic violence	This study examined how emerging virtual communities on Facebook provided support for Indonesian women	Indonesia	Members in 3 Facebook communities for women who had experienced IPV	Virtual ethnography: Members' posts IPV were examined Interviews: Researchers interviewed	Posting about their stories in groups on Facebook provided emotional support and information on what to do.

	who experienced IPV.			group moderators and members	
21. Bhandari (2019) Coping strategies in the face of domestic violence in India	This study examined the coping strategies of abused women in India.	India	21 low-income women aged 18 and above	Interview	• Back and forth between marital and natal home. • Joint meeting. Negotiations between both families to solve the abuse • Religion/spirituality. Belief in God, praying and chanting God's name, or being involved in rituals. • Hope, staying quiet, keeping busy. Hoping that the abusive husband will change, staying quiet or crying • Distraction Cooking, watching entertainment sitcoms on the television, doing household work
22. Puente-Martinez et al. (2019) "Mouth Wide Shut": Strategies of Female Sex Workers for Coping With Intimate Partner Violence	The aim of this study was to explore the relationship between possible violence suffered by female sex workers in their intimate relationships, with their affects, coping strategies, and emotional regulation to overcome such violence and improve their well-being.	Spain	137 Spanish female sex workers who experience IPV	Interview Measure of Affect Regulation Styles (MARS)	• Venting • Self-reward • Self-control • Confrontation Direct or indirect verbal confrontation is not functional • Controlled expression of emotion

23. Muftic et al. (2019) The use of help seeking and coping strategies among Bosnian women in domestic violence shelters	This study examined the coping strategies used by Bosnian women who experienced IPV currently in domestic violence shelters.	Bosnia and Herzegovina	107 women with a mean age of 39 years old	Researchers devised 19 yes/no questions about the women's use of different strategies in response to the violence they experienced.	• Communication strategies Talking to partners about the violence. Talked with family members to end the violence. Creating a code to let others know if in danger. Tried to end relationship. • Avoidance strategies Leaving their homes Avoiding the abuser at certain times Avoided seeing or talking with friends or family. • Protection and resistance Tried not to resist to keep the violence from escalating. Did whatever the partner want to stop the abuse. Most times this made the situation worse. • Safety-planning Keeping a list of important numbers. Keeping money and valuables safe. Having an escape plan.
24. Flasch et al. (2017) Overcoming Abuse: A Phenomenological Investigation of the Journey to Recovery From Past Intimate Partner Violence	This study investigated the lived experiences of survivors of who had overcome abusive relationships and created violence-free and meaningful lives.	US, Australia, Canada, England, Spain and Cameroon	123 participants (117 women, 3 men and 3 unspecified) who experienced IPV above the age of 21.	Researchers developed a survey for this study with questions that asked about participants' experience of the abuse.	• Build support networks • Counselling and support groups • Recreating and regaining one's identity post-abuse • Using experiences to help others • Embracing freedom by embarking on a new career or making their own decisions. • Learning about dynamics of abusive relationships and using that knowledge to examine past experiences of abuse. • Acceptance of past experiences, forgiveness of self and abuser. • Substance abuse

25. McCarthy et al. (2017) ‘I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities	This study examined the experiences of women with learning disabilities in the UK who were victims of IPV.	United Kingdom	15 women over the age of 18, with learning disabilities who have experienced IPV	Interview	• verbally resisting/standing up to perpetrators • hitting back • rejecting apologies • using contraception secretly • reporting animal abuse to the authorities • Help-seeking from authorities/social services • Leaving the relationship:
26. Jones & Vetere (2017) 'You just deal with it. You have to when you've got a child': A narrative analysis of mothers' accounts of how they coped, both during an abusive relationship and after leaving	This study examines the experiences of IPV survivors who were mothers in the UK.	United Kingdom	Eight women from two IPV shelters in the UK, aged 25 to 55 years	Interview	**During the relationship** Social support: Seeking support from family and friends or seeking voluntary and statutory services. Active strategies. Calling the police or leaving their ex-partner Pleasing the partner or being hyper-vigilant of their own behavior to avoid being abused. Running away from difficult situations or hiding from their ex-partner Substance abuse or unhealthy eating. **After leaving the relationship** Keeping busy through education or employment

27. Lloyd et al. (2017) Women's experiences of domestic violence and mental health: Findings from a European empowerment project.	This article reports on an action-research project adopting a strengths-based approach to recovery funded by the European Commission.	Five European nations: United Kingdom, Greece, Italy, Slovenia and Poland	136 women aged 25 to 62	Data was collected from the training programmes through focus groups	• Contact with children, family, friends and welfare services contributed to their wellness. • Going out socially, travelling, focusing on job, helping others, television, reading, painting, sleeping, music, relaxing, eating, shopping, • Alcohol, smoking, and antidepressants. • Physical activities such as dancing, horse riding, cycling, walking and being with nature were cited too. • Cleaning the house • Being alone and silence

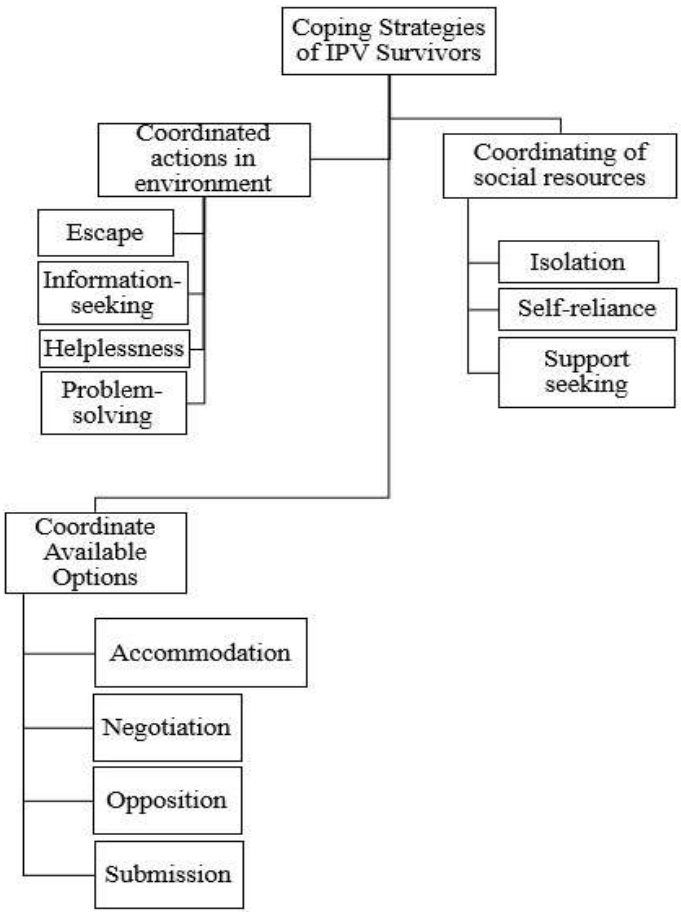

Figure 2.4 Coping Strategies Reported in Scoping Review According to Skinner's 11 Families of Coping

2.2.2.1 Coordinating Actions in the Environment. Four families of coping are classified under this adaptive process, which are escape, information-seeking, helplessness and problem-solving.

2.2.2.1.1 Escape. According to the results of the scoping review, 15 out of the 27 articles reviewed reported escape strategies as common coping

strategies used by survivors. Some coping strategies under this family of coping include denial, avoidance strategies and unhealthy coping.

Avoidance Strategies. Baffour et al. (2022) reported that the women left the home, which was an effective coping method as it allowed the women to avoid the abuse. According to Muftic et al. (2019), the women in their study employed avoidance strategies by avoiding the abusers at certain times, or staying with families and friends. Mahaptro and Singh (2020) reported how the women in their study employed avoidance strategies to avoid their husbands, especially when they came home drunk. For example, they locked themselves in their rooms and avoided appearing in front of their husbands. Jones and Vertere (2017) also noted how participants in their study employed avoidance coping methods to cope with the abuse. Besides that, Akca and Genko (2022) also reported on how the women felt aversion towards the abusive partner, and had a strong urge to be distant from them. The women tried to cope with this aversion and disgust by avoiding the partners through physical separation, such as by separating their beds. Another similar strategy was travelling back and forth between the marital and natal home, in order to avoid the abusers (Bhandari, 2019). The women engaged in this method when the abuse started to affect the children, and the abuse progressed beyond the tolerance level of the women. Besides that, some of the women in Bhandari's study also used silence as a form of avoidance, whereby they stayed quiet to avoid conversation with their husbands.

Denial. In the study conducted by Schaefer et al. (2019), many participants engaged in avoidance strategies and denial. They denied the situation they were in, and blocked feelings related to the abuse. Roberto and McCann (2021) interviewed ten women in the United States on their coping strategies, and reported how one survivor engaged in denial, whereby she denied that her abusive partner was abusive towards her.

False Hope. It was found that survivors engaged in false hope, whereby they hoped that things would get better or that their partners would stop abusing them (Arboit & de Mello Padoin, 2022; Bhandari, 2019; Schaefer et al., 2019).

Harmful Coping. According to Schaefer et al. (2019), the women in their study engaged in substance abuse, which they described was a form of avoidance, as they felt that it was easier to cope with the abuse with drugs and alcohol rather than engage in proactive coping methods. Other researchers have also reported the use of substance by the women as a coping method for the abuse. Flasch et al. (2017) reported how participants in their study turned to substance abuse in the initial stages of coping, while Jones and Vetere (2017) revealed how some women reported to alcohol or drugs, or even over-eating in

order to distract themselves from the painful feelings of the abuse, both during and after the abusive relationship. Lloyd et al. (2017) also noted how a small number of participants in their studies turned to alcohol, smoking and anti-depressants after they left the abusive relationship.

2.2.2.1.2 Information Seeking. Information seeking is described as an individual's attempts to educate themselves about a stressful situation, which includes its course, causes, consequences, as well as strategies for intervention and remediation. Two out of the 27 articles reviewed reported that survivors engaged in information seeking (Flasch et al., 2017; Schaefer et al., 2019). Coping strategies under this family of coping include seeking knowledge.

Seeking Knowledge and Awareness. According to Flasch et al. (2017), IPV survivors in their studies educated themselves on the abuse they experienced, by seeking knowledge on the dynamics of power and control in abusive relationships. This allowed them to heal by understanding and accepting the trauma that happened to them, and moving on from their negative experiences. Besides that, Schaefer et al., (2019) reported how IPV survivors learned about the cycle of IPV they were caught in, and this empowered them to leave the abusive relationship they were in.

2.2.2.1.3 Helplessness. Helplessness refers to the relinquishment of control, which includes being passive, confused, experiencing cognitive interference or exhaustion, dejection and pessimism. Three out of the 27 articles reviewed resorted to helplessness as a coping strategy (Akca & Genko, 2022; Baffour et al., 2022; Tonsing et al., 2020). Strategies under this family of coping include disengagement and silence.

Disengagement. According to Akca and Genko (2022), IPV survivors detached from themselves as a result of the disgust they felt at themselves. They mentioned that they felt like they were acting out of identity when they could not resist abuse from the perpetrator. They became estranged to themselves during and after the violence. Similarly, Tonsing et al. (2020) reported how survivors in their study engaged in behaviour disengagement, however researchers did not provide further explanations on specific ways the survivors engaged in behaviour disengagement.

Silence. According to Baffour et al. (2022), the survivors in their study engaged in silence to prolong the relationship, as Ghanaian culture viewed abuse as a disgrace to the woman, as it reflected on how the women were unable to perform her marital duties well. As such, the women chose to keep silent

about the abuse they experienced, and remained passive to prolong the relationship.

2.2.2.1.4 Problem Solving. Problem-solving included lower-order approaches and problem-focused categories of instrumental action, strategizing and problem-solving, as well as strategies logical analysis, effort, persistence and determination. 12 out of the 27 articles reviewed reported that IPV survivors resorted to a variety of problem solving strategies to cope with the abuse. Coping strategies under this family of coping include gaining independence, hyper-vigilance, leaving the relationship, making plans and talking to the partner.

Gaining Independence. Kelebek-Küçükarslan and Cankurtaran (2022) reported how the participants in their study focused on taking back control of their lives, whether by economic freedom, their children or their relationships. The women became self-empowered by being employed, the women gained economic freedom, which gave them the power to overcome the abuse they experienced. The women also took custody of their children, as they reported feeling lost without them. Survivors also sought independence in order to leave the relationship, with Asadi-Bidmeshki et al. (2021) reported how participants in their study asking for help and seeking financial independence to escape the relationship.

Hyper-vigilance. Jones and Vetere (2017) reported how participants in their study actively changed their behavior to cope with the abuse. They became hyper-vigilant of their own behavior to avoid being abused.

Leaving the Relationship. The ultimate problem solving strategy was actually leaving the abusive relationship. Kelebek-Küçükarslan and Cankurtaran (2022) conducted a study among 13 Turkish women, and found that all the women chose to divorce their abusive husbands, and even after divorce, still faced threats of abuse from their ex-husbands. McCarthy et al. (2017) reported that all the participants in their study eventually divorced their abusive partners, after making several attempts to leave the relationship before resorting to divorce. Baffour (2022) also reported that five out of the 20 participants in the study chose to divorce their partners, however as can be seen this was only a small portion of women who chose to divorce, and even then it was seen as a last resort. Similarly, Sabri et al. (2020) reported one participant out of the four decided to seek divorce. Flasch et al. (2017) described how leaving the abusive relationship was the first step to recovery for the participants in their study, and divorce allowed the women to regain their freedom to make choices for their own lives. The women in this study all recognized when the abuse started getting dangerous and that it was time for them to leave the relationship. In Jones and Vetere's (2017) study, divorce was also a coping

method women eventually resorted to. One common factor among the women who decided to leave the abusive relationship was that they still faced challenges after leaving, however the freedom and power they regained after leaving the abusive partner allowed them to heal and eventually regain their lives and identity that was lost during the abuse.

Making Plans. IPV survivors often made plans in the event they needed to escape. In Chatzifotiou and Andreadou's (2021) study, where they interviewed 15 abused women in Greece, the women detailed how they established safety plans, which allowed women to feel safe with the knowledge of having a plan in place. Similar coping strategies were reported in a study conducted by Muftic et al. (2019), whose sample included 107 women from Bosnia and Herzegovina. The women also took precautions to ensure their safety, which included keeping a list of important contact numbers, having a safe stash of money and valuables, and having an escape plan. Similarly, Irving and Liu (2020) reported how survivors in their study did safety planning by keeping car/house keys close by, keeping money/valuables close by, keeping important phone numbers for help, keeping extra supply of basic necessities for themselves/children and keeping important papers hidden.

Trying to Stop the Abuse. Jones & Vetere (2017) reported how some survivors tried to talk to their abusive partners about their abusive behaviour, in order to try to stop the abuse. This resulted in a temporary pause in the abuse.

2.2.2.2 Coordinating Social Resources. Three families of coping are classified under this adaptive process, which are isolation, self-reliance and support seeking.

2.2.2.2.1 Isolation. Isolation is described as actions that are aimed at staying away from other people or preventing other people from knowing about a stressful situation or its effects. This includes social isolation, avoiding others, concealment, stoicism and emotional withdrawal. Three out of the 27 articles reviewed reported that IPV survivors engaged in isolation to cope with the abuse (Flasch et al., 2017; Oyewuwo, 2020; Tonsing & Barn, 2021).

Social Isolation. Oftentimes, survivors avoided telling the people around them about the abuse they experienced, whether out of shame or not wanting them to worry. For example, IPV survivors avoided telling their family and friends about the abuse (Flasch et al., 2017; Tonsing & Barn, 2021). According to Oyewuwo (2020), some IPV survivors avoided going to religious

leaders for help and intervention, as according to cultural belief, exposing their husbands' abuse would affect their images, and the community was not accepting of this.

2.2.2.2.2 Self-reliance. Self-reliance is described as efforts to protect available social resources and includes coping strategies such as emotional and behavioral regulation, and emotional expression (Skinner et al., 2003). Four out of the 27 articles reviewed reported that IPV survivors engaged in self-reliance strategies (Baffour et al., 2022; Bhandari, 2019; Irving & Liu, 2020; Puente-Martinez et al., 2019).

Emotional Regulation. Baffour et al. (2022) noted how participants in their study resorted to silence as a coping mechanism after fighting back and self-blame strategies did not help. By engaging in silence, they tried to reduce the violence and prolong the relationship, and used silence and crying as a method for emotional management. The results of this study revealed how the women employed silence and crying as an emotional management. Besides that, Bhandari (2019) reported how some participants recall how staying quiet gave them a peace of mind. While silence can be a form of avoidance, whereby the women engage in silence to avoid being abused, in the above instances, the women used silence as forms of emotional management instead. On the other hand, Irving and Liu (2020) reported how IPV survivors tried not to cry when

they experienced abuse. Puente-Martinez et al. (2019) also reported how the survivors in their study engaged in controlled expression in order to avoid being abused.

Emotional Expression. According to Baffour et al. (2022), IPV survivors in their study also used crying as an emotional outlet in helping them relieve their negative emotions. In Bhandari's (2019) study, silence and crying was also used as a form of emotional coping. The women in Bhandari's study reported how they often cried as a form of coping with the abuse and their negative emotions.

2.2.2.2.3 Support Seeking. Seeking support is one of the most common families of coping, and refers to a wide array of strategies for seeking support from different targets, such as parents, spouses, peers and professionals, as well as having a variety of goals when approaching these people, whether for instrumental help, advice, comfort or contact. 24 out of the 27 articles reviewed reported support seeking as a coping strategy used by IPV survivors.

Family and Friends. Yusof et al. (2022) interviewed 15 Malaysian women about their IPV experiences found that the informal social support

provided by their family or close friends, some of which who were IPV survivors as well, were of great help to participants. Besides that, when the women received positive feedback and advice from their loved ones, they were able to feel more confident, especially after they had separated from their abusive partners. Similar findings were reported from Baffour et al. (2022), whose study interviewed 20 women in Ghana, and found that nine out of the 20 participants reported seeking advice and support from a friend, family member or even the police. It was also found that some participants found their family and friends as a source of strength. Schaefer et al. (2019) reported how the women emphasized that having support from their family and friends was important in their healing post-abuse, as it helped to affirm their strengths and escape the negative mindset that survivors can be trapped in after escaping the abuse. Their children were also important sources of strength for them Mahaptro and Singh (2020) interviewed 299 married women in India, and found that informal social support was also important to participants, especially support from their parental family. With this support from their parental family, the women were able to engage in active coping, however researchers did not specify which methods of active coping were engaged in. In a study conducted in Indonesia, Sabri et al. (2020) interviewed four Madurese Muslim women, some of the women resorted to getting help from their families and friends in order to stop the abuse. Similarly, Chinnu and Suja's (2020) study that was conducted among Indian women revealed that one of the coping methods used by the women were seeking support, however the researchers did not specify who the women sought support from. According to Oyewuwo-Gassika and Basirat (2019), whose study sample consisted of six Black Muslim women in

the United States, participants sought the support from family and friends to deal with the abuse, because if they reported the abuse to the police, their husbands' image would be affected. As such, they relied on informal social support to help them deal with the abuse. One participant also sought help from family and friends when the physical abuse intensified. Jones and Vertere (2017) interviewed eight women in the United Kingdom, and found that women sought support from family and friends in order to cope with the abuse. However, the women noted that during the abusive relationship, even though the women had reached out for support from others, they believed that no one could truly help them with the abuse, and they alone were responsible for stopping the abuse.

Other Survivors. Besides support from friends and family, support from other IPV survivors was also important for women. This can be seen in Krisvianti and Triastuti's (2020) study, which observed and interviewed members of 3 Facebook communities specifically for women who experienced IPV. The participants reported how sharing their stories of abuse in these groups was a safe space for them, where they could receive emotional support from other people who had experienced the same things. Besides that, the groups were also a place of resourceful information and support for the women to report the abuse to the authorities. Similar findings were also reported by Schaefer et al. (2019), who conducted focus groups with 56 women in the United States who experienced abuse during or immediately prior to their pregnancy.

According to Lloyd et al. (2017), in their study that took place across the United Kingdom, Greece, Italy, Slovenia and Poland, 136 women who had escaped the abuse were recruited into focus groups to talk about their experiences. It was found that the women believed that keeping contact with their children, family and close friends was crucial for their well-being. Renner et al. (2022) reported that the women in their study who were involved in parent groups found an increased coping ability due to their involvement in the group. They report having a sense of release when sharing or listening to experiences of abuse, which gives them the confidence and hope in knowing how to seek support and communicate with their children. This is further facilitated by the professional assistance given in the parent group, which allowed the women to better understand and process their experiences. Flasch et al. (2017) also reported how participants placed emphasis on the help support groups were to them, with some participants explaining that support groups were crucial to their recovery especially in the initial aftermath of leaving their partners.

Mental and Medical Institutions. Irving and Liu (2020) conducted a study among 40 women in London. In this study, formal support referred to refuge centres, medical professionals and health counselors, as well as domestic violence shelters or programmes. It was found that employed women were more likely to resort to formal institutions to deal with the situation, as they had access to more resources compared to unemployed women. They also had financial independence to escape the abuse, by gaining a protection order from the

authorities against the abusive partner. Similar findings were reported by Asadi-Bidmeshki et al. (2021), who conducted a study among 12 women survivors in Iran. Some of the participants sought help from professionals and formal organization, which includes screening for abuse. This led to medical professionals being able to identify abused women, provide appropriate care and guidance to them, as well as help them make effective decisions. The women also sought medical help for themselves and even their abusive spouse if they experience psychological problems, and reported having professional help from supportive umbrellas was beneficial and helpful in providing guidance and care to them. In India, Mahaptro and Singh (2020) highlighted the importance of supportive organisations to survivors, such as the Mahila Suraksha Evam Salah Kendra (MSSK), which was a family counseling center. The MSSK was helpful to participants in this study in a number of ways, the first being educating the women on adaptive and useful coping methods in order to regain control of the situation, especially when the women's husbands came home drunk. The women were also able to speak about their experiences in a safe and supportive environment, which allowed them to build a support system that understood their psychological and emotional trauma.

Authoritative Bodies. At times, participants also resorted to seeking out formal institutions such as governmental organsiations or departments, and the authorities. Yusof et al. (2022) reported that among the 15 participants in their study, two participants sought counseling services from the Islamic Religious

Department in Malaysia, while the other sought out the Welfare Department in order to obtain social services to protect her and her children's rights. Arboit and de Mello Padoin (2022) interviewed 11 women in Brazil, and reported how they sought help from the Guardianship Council with regards to problems related to their children.

Legal Services. Legal services was also another way of coping with the abuse. This however, does not seem to be as widely used compared to the other formal means of support, which was pointed out by Irving and Liu (2020). The participants in their study reported that legal services were not used as much, although they believed they were useful. This could be due to the fact that some aspects of IPV could not be solved by legal means and can even make things worse. According to Asadi-Bidmeshki et al. (2021), some participants reported resorting to legal prosecution in order to stop the abuse, with one of the participants filing a complaint at the Department of Forensic Medicine in Iran to threaten her husband to stop beating her. On the other hand, the legal system also proved to be a double-edged sword to some participants, with one participant reporting how she was met by many legal barriers to reporting her husband for abuse to the authorities. Similar mixed findings were reported by Oyewuwo-Gassikia & Basirat (2019). Five participants resorted to seeking help through the legal system with the abuse, whether it was calling the police, obtaining orders of protection and contacting lawyers to settle legal issues stemming from the abuse. The women also observed that legal threats, such as

calling the police and orders of protection, were effective in helping them cope with the abuse in the immediate period, this was not a long term solution. Besides that, Arboit and de Mello Padoin (2022) also reported that participants in their study reported their partners' abuse to the police, as well as obtained restraining orders against them.

Religion. According to Baffour et al. (2022), 15 out of 20 Ghanian women in their study felt that their only hope was God, after trying out many coping methods without success. Similarly, Tonsing and Barn (2021) reported how Fijian women deeply valued their faith in God as a coping mechanism for the abuse. The women confided in their pastor or religious leader, or friends in church, in order to seek help to the abuse they faced. The women described having a strong personal relationship to God, whereby their faith in God was maintained by communicating to God through prayers, reading the Bible and personal quiet time with God. In Indonesia, Sabri et al. (2020) noted that the Madurese women in their study, who practiced Islam, turned to prayers and religion to give them inner peace in order to cope with the abuse. Besides that, some turned to shamans as a way to stop the abuse or even resolve household troubles. Oyewuwo (2020) and Oyewuwo et al. (2019) reported how the Black Muslim women in their study coped with the abuse by seeking help from religious leaders, as well as using spiritual coping strategies. The women sought the help of the local imam (Muslim religious leader) to ask for advice, refuge and help. Some imams even intervened at the home in order to ask the husbands

not to abuse their wives. Besides that, the women also turned to prayer to seek guidance and support, in order to fix their marital issues. Some also prayed to seek guidance on whether to leave the relationship. The women also used wisdom from the Qur'an to seek perseverance and strategies to escape the abuse. Some of the women believed that the Qur'an gave them wisdom and saved their lives from their husbands; one woman described how she escaped being strangled to death by her husband when she invoked her God's name, which stopped her husband from further abusing her at the moment. Besides these two strategies, one participant in particular reported how she resorted to spiritual cleansing when she found that her husband sought to harm her by using voodoo. She would take special baths to protect herself and her children from the voodoo curses.

2.2.2.3 Coordinating Available Options. Four families of coping are classified under this adaptive process, which are accommodation, negotiation, submission and opposition.

2.2.2.3.1 Accommodation. Accommodation refers to the adjusting of personal preferences according to situational constraints and includes coping strategies such as distraction, cognitive restructuring, minimization and

acceptance. Nine out of the 27 articles reviewed reported accommodation as a coping strategy.

Cognitive Strategies. IPV survivors resorted to a variety of cognitive strategies, which included optimism, cognitive restructuring, rebuilding their own identities and many more. Yusof et al. (2022) reported that eight women in their study tried to face the stress and problems that resulted from the abuse with optimism and ignoring their husbands' disruptions, choosing to get on with their lives. Oginska-Bulik and Michalska (2021) conducted a survey among 63 women in Poland, and it was found that women engaged in several cognitive trauma coping strategies, which are resolution/acceptance, positive cognitive restructuring, downward comparison and regret. Besides that, IPV survivors also tried to make peace with the abuse they experienced. Jones and Vetere (2017) reported how participants in their study tried to reconcile with the abuse that took place, and that they had done their best to cope given the circumstances.

Re-identification of relationships and identity was another theme among women's coping methods. Akca and Genko (2022) interviewed six women in Turkey on their experience of IPV. The women reported feeling disgust at their previous relationship with the abuser, even though they are separated from the abusers. As such, the women tried to cope with these negative feelings by

reappraising their connection with the abuser, by attributing a new role or identity to the abuser. This allowed them to redefine the connection they once had with the abuser, which help them distance themselves further from the abuser. Besides the disgust they had for the abuser, the women also experienced disgust towards themselves as a result of their damaged self-image during the abuse. In order to repair this distorted image and distance themselves with the person they once was in trauma, they got involved in new relationships so that they could identify themselves with new roles. Similar strategies were employed by participants in Flasch et al.'s (2017) study, whereby the women tried to regain and recreate their identity that was damaged during the abuse. They describe how their abusers disempowered them to the point where they lost their self-esteem and sense of individuality. As such, the women worked to pick up the pieces of their identity by building up their self-worth and self-esteem, and in some cases their new identity differed from that of their identity prior to the abuse. Besides that, the women educated themselves on the abuse that had happened to them, which included an acceptance and acknowledgement of their experiences. They reported how the knowledge of control and power in abusive relationships empowered them to make sense of their past, and then move on from the negative experiences. Another similar strategy was remarriage, whereby Kelebek-Küçükarslan and Cankurtaran (2022) reported how women in their studies engaged in remarriage after ending the abusive relationship. Remarriage allowed them to regain the status in society that they lost through divorce.

According to Flasch et al. (2017), many women also chose to use their experiences to help other people who are also going through IPV. Some became domestic violence advocates, and described how helping others through the difficult process was healing to them as well. Similar strategies were reported by Oyewuwo (2020), who conducted interviews with six Black Muslim women in the United States, and the results found that participants coped with their abuse by connecting to a larger purpose. They tried to find meaning and purpose in their lives, by taking their experience of abuse and helping other women going through the same experiences, and this step allowed them to regain the power that the abuse took away from them.

Distraction. For women who employ distraction coping methods, they often distracted themselves by engaging in other mundane activities. For example, Yusof et al. (2022) reported how the women in their study tried to fill their time with activities involving the community, or even getting a job, in order to distract them from the stress of their abuse. They reported how engaging in community activities gave them the confidence that they could survive without their husbands. Similarly, Bhandari (2019) also noted how the participants in their study also engaged in activities such as cooking, watching the television, listening to music or doing housework in order to take their minds of the abuse. Similarly, Lloyd et al. (2017) reported how the women in their study chose to engage in a variety of physical activities and hobbies, while some chose to be alone, while Jones and Vetere (2017) reported how participants in

their study kept busy through education or employment after leaving the relationship.

2.2.2.3.2 Negotiation. Negotiation is defined as active attempts to reach a compromise between the individual's priorities and the limitations of the situation and includes coping strategies such as priority setting, proposing compromises, persuasion, reducing demands, trade-offs and deal-making. Six out of the 27 articles reported negotiation as a coping strategy.

According to Irving and Liu (2020), placating strategies were often employed by the women in order to avoid being abused, and were often used in conjunction with other coping methods, which become a part of the arsenal of possible strategies the women employ, with regards to their knowledge and experience of how their actions may increase or decrease the danger they are in. Some of these strategies included keeping quiet and doing whatever the abuser wanted to satisfy them. Besides that, the women interviewed by Baffour et al. (2022) revealed that after they realized the abuse would not stop after trying to fight back against their abusers, they engaged in self-explanation and negotiation, by admitting to their partners that they were wrong (even though they had done nothing wrong to warrant abuse) and even apologized to their partners in a bid to settle issues. Muftic et al. (2019) reported how participants tried being submissive to the abuser, however this usually made things worse.

Many of the women in Jones and Vetere's (2017) study also reported going out of their way to please their partners, in order to avoid being abused. In Mahaptro and Singh's (2020) study, the women tried to placate their abusive partners by trying to keep the peace and avoid getting into arguments with them. Chinnu and Suja (2020) reported how the women in their study adjusted their expectations in order to avoid being abused.

2.2.2.3.3 Opposition. Strategies in this family are associated with externalizing behaviours which include projection, reactance, anger, aggression, discharge, venting and blaming of others. Four out of the 27 articles reviewed in the scoping review reported that IPV survivors engaged in physical and verbal resistance as a coping strategy (Baffour et al., 2022; Irving & Liu, 2020; McCarthy et al., 2017; Puente-Martinez et al., 2019).

Physical and Verbal Resistance. McCarthy et al. (2017) conducted interviews with 15 women in the United Kingdom with learning disabilities, and some of the active coping methods they used included verbally resisting or standing up the perpetrators, physically hitting back, rejecting their apologies, using contraception secretly and reporting the abusers' animal abuse behavior to the police. In Irving and Liu's (2020) study, 55% of women used resistance strategies, which include fighting back physically and refusing to do what the abuser said. While the women engaged in opposition strategies, they were not

always effective in stopping the abuse. Baffour et al. (2022) reported that in the initial stages of the abuse, the women tried to fight back and cause hurt to their abusive partner, but this only increased the abuse. Similarly, Puente-Martinez et al. (2019) reported how survivors in their study engaged in direct and indirect verbal confrontation, however these confrontations were not functional and resulted in mental distress among the women.

2.2.2.3.4 Submission. Submission is described as "giving up preferences" (p.245) and includes coping strategies such as rumination and intrusive thoughts. Five out of the 27 articles reviewed in the scoping review reported that IPV survivors engaged in submission as a coping strategy (Chinnu & Suja, 2020; Mahaptro & Singh, 2020; Oginska-Bulik & Michalska, 202; Schaefer et al., 2019; Tonsing et al., 2020).

Self-blame. Self-blame was a prominent coping strategy in this family of coping. Tonsing et al. (2020) conducted a study among 131 South Asian migrant women residing in Hong Kong, and examined the relationship between coping styles and the women's resulting mental health. The researchers reported that the participants in their study engaged in maladaptive coping styles, which include self-blame. Similar findings were found in studies conducted in India, whereby IPV survivors engaged in self-blame (Chinnu & Suja, 2020; Mahaptro & Singh, 2020). Besides that, Tonsing et al. (2020) conducted a study among

131 South Asian migrant women residing in Hong Kong, and examined the relationship between coping styles and the women's resulting mental health. The researchers reported that the participants in their study engaged in maladaptive coping styles, which include self-blame.

2.2.3 Discussion

2.2.3.1 Coordinating Actions in the Environment. For the adaptive process of coordinating actions in the environment, the most common family of coping was escape, with 15 out of 27 articles reviewed reporting this finding. Coping strategies that were found under this family of coping were denial, avoidance strategies and unhealthy coping. While these coping strategies sometimes resulted in negative effects on the survivors' mental health (Oginska-Bulik & Michalska, 2021), Jones and Vetere (2017) noted that contextual factors of the situation the women were currently in influenced which coping strategies they used to deal with the abuse in a particular time, which could explain for the women's tendencies to engage in escape strategies. Besides that, it is important that the women put their safety as a priority before deciding to engage in any coping strategy (Schaefer et al., 2019).

2.2.3.2. Coordinating Social Resources. For the adaptive process of coordinating social resources, the most common family of coping was support seeking. This could be related to the various different channels that survivors could seek out support from, including family and friends, other survivors, religion or various formal and informal institutions (Arboit & de Mello Padoin, 2022; Asadi-Bidmeshki et al., 2021; Oyewuwo-Gassika & Basirat, 2019; Renner et al., 2022; Yusof et al., 2022). This points towards the importance of informal and formal sources of support for IPV survivors not just in coping with the abuse they experience, but with escaping the abusive relationship and healing from the trauma they experience.

2.2.3.3 Coordinating Available Options. According to the results of the scoping review, accommodation was the most commonly used family of coping under the adaptive process of coordinating available options, with a total of eight out of the 21 articles reporting that survivors used accommodation strategies. What is interesting to note about accommodation strategies is that survivors engage in these strategies during the abusive relationships as well as after they have left the abusive relationships. For example, IPV survivors engage in cognitive strategies by rebuilding of identities and self-esteem after escaping the abusive relationship (Flasch et al., 2017), making peace with themselves and accepting the abuse that had happened to them (Jones & Vetere, 2017), and using their traumatic experiences to help others in similar situations (Oyewuwo, 2020). Similarly, distraction strategies help women to survive in the

abusive relationship by taking their minds off the abuse (Yusof et al., 2022), but also help the women heal after leaving the relationships, either by engaging in hobbies that help distract them, or keeping busy through education or employment (Jones & Vetere, 2017; Lloyd et al., 2017). As such, it can be seen that accommodation coping strategies are important and effective not just in helping the women to survive the abuse, but to heal and move forward from the trauma as well.

2.3 Effects of IPV

A scoping review was conducted to study the common effects of IPV on survivors noted in literature in the field of psychology from 2016 to 2022. This review was guided by the six-stage methodological framework proposed by Arksey and O'Malley (2005), which include (i) identifying the research question, (ii) identifying relevant studies, (iii) selecting eligible studies, (iv) charting of data, and (v) collating and summarizing the results.

2.3.1 Method

Identifying Relevant Studies. The search for articles were limited to several qualifying criteria. Only journal articles in English published on the

electronic database Scopus were selected for consideration. The Scopus database was selected as it has a larger dataset with a wider journal range (Falagas et al., 2007) and has a search option that allows users to better identify the material they require based on specific requirements (Burnham, 2006). The articles were then further filtered to those published between the years 2016 to 2022, in the field of Psychology. After searching the keywords of "effects" and "intimate partner violence", 1588 articles emerged as a result.

Selecting Eligible Studies. The 1588 articles were reviewed to ensure the content of the articles were relevant to the aim and research question of this study, which was to investigate the effects of IPV on survivors. Further eligibility criteria was applied to ensure that the selected articles were able to provide the necessary information relevant to the study. The inclusion criteria of this study required that the sample should include adult and adolescent women who have experienced IPV (despite of their marriage status), and the effects that they experienced as a result of IPV. Studies that include male participants were included if there were also female participants. These studies were required to be published on Scopus after 2016 and were in the English language.

Articles that were not in the field of psychology, whose primary samples did not include women as victims of IPV, and studies that did not examine the

effects of IPV were excluded, as these studies could not provide the information needed to answer the research question. Articles that were reviews of prior literature, or whose full-texts were not available were also excluded.

Among the 1588 articles that emerged from the primary search, a title check resulted in 1112 articles, which then went through an abstract check. 334 articles were identified from the abstract check, and were then further subject to a full paper check. A total of 43 articles were selected based on the inclusion and exclusion criteria. Using the inclusion and exclusion criteria, the primary and secondary researchers carefully went through the abstracts and full texts of the 43 articles to ensure the contents of the articles fit the research question of the scoping review. Four articles were further excluded based on the exclusion criteria. In the end, 39 articles were included in the scoping review. In the event the primary and secondary researchers had inconsistent judgements about any article, a discussion was held between the researchers in order to reach a consensus on whether to include the article in the scoping review, and an article would only be included if both researchers reach a mutual consensus about how well information from the article would be able to answer the research question. The screening process is shown in Figure 2.5.

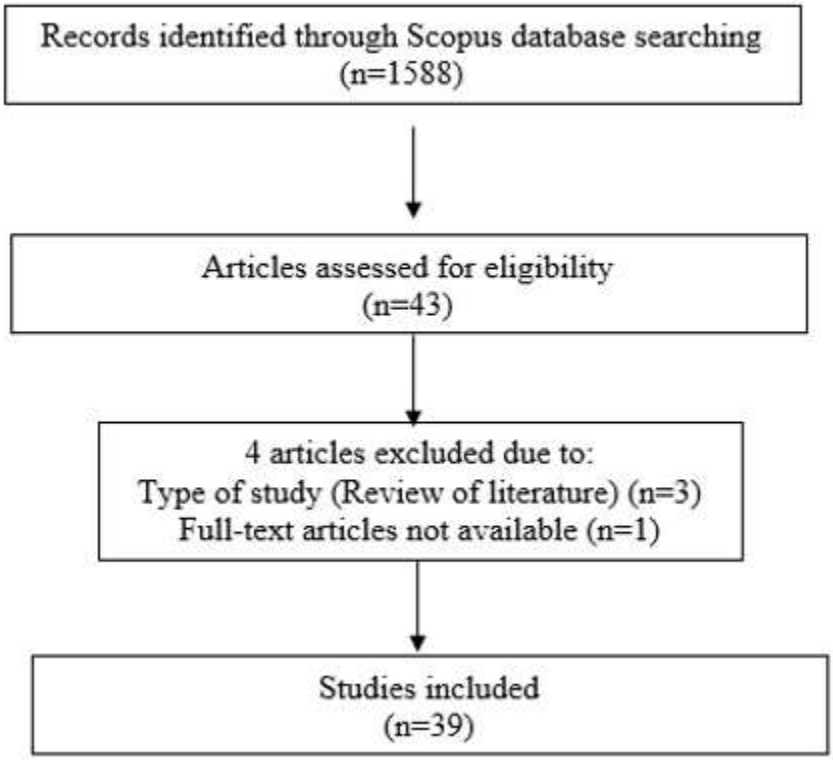

Figure 2.5 Screening Process of Articles on Effects of IPV

2.3.2 Results

The results of this study revealed a variety of different effects that IPV survivors suffer from as a result of the abuse they experienced. A table was constructed to present a summary of the articles reviewed (see Table 2.3). The results of this study reveal that the effects that IPV survivors suffer from could be categorized according to the Biopsychosocial model. Engel proposed the Biopsychosocial model in 1977, stating that disease involves important psychological and social factors, rather than focusing just on biological ones.

This model consists of three factors, which are physical factors, psychological factors and social factors. Accordingly, the effects found in the scoping review were categorized into physical effects, psychological effects and social effects. The effects of IPV as categorized according to the Biopsychosocial Model is presented in Figure 2.6 (see Figure 2.6)

Table 2.3: Summary of Reviewed Articles on Effects of IPV

Reference	Background	Country	Sample	IPV Screening Measurement	Results
1. Yuan & Hesketh (2019). Intimate Partner Violence and Depression in Women in China	This study examined the prevalence of different types of IPV in China, risk factors of IPV and the association of depression and IPV.	China	2987 women with a mean age of 35 years old	Researchers developed their own measurement, which included physical, psychological, and sexual violence and their potential determinants.	**Depression:** 61.6% of participants suffered from at least mild depression. The proportion of women with depression was 65.8% for psychological violence, 69.5% for physical violence and 75.8% for sexual violence. Women with two or more children had a higher risk than women with one child to experience more than one type of violence.
2. Garcia et al. (2021). Empowerment, Stress, and Depressive Symptoms Among Female Survivors of Intimate Partner Violence Attending Personal Empowerment Programs	This study investigated the effectiveness of Personal Empowerment Programs (PEP) and practicing relaxation techniques in promoting empowerment and lowering stress and depressive symptoms	United States	90 women aged 16 to 69 years old were recruited from PEP classes conducted at IPV agencies in Orange County, California	IPV: Conflicts Tactics Scale (CTS-2) Depression: The Center for Epidemiological Studies–Depression	**Depression:** All women reported experiencing psychological abuse. Fifty-six women (86.2%) reported physical abuse, 45 women (70.3%) had been injured, and 40 women (61.5%) reported sexual abuse. Greater chronicity of sexual IPV was associated with more negative affect pre- and post-PEP class. Psychological abuse chronicity correlated with greater depressive symptoms and more post-class negative affect. Physical abuse chronicity was associated with a lower decrease in negative affect from pre- to post-class.

3. Lee et al. (2019). Intimate Partner Violence and Psychological Maladjustment: Examining the Role of Institutional Betrayal Among Survivors	This study examined the effects IPV had on survivors, as well as the role institutional betrayal played on the relationship between IPV and maladaptive psychological outcomes.	United States	316 undergraduate students (75.3% women; 23.4% men; 0.6% "other") attending a Midwestern University in the US	Revised Conflicts Tactics Scale (CTS-2) Modified-Multidimensional Measure of Emotional Abuse (MMEA) (Psychological abuse) Overall Anxiety Severity and Impairment Scale (OASIS) Center for Epidemiologic Studies Depression Scale (CES-D) PTSD Checklist (PCL-5)	**Depression:** Sexual violence and psychological aggression was positively and significantly correlated with depressive symptoms, and psychological aggression significantly predicted depression. Physical violence was not related to depression. **PTSD:** Sexual violence and psychological aggression was positively and significantly correlated with PTSD. Physical violence was not related to PTSD. **Anxiety:** Psychological aggression was positively and significantly correlated with anxiety. Physical violence was not related to anxiety.
4. Clements et al. (2021). The Use of Children as a Tactic of Intimate Partner Violence and its Relationship to Survivors' Mental Health	This study examined abusive partners' use of children as a form of abuse towards survivors, and how this is detrimental to abuse survivors' mental health.	United States	299 unstably housed survivors of IPV (292 women; 7 men). Participants were aged 19 to 57 years.	Composite Abuse Scale (CAS) Generalized Anxiety Disorder measure (GAD-7) Patient Health Questionnaire (PHQ-9) Trauma Screening Questionnaire (TSQ)	**Depression:** Depression significantly and positively correlated with PTSD and anxiety. Physical violence, emotional abuse, sexual abuse and stalking predicted depression. **PTSD:** PTSD symptoms significantly and positively correlated with depression and anxiety. UOC predicted PTSD symptoms. **Anxiety:** Anxiety was significantly and positively correlated with depression and PTSD. UOC predicted survivors' anxiety.
5. Cho et al. (2019). Factors Related to Intimate Partner	This study examined IPV among university	South Korea	The study recruited 477 respondents, who reported being in	The measure of IPV victimization was	**Depression:** Results found that students who had experienced IPV had

Violence and Survivors' Help-Seeking among College Students in South Korea	students in South Korea, as well as factors that might affect their reporting of IPV.		relationships, from six universities (3 co-educational and 3 women only). The study did not specify the gender of participants. The researchers further selected 180 participants (no gender specified) who experienced IPV to examine their help-seeking behavior.	created based on several existing instruments: the Partner Victimization Scale (Hamby, 2013) for physical violence, sexual violence, and threats; two questions on technological violence from Southworth, Finn, Dawson, Fraser, and Tucker (2007); and five questions on psychological violence from Ansara and Hindin (2010)	higher levels of depression than those who did not experience IPV.
6. Edwards et al. (2021). Post-traumatic Growth in Women With Histories of Addiction and Victimization Residing in a Sober Living Home	This study examined post-traumatic growth (PTG) among survivors of IPV who were currently residing in a trauma-informed living home.	United States	59 women aged 22 to 67 who were residing in the living homes in the US were recruited as participants.	PTSD Checklist-Civilian Version (PCL-C) Center for Epidemiological Studies Depression Scale (CES-D) Conflict Tactics Scale Revised Short Form (CTS2S)	**Depression:** Participants who were recently victimized had higher levels of depression. The women had a mean depression score of 32.22, which is considered severe. **PTSD:** Participants who were recently victimized had higher levels of PTSD. The women had a mean PTSD score of 48.28, which is above the cutoff score of 33 indicating probable PTSD.
7. Sauber & O'Brien (2017). Multiple	This study examined how intimate partner violence relates to	United States	147 female IPV survivors aged 18 to 64 years old, who were informed about	Abusive Behavior Inventory (ABI) –	**Depression:** Participants in this study had a high level of depressive symptomology. The total effect of psychological abuse on depressive

Losses: The Psychological and Economic Well-Being of Survivors of Intimate Partner Violence	psychological and financial distress		the study by 11 domestic violence shelters, advocacy/support centers, and other agencies providing services to survivors in the Mid-Atlantic region of the United States, answered a questionnaire online	Physical & psychological abuse Scale of Economic Abuse–12 (SEA-12) PTSD Checklist (PCL-C) Center for Epidemiological Studies Depression Scale (CES-D)	symptoms among survivors was significant. Three types of abuse, psychological, physical, and economic abuse, were predictive of depression. **PTSD:** Participants in this study had a high level of PTSD symptomology. Three types of abuse, psychological, physical, and economic abuse, were predictive of PTSD symptoms among survivors.
8. Tonsing et al. (2020). Domestic Violence, Social Support, Coping and Depressive Symptomatology among South Asian Women in Hong Kong	This study examined the relationships between IPV, coping strategies, perceived social support, and mental health outcomes among South Asian women in Hong Kong.	Hong Kong	131 South Asian migrant women aged 18 and above.	Center for Epidemiologic Studies Depression Scale (CES-D) Brief COPE scale Multidimensional Scale of Perceived Social Support [MSPSS] Revised Conflict Tactics Scale-2 ([CTS-2]	**Depression:** 41.2% of women suffered from depression, and scored above the cutoff score of 16 on the CES-D, and IPV was significantly associated with depression.
9. Abe et al. (2021) Adverse childhood experiences combined with emotional and	This study examined the contributions of childhood adversities,	Thailand	120 pregnant women aged 18 to 49.	Edinburgh Postnatal Depression Scale (EPDS)	**Depression:** Results found that participants' EPDS depression and EPDS total score was predicted by psychological abuse during childhood,

physical abuse by the partner predict antenatal depression	intimate partner violence and social support to antenatal depression (AD).			Abuse Assessment Screen (AAS) Adverse Childhood Experiences Questionnaire (ACE questionnaire)	and emotional or physical abuse by the partner.
10. Gilbert et al. (2022) Intimate Partner Violence and Health Conditions Among U.S. Adults—National Intimate Partner Violence Survey, 2010–2012	This study examined health associations with intimate partner violence (IPV), including sexual, physical, stalking, and psychological forms in the United States.	United States	This study analysed data from the 2010-2012 National Intimate Partner and Sexual Violence Survey, an on-going national random-digit-dial telephone survey of U.S. adults. 41,174 respondents (22,590 women and 18,584 men) aged 18 and older were surveyed.	Physical health conditions were assessed by asking participants if they had ever been told by a doctor, nurse, or other health professional that they had asthma, irritable bowel syndrome, diabetes, or high blood pressure, frequent headaches, chronic pain, or difficulty sleeping. Participants were asked on their IPV experiences, which included Psychological Aggression/Reproductive Coercion, Physical Violence and Sexual Violence	**Physical Health:** Women who experienced one or more forms of IPV were significantly more likely to report each of the 10 physical health conditions mentioned in the study (asthma, irritable bowel syndrome, diabetes, high blood pressure, frequent headaches, chronic pain, difficulty sleeping, fair or poor physical health, and fair or poor mental health). Psychological abuse: female victims of psychological aggression had a higher prevalence of chronic pain and fair or poor mental health than non-victims of psychological aggression Physical abuse: Females who were slapped, pushed, or shoved (physical abuse) had a higher prevalence of chronic pain and females of severe PV had a higher prevalence of difficulty sleeping than non-victims respectively Sexual abuse: Females who experienced non-penetrative SV had a higher prevalence of chronic pain, difficulty sleeping, disability, and fair or poor physical health than non-victims of non-penetrative SV. Victims of penetrative SV had a higher prevalence of asthma, irritable bowel

					syndrome, frequent headaches, disability, and fair or poor mental health than non-victims of penetrative SV.
11. Miller-Graff et al. (2021) I'll catch you when you fall: Social safety nets and housing instability in IPV-exposed pregnant women	This study examined the links between housing instability and psychopathology among women who have experienced IPV.	United States	137 pregnant women who were exposed to IPV in the past year.	Revised Conflict Tactics Scale (CTS2) Center for Epidemiological Studies Depression scale (CESD) PTSD Checklist for DSM-5 (PCL5	**Depression:** Participants reported high levels of depression, with 78.1% of the sample reporting severity scores above the clinical cut-off. Women's experiences of IPV was significantly associated with depression. **PTSD:** Participants reported high levels of PTSD, with 68.61% meeting or exceeding the clinical cutoff for probable PTSD. Women's experiences of IPV and adversity were significantly associated with posttraumatic stress.
12. Chan et al. (2018) From Exposure to Family Violence During Childhood to Depression in Adulthood: A Path Analysis on the Mediating Effects of Intimate Partner Violence	This study aimed to test the mediating effect of adulthood IPV victimization in the associations between exposure to family violence in childhood and adulthood depression.	China	The sample of 8,807 participants (male=3822, female=4942) was from a cross-sectional study in six cities in China: Shanghai, Shenzhen, Xi'an, Tianjin, Wuhan, and Hong Kong conducted during 2009 and 2010..	This study used the Chinese version of the 33-item CTS2 (Chan, 2004), which has four subscales measuring IPV in terms of physical violence, emotional violence, sexual violence, and injury. Beck Depression Inventory, version II (BDI-II)	**Depression:** The sample reported a mean of 3.02 in the Beck Depression Scale, and the urban sample reported higher scores of depression than the rural sample. Depression was found to be correlated to the four types of IPV (physical violence, emotional violence, sexual violence, and injury). Results also showed that current IPV victimization have direct effects on depressive symptom
13. Schultz et al. (2021) Intimate Partner Violence and Health: The Roles of Social Support and Communal Mastery in Five	This study examined the associations between IPV and the three health outcomes—mental health (depressive	United States	192 participants from five Ojibwe (American Indian communities) were recruited, whereby 55.7% were female.	Patient Health Questionnaire (PHQ-9) Composite Abuse Scale	**Depression:** Higher IPV scores were positively associated with depressive symptoms. Depressive symptoms was found to be greatest for those reporting higher levels of IPV and low levels of

American Indian Communities	symptoms), physical health (health conditions frequently co-occurring with type 2 diabetes), and substance misuse (drug abuse);				social support. Women were more likely to report depressive symptoms. **Physical health:** Higher IPV scores were positively associated with physical health
14. Liu et al. (2018) Using Social Media to Explore the Consequences of Domestic Violence on Mental Health	This study examined the short-term outcomes of IPV on individuals' mental health.	China	232 participants who were victims of IPV (77% of which were female) and 232 non-victims were recruited from Sina Weibo in China.	Researchers measured 464 Weibo users' mental health status by validated prediction models. Data of the 464 participants were downloaded and analysed using Linguistic Inquiry and Word Count (LIWC) features.	**Depression:** Results showed that victims of IPV had an increased probability of depression. They also scored higher on depression scales, with a high average of 15.59, compared to the non-victim group. **Suicide**: IPV survivors had an increased probability of suicide, and a decreased level of life satisfaction.
15. Richardson et al. (2019) The effect of intimate partner violence on women's mental distress: A prospective cohort study of 3010 rural Indian women	This study examined the effects that IPV has on women's mental distress.	India	3010 women living in rural tribal communities.	Demographic and Health Survey's Domestic Violence Module General Health Questionnaire	**Mental distress:** Results showed a positive relationship between the number of abusive acts a woman was exposed to, and the distress they experienced, with women reporting exposure to more abuse having higher mental distress scores. A change in the type of abuse also corresponded to a change in distress, namely for psychological abuse and controlling behavior, while this was not the case for physical abuse.
16. Kim (2019) Social isolation, acculturative stress and intimate partner violence (IPV)	This study examined the relationship between social isolation, acculturative stress	United States	127 Korean immigrant women (64 victims and 63 non-victims).	The participants who had experienced at least one type of IPV in the past year were coded as "victims".	**Acculturative stress:** Results showed that victims of IPV had a higher acculturative stress score than non-victims. Higher levels of acculturative stress was also found to be statistically associated with IPV victimization, with

victimization among Korean immigrant women	and IPV victimization among Korean immigrant women in the United States			Riverside Acculturation Stress Inventory (RASI)	the odds of experiencing IPV being 9.0% higher when Korean immigrant victims experienced higher levels of acculturative stress
17. Barros-Gomes et al. (2019) The Role of Depression in the Relationship Between Psychological and Physical Intimate Partner Violence	This study examined the associations between marital satisfaction, depression and IPV in the United States.	United States	126 couples seeking treatment for high conflict.	Conflict Tactics Scale–2 (CTS-2): Psychological violence Physical Assault subscale from the CTS-2 Depression subscale of the Symptom Checklist-90–Revised (SCL-90-R)	**Depression:** Results showed that women were more likely than men to be victims of IPV, as well as report more depressive symptoms. Women's depressive symptoms was associated with both physical and psychological IPV by their partners. Depression among women who experienced physical abuse from their partners was mediated by psychological abuse from their partner.
18. Graham-Bermann et al. (2018) The Moms' Empowerment Program Addresses Traumatic Stress in Mothers with Preschool-Age Children Experiencing Intimate Partner Violence	This study examined the effect of The Moms' Empowerment Program (MEP) on women's PTSD symptoms	Canada	120 women with young children who had experienced physical IPV.	Women were interviewed at baseline, at post-intervention (approximately 5 weeks apart) and follow up (approximately 8 months later).	**PTSD:** 46% of women were diagnosed with PTSD. 94% reported clinically significant re-experiencing symptoms, 85% clinically significant physiological arousal symptoms, and 69% endorsed avoidance/numbing symptoms. There was a strong association between exposure to IPV and posttraumatic stress. The majority of women (88.3%) reported feeling helpless or terrified, and 87.5% reported thinking her life was in danger in regard to the most traumatic episode of IPV.
19. Oh et al. (2019) The association between intimate partner violence onset and gender-specific	This study investigated the association between IPV onset and depressive symptoms in both	South Korea	1040 men and 3732 women	Center for Epidemiologic Studies Depression Scale (CES-D-11)	**Depression:** Results showed that participants who were in the "violent to violent" group (those with IPV in the last 2 years) had the highest scores of depression, followed by those in the "non-violent to violent" group

depression: A longitudinal study of a nationally representative sample	married men and women in South Korea.			For IPV, individuals were asked whether they had experienced: 1) verbal abuse, insults, or degrading remarks?' and 2) direct physical violence or physical harm from your partner?'	Participants of both genders whose partners turned non-violent from violent continued to be more depressed. Unemployed women with consistently violent and unemployed men with newly violent partners were more depressed. Participants who had low education whose partners continuously abused them had higher rates of depression.
20. Ogbonnaya et al. (2019) The role of co-occurring intimate partner violence, alcohol use, drug use, and depressive symptoms on disciplinary practices of mothers involved with child welfare	This study examined the co-occurrence of IPV, alcohol and drug use, and depressive symptoms, as well as their effects on the disciplinary practices used by mothers in the United States.	United States	965 biological mothers with children who were subjects of child abuse/neglect investigations.	Parent-Child Conflict Tactics Scales (CTSPC): Disciplinary practices Conflict Tactics Scale- 2 (CTS-2) Composite International Diagnostic Interview–Short Form (CIDI-SF) Alcohol Use Disorders Identification Test (AUDIT) Drug Abuse Screening Test (DAST-20)	**Depression:** Among participants, 30.8% screened positive for depression, while more than half of the sample had a report of one or more of the conditions: depressive symptoms **Substance use:** More than half of the sample reported problematic alcohol use, and problematic drug use.
21. Riedl et al. (2018) Violence from childhood to adulthood: The influence of child victimization and domestic violence on physical health in later life	This study examined the effects that child abuse and later experiences of IPV as an adult on physical health	Austria	1480 patients from the University Hospital of Innsbruck (663 males; 817 females).	Maltreatment and Abuse Chronology of Exposure Scale (MACE) Hurt-Insult-Threaten-Scream-Scale (HITS) Health checklist (German Pain Questionnaire)	Participants who experienced child victimization (CV) had 9.2 times higher odds of experiencing IPV, compared to participants who did not experience CV. **Physical health:** Results found that physical abuse increased the likelihood of participants experiencing chronic pain, while no significant influence of

					IPV was found on gastrointestinal disorders, diseases of kidney, urinary tract or genitals, respiratory diseases, metabolic diseases, musculoskeletal disorders, cardiovascular diseases, cancer, neurological disease and diseases of the skin. When researchers included the condition of physical or psychological IPV, there was no further increased risk for a physical disease, except for diseases of kidney, urinary tract or genitals. A high rate of different forms of CV in combination with IPV appears to significantly increase the risk for physical diseases and subjective impairment. It was also found that patients with higher numbers of different forms of CV showed a 9 times higher likelihood of living in a violent domestic environment in adulthood
22. Lai et al. (2018) The Effects of Domestic Violence on Violent Prison Misconduct, Health Status, and Need for Post-Release Assistance Among Female Drug Offenders in Taiwan	This study explored the potential long-term impact of IPV on prison misconduct, health status, and the need for post-release assistance	Taiwan	633 female drug offenders in correctional facilities.	Institutional misconduct was measured by a self-report questionnaire. Health status indicators: participant was asked to respond to the following statement: "Please report any medical problems you currently have." IPV: participants were asked two questions on experience of being	32.4% of participants experienced at least one IPV victimization prior to incarceration, with 27% being abused by an intimate partner. **Violent misconduct:** Results showed that IPV had a positive association with violent misconduct. **Physical health:** IPV victims also reported more physical health problems.

				abused either by a family member or an intimate partner.	
24. Ridings et al. (2016) Longitudinal Investigation of Depression, Intimate Partner Violence, and Supports Among Vulnerable Families	This study conducted a longitudinal investigation of the roles of social support and family resources on depression among caregivers of young children.	United States	548 females, who are caregivers of children, ranging in age from 16 to 65 years.	Revised Conflict Tactics Scale (CTS2). The current study only utilized chronicity scores of the Physical Assault scale. Beck Depression Inventory–2nd Edition (BDI-II) Social Provisions Scale (SPS)	**Depression:** Results showed that IPV had a positive association with depression, with participants who experienced IPV had an increased score of depression compared to those with no experience of IPV.
25. Allard et. al. (2016) Mid-Treatment Reduction in Trauma-Related Guilt Predicts PTSD and Functioning Following Cognitive Trauma Therapy for Survivors of Intimate Partner Violence	This study examined the effectiveness of Cognitive Trauma Therapy (CTT) in treating PTSD and reducing trauma-related guilt among IPV victims in the United States.	United States	20 women who completed psychotherapy treatment (mean age=38.7 years)	Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)	**PTSD:** Results showed that participants reported a high mean score of 68.95 on the PTSD scale (CAPS) prior to the treatment.
26. Miller-Graff & Cheng (2017) Consequences of violence across the lifespan: Mental health and sleep quality in pregnant women.	This study examined the direct effects of adverse childhood experiences (ACEs) and past year intimate partner violence (IPV) on different aspects of sleep health in pregnant women.	United States	137 high-risk pregnant women.	Revised Conflict Tactics Scale (CTS2) Center for Epidemiological Studies Depression scale (CESD) PTSD Checklist for DSM 5 (PCL5)	**Depression:** Women reported high levels of depression, with 78.1% of women reporting severity scores above the clinical cutoff. Women's experience of IPV positively associated with depression. **PTSD:** Women also reported high levels of PTSD, with 68.61 meeting the clinical cutoff. Women's experience of IPV positively associated with PTSD.

27. Soleimani et al. (2016) Health consequences of intimate partner violence against married women: a population-based study in northern Iran	This study examined the association between women's mental health and physical, psychological and sexual IPV	Iran	2091 married women (512 IPV survivors and 1579 non-survivors).	Revised Conflict Tactics Scale (CTS-2) General Health Questionnaire (GHQ-28)	Results showed that 64% of women experienced at least one form of IPV in the past year. Iranian women who have experienced IPV are more likely to experience symptoms of mental health disorders than women who have not. **Depression:** The odds ratio of current depressive symptoms was more than four times elevated in women exposed to IPV, **Insomnia:** Women had high odds of experiencing somatic symptoms and insomnia. Psychological violence and sexual coercion were predictors of mental health disorders.
28. Greene et al. (2018) Psychological and physical intimate partner violence and young children's mental health: The role of maternal posttraumatic stress symptoms and parenting behaviors	The current study investigated the role of maternal PTSD symptoms and parenting strategies in the relationship between mothers' IPV experiences and psychopathology in their young children	United States	308 mother-child dyads at high risk for family violence	Revised Conflict Tactics Scale (CTS-2) which examines the victimization of psychological and physical violence by her partner during the 12 months PTSD Checklist civilian version (PCL)	**PTSD:** Results showed that physical and psychological IPV were strongly correlated with one another, as well as with maternal PTSD. There was a direct path from IPV to maternal PTSD symptoms.

29. Sullivan et al. (2018) Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents	The current study explored the extent to which trauma-informed practices, as experienced by shelter residents, related to changes in their levels of self-efficacy, safety-related empowerment, and depressive symptoms.	United States	This study surveyed DV shelter residents at two time points: shortly after they arrived in shelter, and approximately 30 days later or at shelter exit.	Center for Epidemiological Studies Depression Scale (CES-D)	**Depression:** During Time 1, 89% of participants had depression scores at or above 16, the cut-off for being at risk for clinical depression. At Time 2, this went down to 74% being at or above the cut-off for risk of clinical depression.
30. Rancher et al. (2018) Intimate partner violence, police involvement, and women's trauma symptoms	This study examined whether police involvement in intimate partner violence (IPV) incidents is associated with women's trauma symptoms	United States	119 women aged 23 to 56 years old	13-item Physical IPV subscale on the Revised Conflict Tactics Scale (CTS2) Impact of Events Scale (IES)	**PTSD:** 84% of participants reported PTSD symptoms above the clinical threshold, and this percentage declined to 34% after a year of assessment. Re-experiencing and avoidance symptoms also declined during the year.
31. Boeckel et al. (2017) The effects of intimate partner violence exposure on the maternal bond and PTSD symptoms of children	This study examined the difficulties in emotional regulation in women exposed to IPV and the impact of IPV on both the maternal bond and posttraumatic symptoms among children in Brazil.	Brazil	A total of 36 mothers who experienced IPV, and their 36 children, were recruited as participants. Another 27 mothers and their 27 children were recruited as control sample in this study.	Brazilian Portuguese version of the CTS2. PTSD Symptom Scale (PSS) Difficulties in Emotional Regulation Scale (DERS) Maternal Bond Inventory	**Maternal emotional regulation & bond quality:** Mothers who were IPV victims showed greater difficulty in emotional regulation, and sexual IPV was a predictor of lower maternal bond quality. Besides that, higher exposure to sexual, physical and psychological violence resulted in lower quality of maternal bonding.

32. Mazzotta et al. (2018) Insomnia, posttraumatic stress disorder symptoms, and danger: their impact on victims' return to court for orders of protection	This study examined the association between insomnia and PTSD among IPV survivors.	United States	112 women.	Insomnia Severity Index (ISI) Danger Assessment (DA) Modified PTSD Symptom Scale–Self-Report (PSS-SR)	**PTSD:** PTSD symptoms were present in this sample of women. 46% the women identified PTSD symptoms. All of the women in the sample reported a perceived level of danger, of which 66% reported severe or extreme levels of danger. There was a significant positive relationship between clinical-level insomnia and PTSD symptoms. **Insomnia:** Clinical-level insomnia were present in this sample of women.46% of the women identified clinical-level insomnia. There was a significant positive association between clinical-level insomnia and level of danger. There was a significant positive relationship between clinical-level insomnia and PTSD symptoms.
33. Renner & Hartley (2018) Psychological well-being among women who experienced intimate partner violence and received civil legal services	This study examined the psychological well-being of IPV survivors over the course of one year.	United States	85 women who experienced IPV and reached out to Iowa Legal Aid (ILA) for help, were recruited as participants and asked to complete surveys. The 85 women were selected from three waves of participants, with wave 1 consisting of 150 women being interviewed, after which 85 women were retained based	IPV was assessed by the ILA who used a set of screening items focusing on physical abuse, sexual abuse, stalking and psychological abuse. Center for Epidemiologic Studies–Depression (CES-D) Scale Impact of Event Scale–Revised (IES-R; for PTSD) Interpersonal Support Evaluation List (ISEL)	**Depression:** In wave 1, 67% of women met the clinical criteria for depression. Women's depressive symptom score decreased by 19.83% between Wave 1 and Wave 3. **PTSD:** In Wave 1, 64% of women met the clinical criteria for PTSD. Significant decreases in PTSD symptoms were also reported over the one year period between Wave 1 and Wave 3. This research concluded that women showed improvements in various facets of psychological well-being over time.

			on their education level and rurality, and finally women living in rural settings were retained in wave 3.	Connor Davidson Resilience Scale (CD-RISC) State Hope Scale Personal Progress Scale–Revised (PPS-R)	
34. Salcioglu et al. (2017) Anticipatory fear and helplessness predict ptsd and depression in domestic violence survivors	This study examined the predictors of PTSD and depression among IPV survivors in Turkey.	Turkey	220 IPV survivors from 12 shelters for women.	Semi-Structured Interview for Survivors of Domestic Violence (SISDOV) Exposure to Domestic Violence Stressors Scale of SISDOV Fear and Sense of Control Scale (FSCS) Traumatic Stress Symptom Checklist (TSSC) Depression Rating Scale (DRS)	**PTSD:** 48.2% of participants reported having PTSD Researchers found that participants' PTSD was predicted by feeling helpless in life, and fear due to ongoing threats to their safety, a history of their past trauma and perceived distress. Fear due to a sense of ongoing threat to safety and a sense of helplessness in life were found to be strong predictors of PTSD among participants. **Depression:** 32.7% of participants reported depression.
35. Dekel et al. (2019) Posttraumatic stress disorder upon admission to shelters among female victims of domestic violence: an ecological model of trauma	This study examined the probability rate of PTSD among IPV survivors in Israel.	Israel	505 participants.	Childhood Exposure to Violence scale Violence Severity scale Sense of Control scale Social Support scale PTSD Severity scale	**PTSD:** 61% of participants reported probable PTSD upon admission to shelters. A history of violence during childhood, violence severity, violence duration and feeling helpless had a positive association with higher levels of PTSD
36. Dworkin et al. (2017) The unique associations of sexual assault and intimate partner violence with ptsd symptom clusters in a traumatized	This study aimed to examine how combinations of SA and IPV histories contribute to the severity of symptoms within PTSD symptom	United States	219 participants (107 women; 112 men) who had trauma histories and were currently seeking treatment for substance abuse.	National Women's Study PTSD Module (NWS-PTSD) Clinician Administered PTSD Scale (CAPS)	**PTSD:** Results found that sexual assault was associated with higher PTSD symptomology compared to IPV. This can be explained by the finding that the effect of IPV on psychopathology depends on abuse type. This study also found that IPV victims reported moderate levels of

substance-abusing sample	clusters in the United States.				avoidance compared to other trauma groups, regardless of SA.
37. Baird et al. (2019) "Like opening up old wounds": Conceptualizing intersectional trauma among survivors of intimate partner violence	This study explored the experiences and trauma of IPV survivors in Canada.	Canada	15 women who experienced IPV	Interview	**Non-PTSD Trauma:** Participants report feeling motional and physical trauma Emotional: constant remembering of memories and negative feelings from the abuse Physical: The trauma manifests in physical pain They experience fear and anxiety from the abuse, and also about new uncertainties of their futures.
38. Sahdan et al. (2019) Demonic possession: Narratives of domestic abuse and trauma in Malaysia. Transactions of the Institute of British Geographers.	The paper highlights the significance of culturally sensitive approaches in Malaysia to IPV and trauma as a counterpoint to western-centric understandings.	Malaysia	10 Malay women who had experienced IPV	Interview	**Depression, PTSD, Anxiety & Insomnia:** The women developed chronic fear from the constant abuse, which led to a state of hyper-alertness. This caused them to develop sleep deprivation, depression and anxiety. From the data obtained by researchers, it can be noted that the women experience a wide range of effects from the abuse, from PTSD symptoms, to depression, to fear and anxiety. **Loss of self:** The women experience a loss of sense of self, and struggled to resume their former identity after escaping from the trauma. This was due to the abusive words they experienced from the psychological abuse, which affected them even after they were placed in shelters.

39. Masci & Sanderson (2017) Perceptions of psychological abuse versus physical abuse and their relationship with mental health outcomes	The study examined whether anxiety, depression, and post-traumatic stress disorder (PTSD) symptoms were associated with prior abuse.	Georgia	291 undergraduate students in Georgia (227 women, 64 men).	Dating Relationship Profile (DRP): asks about descriptive information including current relationship status, length and intensity of current or most recent relationship, acceptability beliefs of abuse in dating relationships, and self-identification of current and past participation in an abusive dating relationship	**Depression, PTSD & Anxiety:** This study found that there was a significant relationship between symptoms of anxiety, depression, PTSD, and a past or present abusive relationship.

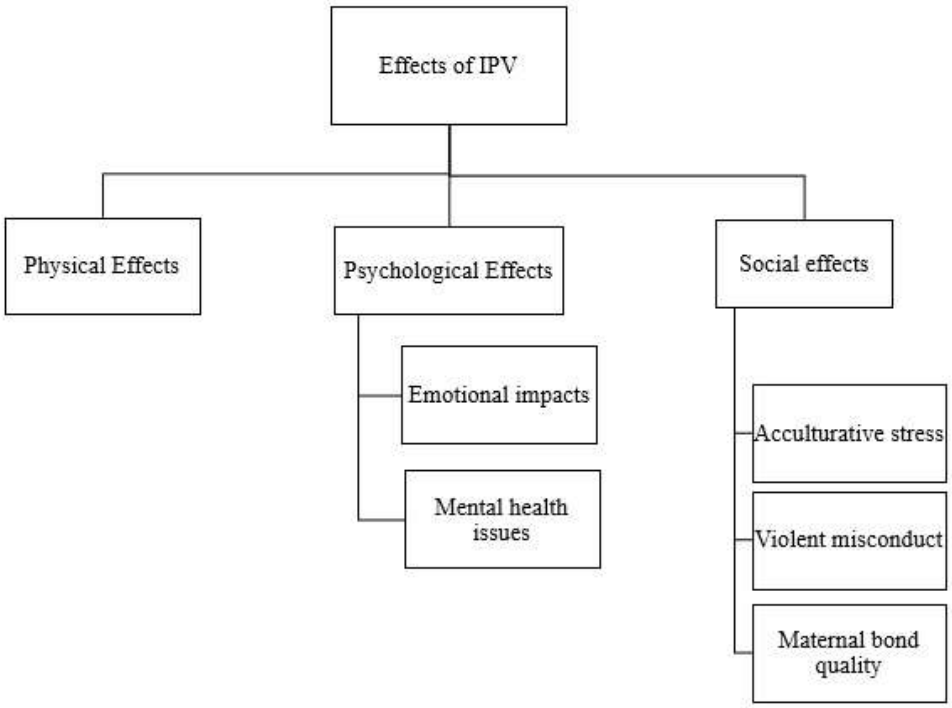

Figure 2.6 Effects of IPV Reported in Scoping Review According to the Biopsychosocial Model

2.3.2.1 Physical Effects. The results of the scoping review revealed that five articles reviewed reported that IPV survivors suffered from physical effects (Baird et al., 2019; Gilbert et al., 2022; Lai et al., 2018; Riedl et al., 2018; Schultz et al., 2021). Gilbert et al. (2022) surveyed 41,174 respondents (22,590 women and 18,584 men) in the United States, and found that women who experienced one or more forms of IPV were significantly more likely to report each of ten physical health conditions: asthma, irritable bowel syndrome, diabetes, high blood pressure, frequent headaches, chronic pain, difficulty sleeping, fair or poor physical health, and fair or poor mental health. This was further specified according to the type of abuse the women suffered. Women who experienced psychological abuse were more likely to experience chronic

pain and fair/poor mental health compared to non-victims. On the other hand, women who suffered from physical abuse had a higher prevalence of chronic pain, with women who suffered from severe physical abuse having a higher prevalence of sleep difficulty. Women who experienced non-penetrative sexual violence had higher prevalence of chronic, difficulty sleeping, disability, and fair/poor physical health. Victims of penetrative SV had a higher prevalence of asthma, irritable bowel syndrome, frequent headaches, disability, and fair/poor mental health. In another study conducted by Riedl et al. (2018), 1480 patients (663 men, 817 women) from the University Hospital of Innsbruck in Austria were recruited as participants. The results of this study showed that participants who suffered from physical abuse had a higher likelihood of experiencing chronic pain, and that participants with a combined history of childhood violence and IPV as an adult have an increased risk for physical diseases and subjective impairment. Lai et al. (2018)'s study looked into the effect that IPV had on women drug offenders who were placed in correctional facilities in Taiwan, with 633 women being recruited as participants. The researchers noted that compared to non-IPV victims, IPV victims reported more health problems. Similar findings were reported by Schultz et al. (2021), who found that higher IPV scores were positively associated with physical health problems.

2.3.2.2 Psychological Effects. According to the scoping review, 33 out of the 39 articles reviewed reported that IPV survivors suffered from various

psychological effects. Two sub-categories were further discovered, which are mental health and emotional impacts.

2.3.2.2.1 Mental Health. The scoping review revealed that IPV survivors suffered from different mental health issues, which include anxiety, depression, Post-Traumatic Stress Disorder (PTSD), insomnia, non-PTSD trauma, mental distress and a loss of sense of self.

In terms of anxiety, a total of four articles reported that IPV survivors suffered from anxiety (Clements et al., 2021; Lee et al., 2019; Masci & Sanderson, 2017; Sahdan et al., 2019). Lee et al. (2019) found that psychological aggression correlated positively with anxiety, while physical violence was not correlated to anxiety. This may mean that psychological IPV has more harmful effects to survivors' mental well-being. Clements et al. (2021) found that depression, anxiety and PTSD were positively significantly correlated with one another, and that abusive partners' use of children predicted survivors' anxiety. Similarly, Masci and Sanderson (2017) also found that there was a significant relationship between depression, anxiety and PTSD. Sahdan et al. (2019) found that survivors developed anxiety from being in a state of hyper-alertness, caused by the chronic fear they had of the constant abuse.

According to the scoping review, depression was one of the most common mental health issues that IPV survivors suffered from, with a total of 23 out of the total 39 articles reviewed reporting this finding. A study conducted by Yuan and Hesketh (2019) examined the association between depression and domestic violence in China. A total of 2987 women were recruited as participants for this study, and the results of this study showed that 61.6% of participants suffered from at least mild depression. The researchers further identified that among the women who suffered from depression, 65.8% suffered psychological violence, 69.5% experienced physical violence while 75.8% experienced sexual violence. The researchers hypothesize that depression symptoms may affect women's decision to accept partners with a predisposition to commit violence, such as self-control, conduct disorders and other factors. As such, they believe that the relationship between domestic violence and depression may be bidirectional. In another study conducted by Tonsing et al. (2020), 131 migrant South Asian women living in Hong Kong were recruited as participants in a cross-sectional study, and it was found that 41.2% of women scored above the cutoff score of 16 on the Center for Epidemiologic Studies Depression Scale (CES-D), and domestic violence was significantly associated with depression. Researchers also found that among IPV victims, the use of maladaptive coping led to the increase in depressive symptomology. In Chan et al. (2018)'s study conducted in six cities in China: Shanghai, Shenzhen, Xi'an, Tianjin, Wuhan, and Hong Kong, 8,807 participants (male: 3822, female: 4942) were recruited. It was found that the sample reported a mean of 3.02 in the Beck Depression Scale, and participants who lived in urban areas reported higher scores of depression than the rural sample. However, the researchers were not

able to offer an explanation for this difference. It was also found that depression was correlated to the four types of IPV mentioned in the Conflicts Tactics Scale 2, which are physical violence, emotional violence, sexual violence and injury. Liu et al. (2018) turned to social media users of Weibo to examine the effects that IPV had on survivors' mental health. A total of 464 Weibo users in China were the target sample of this study, with 232 users being IPV survivors and 232 were non-victims. Results showed that victims of IPV had an increased probability of depression, and scored higher on depression scales compared to the non-victim sample.

In Malaysia, Sahdan et al. (2019) interviewed 10 Malay women who experienced domestic violence. The women reported that they developed a state of hyper-alertness as a result of the chronic fear of the abuse they suffered, and this led to a wide range of effects, including depression. The finding that depression was a common effect of domestic violence that survivors experienced was also true among pregnant women. Abe et al. (2021) conducted a study among 120 pregnant women in Thailand, and found that IPV, in particular emotional or physical abuse by the partner significantly predicted antenatal depressive symptoms among the women. In South Korea, Cho et al. (2019) conducted a study among 477 respondents (gender was not specified) who were recruited from universities, and results showed that participants who experienced IPV reported higher levels of depression than those who did not experience IPV. Another study was conducted in South Korea by Oh et al.

(2019), whereby 1040 men and 3732 women were recruited as participants. The results of this study showed that participants who were in the "violent to violent" group, that is participants who experienced IPV in the last two years, had the highest scores of depression, followed by those in the "non-violent to violent" group, which refer to participants who did not experience IPV in the previous year, but did experience IPV in the following year. An interesting thing to note is that for participants whose partners turned from violent to non-violent, they continued to be more depressed, regardless of gender. Another finding was that unemployed women with consistently violent partners, and unemployed men with newly violent partners, were more depressed than participants who were employed or self-employed. Besides that, participants with low education whose partners continuously abused them experienced higher rates of depression. Overall, there does not seem to be a visible gender difference in the experience of depression, although both genders had different depression scores, with women having a slightly higher score on the CES-D.

In Iran, Soleimani et al. (2016) conducted a study among 2091 married women, among whom 512 women reported experiencing IPV. Despite the initial figure of 512 abused women, researchers found that 64% of women experienced at least one form of IPV in the past year, and that women who experienced IPV were more likely to experience symptoms of mental health disorders than non-victims. It was also found that among women exposed to IPV, the odds ratio of depressive symptoms was more than four times elevated,

and that psychological violence and sexual coercion was predictors of mental health disorders. Salcioglu et al. (2017) recruited 220 domestic violence survivors residing in shelters in Turkey, and it was found that 48.2% and 32.7% participants reported experiencing PTSD and depression respectively. In addition to that, fear due to a sense of ongoing threat to their safety and a sense of helplessness in life were strong predictors for depression among participants.

Barros et al. (2019) conducted a study among 126 couples in Washington, United States who were in treatment for high conflict, including IPV. The results of this study indicated that not only were women were more likely than men to be victims of IPV, they were also more likely to report more depressive symptoms. It was found that women's depressive symptoms was associated with physical and psychological IPV by their partners, and that psychological abuse mediated the depression women experienced when they were physically abused by their partners. In Ridings et al. (2016), 548 women who were caregivers of children in the United States were recruited as participants. Results showed that IPV had a positive association with depression, whereby participants who experienced IPV had an increased depression score compared to participants who did not experience IPV. It was also found that social support moderated the effect of IPV on depression over time. Sullivan et.al (2018) recruited 57 domestic violence shelter residents in Ohio, United States, and surveyed their depressive symptoms at two points in time, known as Time 1 and Time 2. During Time 1, 89% of participants reported

depression scores at or above 16, which was the cut-off score for being at risk for clinical depression, whereas at Time 2, this went down to 74% participants being at or above the cut off score.

Garcia et al. (2021) conducted a study among 90 women in domestic violence agencies in California, aged 16 to 69 years old, who were all attending Personal Empowerment Programs (PEP) classes. Researchers found that the type of IPV the women experienced was related to the effects they experienced. It was found that women who experienced chronic sexual IPV were more likely to have negative affect pre- and post-PEP classes, and that women who experienced sexual abuse reported greater depressive symptoms compared to those who did not experience sexual abuse. On one hand, psychological abuse was correlated with greater depressive symptoms and more post-class negative affect, while on the other, physical abuse was associated with a lower decrease in negative affect before and after classes. Researchers concluded that sexual abuse had different implications for women's well-being compared to emotional and physical abuse, and therefore women who experienced sexual abuse may require different support and care. Schultz et al. (2021) conducted a study among five Ojibwe (American Indian) communities, whereby 192 participants, of which 107 were women, were recruited to complete survey interviews on their IPV experience, depression, physical health and drug misuse. It was found that depressive symptoms, physical health and drug abuse

was common among participants reporting higher levels of IPV, and that women were more likely to report depressive symptoms.

Edwards et al. (2021) conducted a study among 59 women who were domestic violence survivors living in trauma-informed living homes in the United States, and found that the women had a mean depression score of 32.22, which is considered severe. It was also found that women who were recently victimized had higher levels of depression, which researchers explain may be due to the fact that the women may not have the chance to make sense of, and move on from their psychological distress. Sauber and O'Brien (2017) also conducted a study among 147 women who were IPV survivors who were receiving help from domestic violence shelters and agencies in the United States. It was found that participants had a high level of depressive symptomology, and that psychological abuse in particular had a significant effect on depressive symptoms experienced by the survivors. Three types of abuse, which are psychological, physical and economic abuse, were found to predict depression and PTSD among survivors.

In a study conducted by Miller-Graff et al. (2021), 137 pregnant women in the United States who experienced IPV were recruited as participants. Results indicated that participants reported a high level of depression, with 78.1% of the sample reporting depression scores above the clinical cut-off score. It was also

found that women's experiences of IPV were significantly associated with a depressed mood. Ogbonnaya et al. (2019)'s study investigated 965 biological mothers with their children in the United States, who experienced IPV and were the subject of child abuse/neglect investigations. It was found that 30.8% participants screened positive for depression, while more than half reported one or more of the following conditions: depressive symptoms, problematic alcohol use and drug use. Renner and Hartley (2018)'s study, which lasted over the course of one year, had a final sample of 85 women in Iowa who experienced IPV. In the beginning of the study, 67% of women met the clinical criteria for depression, and the women's depressive symptom score decreased by 19.83% from the beginning of the study until the end of the study. Researchers note that the women showed improvements in their psychological well-being over time, and this was influenced by the nature of the support provided to the women in the course of their help-seeking of civil legal services, rather than the amount or type of services they received. In a study conducted by Lee et al. (2019), 316 undergraduate students in the United States (75.3% women; 23.4% men; 0.6% "other") were recruited as participants, and it was found that sexual violence was positively and significantly associated with depressive symptoms, while psychological aggression both positively correlated with, and significantly predicted, depressive symptoms.

On the other hand, physical violence was not related to depressive symptoms. Clements et al. (2021) recruited 299 unstably housed IPV survivors

who sought services from a domestic violence agency in the US as participants for the study, of which 292 were women while seven were men. The results showed that depression was significantly and positively correlated with anxiety and PTSD symptoms, and that physical abuse, emotional abuse, sexual abuse and stalking predicted depression. Masci and Sanderson (2017) conducted a study among 291 undergraduate students in Georgia, United States (227 women, 64 men) and found that there was a significant relationship between symptoms of anxiety, depression, PTSD, and a past or present abusive relationship. Beyond this, the researchers did not further elaborate on this result.

Another common effect of IPV was Post-Traumatic Stress Disorder (PTSD), with 16 out of the 39 articles reviewed reporting that IPV survivors suffered from PTSD. Some studies have investigated PTSD among IPV survivors involved in treatment programs. One such study was conducted by Graham-Bermann et al. (2018), who investigated PTSD symptoms among 120 women with young children in Canada, who had experienced physical IPV. It was found that 46% of women were diagnosed with PTSD, and there was a strong association between women's exposure to IPV and PTSD. It was also noted that symptoms of PTSD that lasted for more than one month were common, and while there was a significant reduction in re-experiencing symptoms after intervention, other PTSD symptoms did not see the same reduction. Allard et al. (2016) investigated the effect of Cognitive Trauma Therapy (CTT) among 20 women who experienced IPV in the United States

and who completed the entire treatment. Prior to treatment, results indicated that participants reported a high mean score of 68.95 on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).

Greene et al. (2018) studied 308 mother-child dyads at high risk for family violence in the United States over the course of three years. The results of this study showed that physical and psychological IPV were strongly correlated with one another, as well as with PTSD symptoms among the mothers. There was a direct path from IPV to maternal PTSD symptoms. In a study conducted by Rancher et al. (2018), 119 women who had sought refuge in domestic violence shelters in the United States with their children were recruited as participants, whereby the results indicated that 84% of participants reported PTSD scores above the clinical threshold. After a year of assessment, researchers found that this percentage declined to 34%, and re-experiencing and avoidance symptoms declined as well. Dekel et al. (2019)'s study recruited 505 women who were IPV survivors residing in domestic violence shelters in Israel. Upon admission to shelters, 61% of participants reported probable PTSD. The results of this study revealed that survivors' history of violence during childhood, IPV severity and duration, and feeling helpless had a positive association with PTSD.

Dworkin et al. (2017) examined how sexual assault and IPV contributed to the severity of PTSD symptoms among survivors in the United States, and recruited 219 participants (107 women, 112 men) with trauma histories currently seeking treatment for substance abuse. It was found that sexual assault was associated with higher PTSD symptomology, as opposed to IPV, and researchers explain that this is because the effect of IPV on survivors' mental health depends on the abuse type. Results also revealed that IPV victims reported moderate levels of avoidance, compared to trauma groups, regardless of sexual assault experience. This may be due to the fact that survivors may be avoidant of triggers that might remind them of their abuse, but are less avoidant of external triggers such as people or places related to the trauma. This allows them to maintain a relationship with the abuser. Mazzota et al. (2018)'s study on insomnia and PTSD among IPV survivors recruited 112 women residing in New York, who were IPV survivors and had filed petitions for judicial civil Orders of Protection (OP) in the Domestic Violence Intensive Intervention Court (DVIIC). The results of this study found that PTSD symptoms were present among the women, with 46% of women were identified as experiencing PTSD symptoms, and all of the women reported a perceived level of danger. It was found that there was a significant positive relationship between clinical-level insomnia and PTSD symptoms.

Salcioglu et al. (2017)'s study offers a probable explanation for how IPV leads to PTSD among survivors. In this study, 48.2% of participants reported

experiencing PTSD, and that this was predicted by feeling helpless in life, a fear of ongoing threats to their safety, their past trauma and perceived distress. As such, the researchers believe that the chronic traumatization IPV survivors is due to the anticipatory fear of the trauma reoccurring. Lee et al. (2019) reported that sexual violence was positively and significantly associated with PTSD, while psychological violence positively correlated with PTSD symptoms. However, physical violence was not correlated to PTSD symptoms, to which researchers suggest that psychological IPV may be of greater harm to survivors' mental well-being, compared to physical IPV. Edwards et al. (2021) reported that participants in the study had a mean score of 48.28 on the PTSD Checklist-Civilian Version (PCL-C), which indicated a high severity of PTSD symptoms. It was also found that among the participants, those who were more recently victimized reported higher levels of PTSD. Sauber and O'Brien (2017) found that IPV survivors in their study had a high level of PTSD, and that psychological, physical and economic abuse were predictive of PTSD symptoms among survivors. Similar results were found in Miller-Graff et al. (2021)'s study, whereby participants reporting high levels of PTSD; 68.61% met or exceeded the clinical cutoff for probable PTSD. Besides that, women's experiences of IPV were significantly associated with PTSD. Renner and Hartley (2018) found that 64% of participants in their study met the clinical criteria for PTSD, and the PTSD symptoms decreased significantly over the course of one year. Both Clements et al. (2021) and Masci and Sanderson (2017) found that there was a significant positively relationship between anxiety, depression and PTSD, with Clements et al. (2021) further reporting that the abusive partner's use of children predicted survivors PTSD. Sahdan et al. (2019)

also reported that through interviews of Malay IPV survivors in Malaysia, the women reported a wide range of effects from the abuse, including PTSD symptoms, due to the chronic fear they experienced as a result of the abuse, thereby leading to a state of hyper-alertness.

Four articles reviewed reported insomnia as an effect of IPV (Mazzota et al., 2018; Miller-Graff & Cheng, 2017; Sahdan et al., 2019; Soleimani et al., 2016). In Mazzota et al. (2018)'s study, 46% of participants were identified as suffering clinical-level insomnia. There was a significant positive association between clinical-level insomnia and level of danger felt, as well as between clinical-level insomnia and PTSD symptoms. IPV survivors had high odds of experiencing insomnia, and this was predicted psychological violence and sexual coercion (Sahdan et al. 2019; Soleimani et al., 2016). Miller-Graff and Cheng (2017) explained that women's experience of past year IPV had strong effects on women's sleep quality, latency and efficiency. This means the insomnia they suffer from may be a regulatory stress response to the IPV they experienced in the past year.

According to the articles reviewed, non-PTSD trauma referred to cases where the women IPV survivors exhibited psychological constructs of PTSD, but were not diagnosed with PTSD. Kane et al. (2016) conducted a study among 894 (437 men and 457 women) trauma survivors attending primary care clinics

in Kurdistan, Iraq, in order to investigate the effects of IPV and access to social resources on the daily functioning of trauma survivors. The results of this study reported that women had significantly more IPV experiences than men. Baird et al. (2019) interviewed 15 IPV women survivors in Ontario, Canada on the experiences and trauma they faced as a result of the IPV. It was found that women experienced emotional and physical trauma and while the traumas they experienced seemed to mirror psychological constructs of PTSD, the researchers reported that most of the women did not report any PTSD diagnosis. The emotional trauma the women went through included constant remembering of memories and negative feelings from the abuse, while the women also shared that the trauma manifested itself in physical pain, as well as fear and anxiety due to the abuse and new uncertainties of their futures.

One article reviewed reported that IPV survivors suffered from mental distress (Richardson et al., 2019). Richardson et al. (2019) conducted a study among 3010 women in Rajasthan, India on the effects that IPV had on their mental distress, and the women were re-interviewed one and a half years later. The results indicated that there was a positive relationship between the numbers of abusive acts a woman was exposed to and the distress they experienced, shown through the higher mental distress scores reported by women who experienced more than one abuse. It was also found that a change in the type of abuse, specifically psychological abuse and controlling behavior, caused an increase in levels of distress among women.

One article reviewed reported that IPV survivors experienced a loss of sense of self (Sahdan et al., 2019). Sahdan et al. (2019) reported that IPV survivors felt they had lost their former identity as a result of the abuse. This was due to the abusive words they experienced from the psychological abuse, and this effect followed them even after they were placed in shelters.

2.3.2.2.2 Emotional Impacts. One article reported that IPV resulted in emotional impacts on survivors (Boeckel et al., 2017). Boeckel et al. (2017) conducted a study among 36 Brazilian mothers who had experienced IPV, along with their children. Another 27 mothers with their 27 children were recruited as a control sample. It was found that IPV survivors had greater difficulty in emotional regulation.

2.3.2.3 Social Effects. According to the results of the scoping review, three out of the 39 articles reported social effects suffered by IPV survivors, which included acculturative stress, violent misconduct and maternal bond quality.

2.3.2.3.1 Acculturative Stress. One article reviewed reported that IPV survivors suffered from acculturative stress (Kim, 2019). Kim (2019) conducted a study among 127 Korean immigrant women (64 IPV survivors and 63 non-victims), and the results of this study reported that IPV survivors had a higher acculturative stress score compared to non-victims. Acculturative stress was also found to be positively associated with IPV victimization with the odds of experiencing IPV being 9.0% higher when Korean immigrant victims experienced higher levels of acculturative stress. This seems to indicate that IPV and acculturative stress have a bi-directional relationship, rather than a simple one-way causal relationship.

2.3.2.3.2 Violent Misconduct. One article reviewed reported that the experience of IPV resulted in survivors' engagement in violent misconduct (Lai et al., 2018). Lai et al. (2018) reported that IPV had a positive association with violent misconduct, with women inmates who experienced IPV reporting a higher margin of violent misconduct.

2.3.2.3.3 Maternal Bond Quality. One article reviewed reported that IPV had an impact on survivors' maternal bond quality (Boeckel, et al., 2017). Boeckel et al. (2017) conducted a study among 36 Brazilian mothers who had experienced IPV, along with their children. Another 27 mothers with their 27 children were recruited as a control sample. It was found that IPV survivors who

had a higher exposure to sexual, physical and psychological violence resulted in lower quality of maternal bonding.

2.3.3 Discussion

2.3.3.1 Physical Effects. The results of the scoping review revealed that only four out of the 39 articles reviewed reported on the physical effects of IPV. This could be due to the inclusion of only psychological articles in the search for articles. Despite only four articles reporting physical effects, it was found that IPV survivors suffered from a wide variety of physical effects and medical conditions. This indicates the serious impact that IPV has on survivors' physical health, thereby affecting their lives even after they have escaped the abusive relationship.

2.3.3.2 Psychological Effects. The results of the scoping review revealed that the most commonly reported effects of IPV are psychological effects, in particular, mental health issues, with 32 out of the 39 articles reviewed focusing on the mental health effects that IPV survivors suffer from. Among the various mental health issues reported in the scoping review, the two most common were depression and PTSD, with 23 and 16 articles out of the 39

articles reviewed mentioning these two mental health issues. This points towards the robustness of this finding, whereby depression and PTSD were common effects in studies conducted in eight different countries, which are the United States, China, Korea, Thailand, Iran, Turkey, Malaysia and Georgia. This finding indicates a shared experience by IPV survivors throughout the world, that despite any cultural differences or differing circumstances, IPV has similar effects on survivors no matter what country they are from.

2.3.3.3 Social Effects. The finding from the scoping reviews that IPV results in social effects on the survivors indicates the pervasive impacts that IPV has on IPV survivors and even their loved ones. In particular, the finding by Boeckel et al. (2017) that IPV resulted in lower quality of maternal bonding between IPV survivors and their children is troubling, as Levendosky et. al. (2012) theorized that IPV negatively affects the ways an IPV survivors interacts and bonds with her child, thereby encouraging the intergenerational transmission of IPV. As such, it can be seen that IPV not only affects various aspects of IPV survivors' lives, but affects their loved ones and even their future generations as well, once again pointing towards the pervasive nature of IPV.

2.4 Conclusion

The results of the scoping reviews indicate that risk factors for IPV, effects of IPV and coping strategies used by IPV survivors are complicated in nature, and that they are multi-factored, whereby no one single factor can explain for why IPV occurs, the effects that IPV has on survivors and how the IPV survivors cope with the abuse. Rather, these elements are influenced by an interplay of individual, relational, societal, and environmental factors, making the issue of IPV intricate and nuanced. Understanding the complex nature of IPV, including how IPV survivors react and cope with the abuse, and how IPV affects the different aspects of their lives, is crucial for developing more effective interventions and support systems for survivors.

CHAPTER THREE

STUDY TWO: INTERVIEWS WITH IPV SURVIVORS REGARDING RISK FACTORS, COPING STRATEGIES AND EFFECTS OF IPV

In Study Two, interviews were conducted with IPV survivors in Malaysia regarding the abuse they suffered. This chapter discusses the methodology of Study Two, the data analysis process, and the results obtained from interviewing the IPV survivors.

3.1 Research Questions

For Study Two, the research questions are as follows:

RQ2: What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported IPV survivors in Malaysia?

a. What are the risk factors for IPV reported by IPV survivors in Malaysia, as analysed according to the Ecological Framework?
b. What are the coping strategies used by IPV survivors reported by IPV survivors in Malaysia, as analysed according to Skinner's 11 families of coping?

c. What are the effects that IPV survivors suffer from reported by IPV survivors in Malaysia, as analysed according to the Biopsychosocial Model?

3.2 Research Design

Study Two was conducted using a qualitative approach in collecting and analysing data, using interviews which were phenomenological in nature. According to Braun and Clarke (2022), qualitative research allows the researcher to explore a target samples' perspectives and experiences. It offers the chance to collect data that is rich, complex and detailed, which will allow researchers to have a better understanding around a topic of interest, as opposed to a direct, singular answer. As such, qualitative research design was used in this study, as this study aims to explore the experiences of IPV survivors in Malaysia.

3.2.1 Phenomenological Research

According to Merriam (2009), phenomenology, which is a form of qualitative research, is interested in individuals' lived experiences, and phenomenological studies often include intense human experiences. Similarly, Polkinghorne (1989) noted that phenomenology focuses on "descriptions of

experiences" (p.41). As such, this study utilized phenomenological research to investigate IPV, in order to obtain rich, in-depth data about IPV that can be derived from the detailed recounting of experiences from IPV survivors in Malaysia about the trauma that they underwent.

3.3 Participants

The target sample for Study Two was Malaysian women above the age of 18 who have experienced IPV (regardless of marital status). IPV survivors in Malaysia were recruited because this study primarily focuses on IPV in Malaysia. IPV survivors would be able to answer the research questions for this study, as they would be able to provide their first-hand account of the abuse they experienced.

A total of eight women were recruited for this study, and had an age range of 24 to 48 years old. Among the eight participants, one was Chinese, three were Malay and four were Indian. Due to the sensitive nature of IPV and in order to protect the identities of the women, their locations at the time of the interview will not be disclosed. Among the eight women recruited, six were previously married to their abusive partners, while two were dating their abusive partners and were not married. All eight women were not previously married prior to being in the abusive relationship.

Table 3.1 summarizes the demographic details of the eight IPV survivors recruited for this study.

Table 3.1: Summary of Malaysian IPV Survivors' Demographic Details

Participant	Age Entering Abusive Relationship	Length of Abuse	State Recruited From	Ethnicity	Highest Education Level	Employment	Marital Status	Family Background	Number of Children
1. A	17	6 months	Wilayah Persekutuan	Malay	Master's Degree	Currently employed	Married to her current husband, who is not the abuser	Wealthy, came from a prestigious family	No
2. AC	Did not mention	Did not mention	Selangor	Indian	Primary School	Currently unemployed	Had just left the abusive situation at the time of abuse	Poor family, witnessed her father abusing her mother	3 children
3. K	Did not mention	10 years	Perak	Malay	Secondary school	Used to work at factory, currently unemployed but looking for jobs	Divorced	Normal childhood, but was rebellious	3 children, one has disabilities
4. M	21	1 year	Sabah	Malay	Secondary school	Currently employed	Single	Normal childhood. She was not particularly close to her family. She witnessed her father beat her mother, but did not feel it left any lasting impact on her.	No

5.	P	24	2 years	Selangor	Indian	Secondary school	Currently unemployed; has never worked before	Filed for divorce	Poor family, witnessed her father abusing her mother. Her father often beat her and her siblings, not allowing them to socialize with other children	2 children; one son suffers from second-hand trauma from the abuse
6.	S	19	21 years	Selangor	Indian	Secondary school	Currently unemployed	Did not mention	She did not know her parents and was raised by her grandparents, who have passed away at the time of the interview	2 children
7.	T	17-18	17 years	Selangor	Chinese	Secondary school	Previously employed with a comfortable salary, currently unemployed	In the process of getting a divorce at the time of the interview	Normal family, had a happy upbringing and childhood. She had a close bond with all of her family members	4 children
8.	V	20	20 years	Selangor	Indian	University graduate	Previously held prestigious jobs, currently acts as an advocate, helping other IPV survivors	Divorced	Witnessed her father constantly abusing her mother, and her family members encouraged her to keep quiet about the abuse.	2 children

Table 3.1 shows that a majority of the participants are of Indian ethnicity (four out of eight), and that majority of the participants were recruited from Selangor (five out of eight). There is a variation in the participants' demographic backgrounds, especially in terms of education, with some participants receiving university level educations (such as Survivor A and Survivor V), while other participants received very low education up till primary school (such as Survivor AC). Employment status also varied, with some IPV survivors currently employed while others remain unemployed. The number of children also varied, ranging from having no children to four children. Besides that, it can be seen that five survivors witnessed some form of family trauma as a child, whether being beaten or witnessing inter-parental violence.

3.4 Instrument

The instrument used in this study was semi-structured interviews. According to Ruslin et al. (2022), semi-structured interviews allow researchers to obtain rich, in-depth information. Semi-structured interviews also provide researchers with flexibility and adaptability, while having a clear direction for the study. The interview questions for this study were self-developed and were evaluated by an expert, whereby qualitative feedback regarding the structure of the proposed questions was provided by the expert. The questions were then amended accordingly before being asked to the participants. The interview questions consisted of demographic questions, and had questions regarding risk factors, their experience about the abuse, effects that IPV survivors suffered from the abuse, and the coping strategies they used to cope with the abuse. These

questions corresponded to the research questions for this study and is summarized in table 3.2.

Table 3.2 Interview Questions for IPV Survivors

Research Question	Interview Question
RQ2 (a) What are the risk factors for IPV reported by IPV survivors in Malaysia, as analysed according to the Ecological Framework?	1. Could you please tell me a little about yourself, such as your age, religion (if any), highest education level, employment, number of children and race? 2. Can you tell me about some of the people who are close to you? a) Could you please describe your relationships with the people you mentioned? 3. What was your childhood like? Did you experience any distressing events, or witness any violence between your parents? (For example, shouting hurtful words, hitting) 4. How old were you when you got into a relationship with your partner (who abused you)? 5. Were you working during the abusive relationship? a. Eventually did you leave your employment? b. What made you leave your employment? 6. What did you think your partner was like before the abuse? 7. Can you please describe the relationship between you and your partner in the early years of marriage?

	a. Can you tell me about the time when the abuse started? 8. Why was there such a change in your partner? 9. In your opinion, what made your partner become abusive?
RQ2 (b) What are the coping strategies used by IPV survivors reported by IPV survivors in Malaysia, as analysed according to Skinner's 11 families of coping?	1. What did you do to deal with the abuse? a. What do you think helped you to get through the abuse? 2. Did you think you could manage the abuse? How so? 3. Did you feel as though you could get any resources to help you cope with the abuse? a. What sort of help did you manage to receive? 4. Did you receive any help from your family or friends? a. If yes, can you tell me about how they helped you? 5. Did you feel as though you had hope of getting through the abuse? 6. Did you feel as though you could go on to lead a normal, meaningful life after leaving the situation?
RQ2 (c) What are the effects that IPV survivors suffer from reported by IPV survivors in Malaysia, as analysed according to the Biopsychosocial Model?	1. How did you feel the first time you were abused? 2. Did you have any negative feelings as a result of the abuse? a. Can you tell me more about these feelings? 3. Did you suffer from any serious or long lasting injuries as a result of the abuse?

a. Do the injuries affect your daily life? How do you feel about it?

4. How else do you think the abuse has affected you?

3.5 Procedure

3.5.1 Sampling Technique

This study used purposive sampling, as well as snowball sampling. For both purposive sampling and snowball sampling, the inclusion criteria was that the participants recruited had to be Malaysian women aged 18 and above who had experienced IPV, regardless of their marital status. The women either had to have left the abusive relationship, or still be in the abusive relationship. The exclusion criteria for this study were individuals who are not Malaysian women, and women who did not previously experience IPV. Seven survivors were recruited via purposive sampling, while one survivor was recruited through snowball sampling, whereby she was referred to by a social worker who had contact with her before.

3.5.2 Sample Size Estimation

The study's sample size was estimated to be no fewer than five participants, based on data saturation requirements (Hennink & Kaiser, 2022). Accordingly, an initial target sample of six participants was set. Ultimately, eight women who experienced IPV were recruited, exceeding the minimum estimated sample size.

3.5.3 Ethical Approval

Prior to the data collection, ethical clearance was applied for, and granted from the Scientific and Ethical Review Committee of the university on 2nd August 2023 (Re: U/SERC/191/2023), the letter of which is attached in Appendix A.

3.5.4 Recruitment Process

The eight IPV survivors were recruited via three different channels. The first channel was through contacting NGOs and shelters that were listed on HATI in both East and West Malaysia. HATI is an online directory of all Malaysian charities and NGOs (HATI, n.d.). The researcher contacted all organisations and shelters that were listed to request permission to recruit IPV survivors. A total of five participants were recruited from this first channel. Among them, four survivors were recruited from an NGO-run shelter, while one survivor was a resident in a government-run shelter.

The second channel was recruitment of participants via social media. Due to the sensitive nature of the topic of IPV, and changes in policies in most NGOs and shelters, the researcher turned to online social media to recruit participants. Social media posts with a brief description of the study and methods to contact the researcher were posted across different social media platforms, which included Twitter, Facebook, Instagram and Xiaohongshu. In the end, two survivors reached out and agreed to be recruited for this study.

The third method was by referral, whereby one other survivor was recommended by a social worker who had come into contact with her before.

3.5.5 Interview Process

For the five survivors who were recruited from NGOs and shelters, all communication was conducted with the person-in-charge. A brief explanation of the study as well as a guideline of questions that would be asked in the interview were provided to them, and after the women agreed to be interviewed, the person-in-charge would contact the researcher to arrange for a date and time of the interview.

The data in this study was collected through semi-structured interviews

that were conducted through online platforms of Microsoft Teams, Zoom and Whatsapp calls. As some of the interviews were conducted in 2020 and 2021, due to the health and safe concerns over the Covid-19 pandemic, the interviews were conducted via online platforms. Interviews that were conducted in 2024 were also conducted online, as this was the preferred method by the survivors, as it offered them a sense of anonymity. The interviews were conducted in three languages, which were Mandarin, English and Bahasa Malaysia. Two survivors were not too articulate in either English and Bahasa Malaysia, and at times required help from the social worker in order to translate their responses from Tamil to English. The interviews were audio recorded for transcription purposes, and permission to record the interviews was obtained from the participants at the start of the interview.

The duration of the interviews for participants who were IPV survivors ranged from 28 minutes to 90 minutes, and averaged 46 minutes per interview. The audio interviews were transcribed verbatim and checked for accuracy before being uploaded to NVivo, a qualitative analysis software.

3.6 Data Analysis

3.6.1 Transcription

Audio recordings of the interviews from the participants were

transcribed verbatim. As noted, the interviews were conducted in three different languages, which was English, Mandarin and Bahasa Malaysia, of which I am proficient in. For the interviews that were conducted in Mandarin and Bahasa Malaysia, the interviews were first transcribed in the language in which the interview took place. Once this initial transcription was completed, I translated the transcripts into English, constantly checking to make sure that what I had translated was true to the intended meaning of the original conversation. Once the transcripts were translated back into English, I then sent both the initial non-English transcript and the translated English transcript to my supervisors, who were both proficient in English, Mandarin and Bahasa Malaysia for further checking and confirmation.

3.6.2 Thematic Analysis

After transcribing the interviews from each participant, the resultant data was coded using thematic analysis. Braun and Clarke (2006) defined thematic analysis as a method used to identify, analyse and report themes that arise within data. Thematic analysis possesses theoretical independence which allows it to be a flexible research tool in identifying and analyzing themes among research data, as well as providing rich yet complex accounts of qualitative data (Guest et al., 2012; Braun & Clarke, 2006).

The process of coding the data was guided by the principles of thematic

analysis, by following the six phases of familiarizing with the data, generating initial codes based on the collected raw data, searching for themes among these initial codes generated, reviewing and refining the themes, defining the themes and finally producing the report (Braun & Clarke, 2006). For this present study, one coder was primarily responsible for coding the transcribed data collected. After conducting the initial coding, a second coder was brought in to confirm the accuracy of the codes that were generated. In the event of any discrepancies or disagreements, a reviewer was brought in to make a final decision.

3.6.2.1 Coding and Making Memos. This study included the use of three types of coding techniques, which were deductive coding, open coding and selective coding.

Deductive Coding. Deductive coding is the process of creating codes prior to the data analysis, and can be used to organise data according to pre-existing categories that were developed from particular literature or theory (Bingham & Witkowsky, 2023). As noted, this study aimed to analyse and categorise the risk factors for IPV, the effects of IPV and the coping strategies used by IPV survivors according to the Ecological Framework, the Biopsychosocial Model and Skinner's 11 families of coping respectively. As such, a prior set of codes according to these three models have been developed prior to analysing the data. These resultant codes provided some pre-set responses to categorise the data.

Open Coding. After the deductive coding was conducted, the process of open coding took place. Initial codes were generated by going through participants' text responses line-by-line, which is the process known as open coding, and is important as it generates a list of potentially important themes (Corbin & Strauss, 2008). For example:

> ***Interviewer:*** *Other than abusing you, did he hurt your kids?*
>
> ***Respondent [S]:*** *He's a loving father to the children. But when he's drunk* ***[engages in substance abuse]****, he would think the kids support me or help me. When he thinks that, he would hit the kids* ***[physically abuses the children]****.*

interview response-keyword-theme

Memos, which are a record of the researchers' analysis, thoughts, interpretations, questions and directions, were also added in the process of coding, to make notes of concepts that were identified when reading the text responses. These memos are useful as they can be revisited and re-analyzed during the overall data analysis. For the example above, the following memo was recorded:

Memo: The word "but" in the answer implies that this abuser turns abusive when he is drunk.

Selective Coding. After the initial codes have been generated, selective coding is carried out, whereby codes that have similar properties are further refined and grouped together into themes and sub-themes. The categories generated will be compared against data from each case in order to make sure they apply to all cases in the study (Corbin & Strauss, 2008). These categories will eventually form the basis for the overall theory of the study.

3.6.3 Data Saturation

Data saturation refers to the point whereby the additional data collected no longer uncovers new insights or information, and further data collection is redundant (Bryant & Charmaz, 2007; Hennink & Kaiser, 2022). After conducting a systematic review of qualitative studies, Hennink and Kaiser (2022) suggested that to reach data saturation, a sample size for a study could range between five to 24 interviews. In this study, I had intended to collect data until reaching saturation. This was attempted by trying to recruit as many participants as possible, by contacting all possible NGOs and shelters in both East and West Malaysia. I met with some challenges in the process of recruiting IPV survivors as participants for this study, the first of which was the change of policies by many shelters and NGOs after the COVID-19 pandemic, whereby the organizations no longer allowed survivors to be recruited for research studies. Besides that, several shelters closed down after the pandemic due to lack of funding, thereby contributing to the difficulties in recruiting participants.

In order to overcome this challenge, I resorted to recruiting participants online via various social media platforms. However, due to the sensitivity surrounding IPV in Malaysia, I only managed to further recruit two more participants, as many people were reluctant to speak about their experiences, and declined to be recruited for this study. As such, despite the above attempts to increase the number of participants recruited, in reality I was not able to collect more data to ensure data saturation as I had hoped for.

After recruiting the eighth and final participant, with no further success of recruiting additional participants, I decided to stop data collection. After analysing data from the interviews conducted with the eight IPV survivors, it was found that partial data saturation was reached, whereby there were repeated themes found for risk factors for IPV, coping strategies used by IPV survivors and effects of IPV, with no new themes emerging in the process of data analysis. However, I suspected that there might be more themes left undiscovered, particularly regarding risk factors at the relationship level and community, as some themes that were reported in prior literature were not found in this study.

3.6.4 Reliability and Validity

Reliability. Reliability in this study was ensured by carrying out respondent validation, checking of transcripts and investigator triangulation.

Respondent Validation. In terms of the reliability of the interview responses with the IPV survivors and social workers, respondent validation was carried out to check for the accuracy of the responses (Torrance, 2012). This was carried out by obtaining clarification regarding the survivors' and social workers' responses throughout the interview process. Given that online interviews present unique challenges—such as potential misunderstandings due to internet lag or unclear audio—it was crucial to actively confirm interpretations of participants' answers. Throughout the interview, I constantly verified the meaning of the responses when unsure, such as by reframing the wording into a clear manner, in order to confirm whether that the researcher had correctly understood what they meant, only moving onto the next question once I had made sure that I had gotten an accurate understanding of the participants' responses. For example:

> ***Survivor T:*** *In the last 10 years, he would fight verbally with me about once every two or three months. As for physical violence, anytime he liked. It's not like he beats me every time, but that doesn't mean he doesn't beat me each time we fight. When he loses his temper, he would fight with me once every two or three months, at least four times a year. The worst thing that I can't stand is how irrational he is, how he always makes trouble for no reason. Then he turns it back onto you and asks you what he did wrong.*
>
> ***Interviewer:*** *So what you mean is although you said maybe he beats you once every two or three months, he abuses you verbally every day, and*

always throws temper tantrums and kicks up a fuss at home. Is that correct?

Survivor T: *Yes, that's correct.*

Recording and Checking of Transcripts. In order to ensure reliable data analysis, all interviews were recorded with high-quality audio, as unclear recordings could lead to transcription errors—a particular risk in online interviews due to potential connectivity issues or background noise. I used adequate recording equipment and tested the sound system beforehand to minimize technical disruptions.

During transcription, I systematically cross-checked the audio recordings against the written transcripts to verify accuracy and consistency. This iterative process helped identify and correct any discrepancies, such as misheard words or omitted phrases, thereby enhancing the reliability of the data.

Investigator Triangulation. In terms of the reliability of the codes generated, investigator triangulation was carried out in the process of coding, whereby the primary researcher conducted the initial coding, and these codes and themes were independently cross-checked with a secondary researcher in order to ensure there was no shift in meaning in the process of coding. In the event of discrepancies, the primary researcher met with two other researchers to

review and resolve these discrepancies.

Validity. The validity of this study was ensured by carrying out data triangulation, confirming translations of interview questions and addressing reflexivity bias.

Face Validity. During the process of developing the interview questions, face validity was ensured whereby the interview questions were evaluated by an expert. The expert provided qualitative feedback regarding the structure of the proposed questions, and the questions were modified accordingly before being asked to the participants.

Ecological Validity. Online interviews may result in missing nonverbal cues due to the limited visual frame for observing participants, which can reduce the richness of contextual data. Additionally, participants might feel uncomfortable in an online setting, potentially leading to unnatural behaviors that could influence their responses. To mitigate these challenges, I worked to establish rapport with participants at the beginning of each interview by asking general, non-intrusive questions unrelated to the topic of intimate partner violence (IPV). This approach helped participants relax and adjust to the interview environment before discussing sensitive experiences. Furthermore, I carefully documented any observable nonverbal cues or emotional responses,

such as pauses, changes in tone, or visible distress, and included these annotations in the transcripts to preserve the emotional and contextual nuances of the interaction. An example of this is as follows:

> ***Survivor AC:*** *Sometimes I feed the baby, when I breastfeed the baby, he comes to beat me. He doesn't think about the baby. Sometimes he will open the door and ask me to leave. [Here she starts crying)]*

Data Triangulation. According to Guion et al. (2002), data triangulation ensures and even increases the validity of a study, by analysing a research question from the viewpoint of multiple perspectives. Data triangulation involved comparing research results across two or three data sources, which are Study One (scoping reviews), Study Two (interviews with IPV survivors) and Study Three (interviews with social workers).

Round-Trip Translation. As noted, interviews with the IPV survivors were conducted in three different languages, which were Mandarin, English and Bahasa Malaysia. Both the interview questions and the interview transcripts that were conducted in Mandarin and Bahasa Malaysia were first verbally transcribed in that language, before translating them into English. After translating the questions and responses, I then back-translated them to ensure that the meaning of the questions that were asked to the participants, and the responses from the participants were maintained. As the primary researcher, I

am proficient across these three languages used to conduct and interpret the interview. In order to confirm the validity of the interview questions and responses, these translated responses and interpretations were run through and confirmed by my supervisors, who together are proficient across the three languages.

Investigator Triangulation. Investigator triangulation was also conducted to ensure validity in this study, whereby the risk factors for IPV, effects of IPV and the coping strategies used by IPV survivors were analysed and categorised according to the Ecological Framework, the Biopsychosocial Model and Skinner's 11 families of coping. The primary researcher conducted the initial analysis and categorising according to the theoretical definitions of the respective models, and these categorisations were checked by a second researcher. The two researchers met to review and resolve any discrepancies, if any. In the event the two researchers were unable to come to an agreement, a third researcher was brought in to give their final opinion.

Reflexivity. According to Jamieson et al. (2023), reflexivity is the process in which a researcher examines their assumptions, beliefs and judgement systems, and how these may affect the research process. The act of reflexivity is one of the methods used in this study to address and control for interview bias, by considering my own beliefs and thoughts about IPV and how this might affect the interview process with the IPV survivors interviewed.

I grew up witnessing and hearing incidents of close relatives and family friends being physically hit and belittled, and wondered why these "open secrets" were tolerated and even accepted. I did not understand how these women stayed even after being treated badly by their husbands, and how people around me did not think this behaviour was wrong. At that time, I did not know the meaning of "abuse" or "intimate partner violence". As I grew older and learned more about the world around me, I gained a basic understanding of domestic violence and violence against women even before I began this study about IPV. This led to the development of feelings of sympathy and empathy towards women who had experienced IPV, as well as feelings of anger towards the perpetrators. These feelings were carried forward into my research. As I listened to the women recount their experiences of being abused, and read through the transcripts of the women that I had interviewed, I found myself rooting for the women while feeling anger and despair at the way their abusive partners had treated them, seeing echoes of the women I personally knew in my life who had similar experiences, but were forced to keep quiet due to society's unforgiving view of women who spoke out about abuse. The physical abuse, the belittling, the emotional manipulation, the helplessness the women felt at being stuck in abusive relationships; the same situations were repeating again and again, with different women leading different lives. Listening to the social workers talk about their own emotions being affected by how their clients were abused so badly, I felt a shared sense of empathy with them, as well as a helplessness to hear how some of the social workers talk about how IPV could

very well still happen, despite all the measures and efforts being put in place.

As an Asian nation, Malaysia has had made great strides in terms of gender equality, but IPV has remained a taboo subject amongst society. Often touted as a “family matter”, Asians believe in not airing a family’s dirty laundry. But that contributes to the danger of IPV, as well as contributing to the generational pain and acceptance of IPV that gets passed down from mother to daughter. Before conducting this study about IPV and learning more about IPV, I understood that it would be difficult, if not impossible, to eradicate IPV altogether. This study and listening to these women who had survived through the abuse has further instilled in me a belief, that it is time to break the taboo and silence on IPV. While Malaysian society as a whole may not be able to accept too drastic of a change, gaining a better understanding of IPV is the first step forward to reducing IPV. I strongly believe in women having the freedom, bravery and support in speaking up when they are being abused, and hope that this research can contribute, however small, to the steps forward being taken.

3.7 Results and Discussion

Data analysis from the interviews with the IPV survivors yielded rich data regarding risk factors for IPV, effects of IPV and the coping strategies used by the IPV survivors interviewed. This section presents the results and corresponding discussion.

3.7.1 RQ2(a) What are the risk factors for IPV reported by IPV survivors in Malaysia, as analysed according to the Ecological Framework?

A summary of the risk factors yielded from the interviews with the IPV survivors, categorized according to the four levels of the Ecological Framework, is shown in Figure 3.1 below (see Figure 3.1).

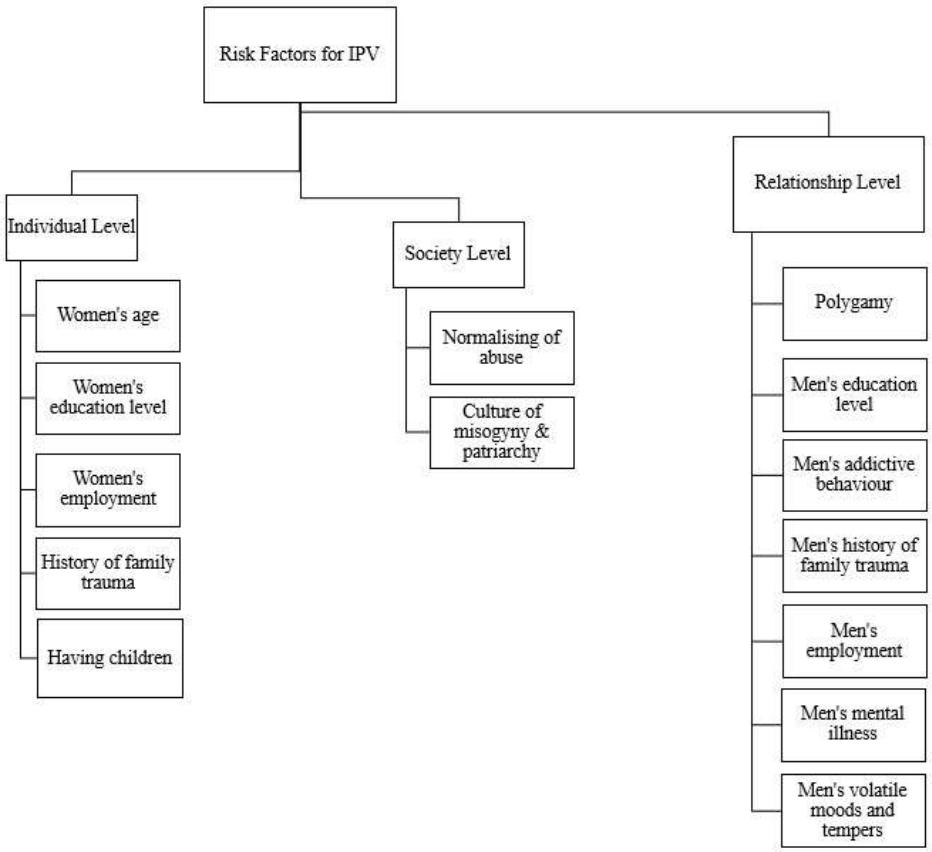

Figure 3.1 Risk Factors Reported by IPV Survivors According to Ecological Framework

The results of the interviews with the IPV survivors revealed a wide variety of risk factors for IPV. All the risk factors reported were categorized according to the four levels of the Ecological Framework, which are the individual level, the relationship level, the community level and the society level.

3.7.1.1 Individual Level. Five sub-themes were discovered, which are women's age, women's education level, women's employment, women's history of family trauma and having children.

Women's Age Entering the Abusive Relationship. Four out of eight survivors reported that they entered their abusive relationships before the age of 21. Survivor A said that:

> "I met him when we were in boarding school, when I was 17, and we got together then." (Survivor A)

Women's Education Level. Five survivors received education up till secondary school (including Form 6), one survivor was educated up till primary school and two survivors were university graduates. Survivor AC said that:

"I had very low education, up till primary school." (Survivor AC)

On the other hand, Survivor V said that:

"I am a degree holder in biochemistry." (Survivor V)

Women's Employment. Three survivors have been unemployed throughout the marriage, and remained unemployed.

"I used to work at a factory, but I'm currently unemployed." (Survivor K)

"No, I've never worked before." (Survivor P)

On the other hand, three survivors are currently employed. One survivor used to work with prestigious companies before her husband made her choose between family and her career, upon which she resigned. She currently runs her own business. According to Survivor V:

"I used to work with all the big pharma companies, Pfizer, Astra Zeneca and all…He (the abusive partner) forced me to choose between my work and my family…I resigned later on." (Survivor V)

Women's History of Family Trauma. Four survivors experienced some form of family trauma, which include witnessing inter-parental violence and being physically beaten as a child. Survivor P described how her father used to be very strict and beat her and her siblings when they were young. He also forbade her from leaving the home and socialising with other children. This led to her experiencing a very difficult and unhappy childhood. According to Survivor P, with translation from the social worker:

> "Her father used to be very strict with her and beat her quite often. There are four of them, and he used to beat the first three. He pampered the youngest one. Her father was very strict and very conservative, and she couldn't get out of the house, she couldn't socialize and all that. Her father used to beat her mother too." (Survivor P)

Four survivors also recalled seeing their fathers abuse their mothers, with Survivor V describing her surprise at how abuse seemed to be accepted by her family members, recalling how she used to find their reactions appalling and could not understand their lack of condemning of the abuse:

> "My father used to abuse my mum and my mum would wake up and make coffee for him. My grandma and aunts were staying with us. No one would get up and say it was wrong. Everyone went shh, don't ask

your mum anything." (Survivor V)

She also admitted how she subconsciously attracted a partner like her father, because she wanted to try to change her partner for good, the way she wished she could have changed her father's abusive ways as a child.

Having Children. Six out of the eight survivors interviewed reported having children, ranging from two to four children.

"I have 3 children. The youngest is 2 years old, and the oldest is 6 years old." (Survivor AC)

"I have four children." (Survivor T)

3.7.1.2 Relationship Level. Eight sub-themes were discovered at this level, which are men's education, men's age, men's addictive behaviours, men's history of family trauma, men's employment, men's mental illness, men's volatile moods and tempers and polygamy.

Men's Education. Two out of the eight survivors mentioned their abusive partners' education. Survivor T recalling that her husband only stopped schooling after Remove class (which is a year-long transition class for students

in Malaysia who fail the Malay subject in primary school, before they are able to move onto secondary school) and performed poor academically, saying that

> "He dropped out after Remove…everyone was surprised when we got together because I performed well in school, while he was a poor student." (Survivor T)

On the other hand, Survivor A said that:

> "He went to a different university (than mine)." (Survivor A)

Men's Age. Out of the eight survivors, three survivors reported that their abusive husbands were younger than them. Survivor K believed that her husband's younger age was one of the reasons for the abuse, and even gave excuses for her husband turning abusive:

> "Even though my husband was 20 years old then, I was 26. There was this age gap between us…He wanted his single life like before. He didn't want to be tied down. Because he's still so young, he's still immature. He was 20 when we got married; what was he supposed to be thinking about? Like family and the future. He's not able to think that far ahead. He treated me like that, like he's angry at me for being a burden to him." (Survivor K)

Men's Addictive Behaviours. Four survivors reported how their husbands engaged in drug and alcohol abuse, while one survivor noted how her husband was gambling a lot. Survivor A described the abuser as becoming very erratic after he started taking drugs. Survivor T noted that every time her husband took drugs, he would beat her. It was interesting to note how Survivor S seemed to separate her husband into two identities, one as a drunk and one when he was sober:

> "For the last 17 years, if he would get drunk, or when we would fight, he would hit me…When he's not drunk, he's very loving to the kids and myself. As a father, he did everything for his kids and for me." (Survivor S)

Men's History of Family Trauma. Two survivors mentioned that their partners experienced some form of family trauma as a child. Survivor V's husband was abandoned by his parents as a child, while Survivor M noted that her boyfriend's father was very abusive towards his mother:

> "His father was very abusive to his mother. So his way of thinking is that being abusive (to the partner) is normal and right. So physically abusing your partner is normal for him, because he followed his father's example." (Survivor M)

Men's Employment. Three survivors mentioned that their abusive partners were unemployed.

> "I am the sole breadwinner of my family, he (the abuser) doesn't work." (Survivor T)

Among them, two survivors state that the abusers' unemployment was one of the reasons for the abuse. Survivor AC noted:

> "He was stressed because he lost his job. He changed a lot." (Survivor AC)

Men's Mental Illness. One survivor, Survivor AC, reported how she believed her husband developed mental problems as a result of financial stress. She said:

> "My husband now has mental problems. He cannot control. Sometimes he's angry, he cannot control. That's why he drinks and beats me. He cannot control. Anything he has in his hand, he will use it to beat us. He cannot control." (Survivor AC)

Men's Volatile Moods and Tempers. Three of the survivors interviewed described their partners as having volatile moods and tempers. Survivor P was angry as she recounted how her husband would lose his temper for no reason and abuse her:

> "He would see me feeding my baby and he would hit me. And my baby would cry and he would become angry and hit me harder." (Survivor P)

Survivor T also expressed her frustration at how her abuser used to lose his temper at the smallest things, and emphasized his irrational mood swings:

> "When he loses his temper, he would fight with me. The worst thing that I can't stand is how irrational he is, how he always makes trouble for no reason… when he lost his temper, he'd hit me." (Survivor T)

Survivor K's husband was hot-tempered to a manic point, and he used to always hit his mother. She said:

> "He became someone who's hot tempered, like there was something wrong with him. He couldn't stand to see my face, because once he saw me he would hit me. He would feel the urge to hit me, or kick me or hurt me." (Survivor K)

Polygamy. Six survivors mentioned how their partners were engaged in affairs or polygamy. Survivor A noted how her boyfriend was already in a relationship when they got together, and she didn't know about it, while the other five women mentioned how their partners had affairs with other women throughout the duration of their marriage. According to Survivor P, via translation from the social worker:

> "He had lots of other girlfriends' contacts so he would contact them via phone. So they got married in February and she got pregnant in March, and once she got pregnant, the husband started having, talking with other women." (Survivor P)

3.7.1.3 Community Level. One sub-theme was discovered at this level, which is socioeconomic status (SES).

SES. Two survivors talked about the low SES of their family.

> "He (The abuser) said he couldn't find money. He tried to open a shop with other business partners, but the business partners cheated him of his share of the money. That's why my husband was very stressed." (Survivor AC)

> “My first son, a few months after he was born, he (the abuser) didn’t have any money or anything… I had to go pick up rubbish and sell the rubbish and earn some money to buy instant noodles.” (Survivor P)

3.7.1.4 Society Level. Two sub-themes were discovered at this level, which are culture of misogyny and patriarchy and normalizing of abuse.

Culture of Misogyny and Patriarchy. Two survivors highlighted the influence of patriarchal culture on the abusers’ behaviour. Survivor AC’s husband was misogynistic, and she cried as she recalled how he used to demean her and verbally abuse her:

> “He said, “You can’t do anything because you’re a woman. Don’t teach me, I’m the man. I can do anything.” He even taught my children, “If your mother doesn’t listen to you, you beat her like this.” He taught them his style.” (Survivor AC)

Survivor V described how her husband believed that he was entitled to abuse her, and that he was in the right.

Normalizing of Abuse. In regards to the interview responses, two survivors talked about how there was normalizing of the abuse. Survivor V, described her thought process when she was first abused by her abuser, recalling how her childhood experiences led her to be normalized to abuse:

> "The first time he slapped me, I was like ok my mum stayed, so it's probably normal. So that moulded a belief system that it's ok to accept it". (Survivor V)

On the other hand, Survivor M described how her boyfriend's father was abusive to his mother, saying that:

> "His father was very abusive to his mother. So his way of thinking is that being abusive (to the partner) is normal and right. So physically abusing your partner is normal for him, because he followed his father's example. So he saw what his father did, and he copied his actions with me." (Survivor M)

3.7.1.5 Discussion. At the individual level, the most common risk factor was women's age, whereby five out of the eight survivors entered the abusive relationship before the age of 18. As noted, research regarding women's age as a risk factor has yielded inconsistent results whereby some studies found that younger women are at higher risk of experiencing IPV (Ahmadi et al., 2016;

Eldoseri & Sharps, 2020). However, other studies find older women more susceptible to IPV (Aizpurua et al., 2017; Rahme et al., 2020; Sunmola et al., 2019). As such, future research may consider looking into the age at which a woman enters the abusive relationship, rather than the woman's age at the time of the study.

At the relationship level, the two most common risk factors were polygamy and men's addictive behaviours. Six out of the eight survivors reported that their abusive partners were engaged in polygamy. Among them, survivor A recalled how her abusive partner was already in a relationship when they started dating (without her knowledge). Another survivor, survivor K, recalled how her husband grew frustrated at her because he started seeing other women. Besides that, five out of the eight survivors reported that their abusive partners engaged in addictive behaviours such as substance abuse and gambling. Among them, four survivors recalled how their partners' behaviours changed after consuming drugs and alcohol, and that they ended up being abused every time their partners consumed drugs and alcohol.

Only one risk factor was reported at the community level, which was SES. Only two survivors interviewed brought up SES, while the other six survivors did not mention anything about their family's SES. This could be due to the women's beliefs that factors such as SES or area of living did not expose them to IPV. It is also possible that the women were not able to articulate how

their families' SES could have exposed them to abuse.

At the society level, the most common risk factor was the culture of misogyny and patriarchy and normalising of abuse. In terms of culture of misogyny and patriarchy, two survivors reported how their abusive partners held misogynistic and traditional patriarchal values. Throughout the interview, Survivor AC repeated that her abusive partner constantly emphasized the fact that he was the man and could do anything, while she was inferior because she was a woman. Besides that, one survivor reported how she was normalised to abuse as she grew up witnessing her father being abusive to her mother, while another survivor talked about how her abusive partner was normalised to abuse, as his father was abusive to his mother. As such, it can be seen that the acceptance of violence towards women is embedded in culture and even taught from young.

3.7.2 RQ2(b) What are the coping strategies used by IPV survivors reported by IPV survivors in Malaysia, as analysed according to Skinner's 11 families of coping?

A summary of the coping strategies yielded from the IPV survivors, categorized according to Skinner's 11 families of coping, is shown in the figure below (see Figure 3.2).

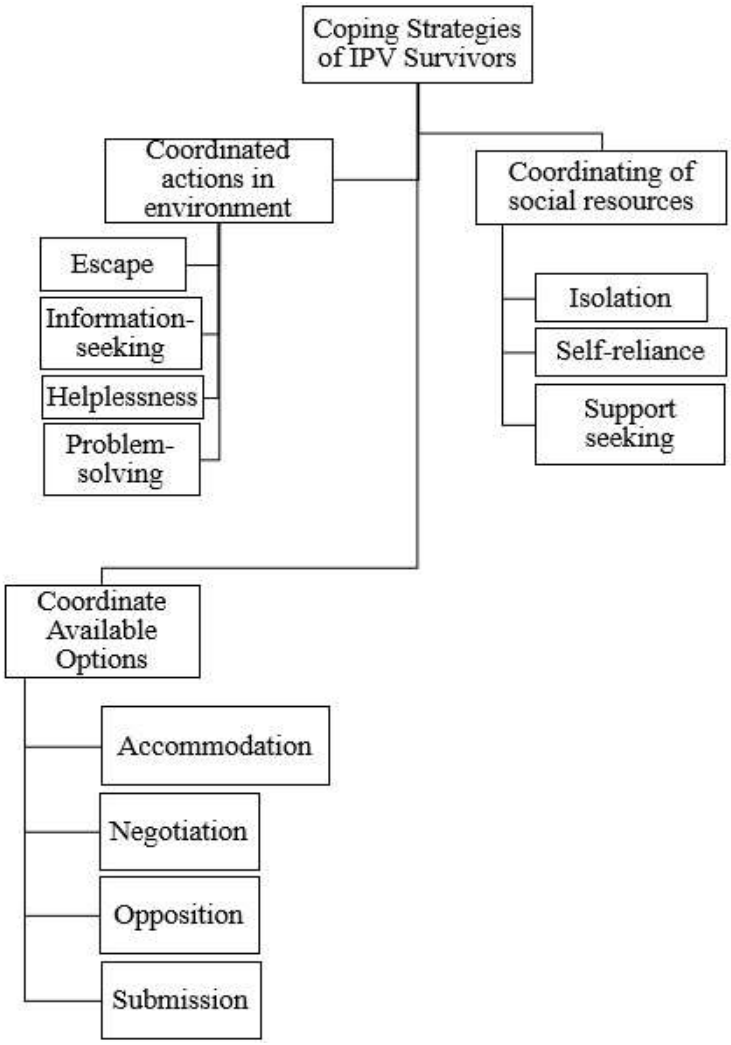

Figure 3.2 Coping Strategies Reported by IPV Survivors According to Skinner's 11 Families of Coping

The results of the interviews with the IPV survivors in Malaysia revealed a wide variety of coping strategies used by IPV survivors. A total of three themes were discovered, which further yielded a total of eleven sub-themes which were aligned to Skinner's 11 families of coping. All the coping strategies among the data collected from the scoping review and both IPV survivors and social workers were analysed and matched according to Skinner's 11 families of coping, which included accommodation, escape, helplessness, information seeking, negotiation, opposition, problem-solving, seeking support, self-

reliance, social withdrawal and submission.

3.7.2.1 Coordinating Actions in the Environment. This theme consisted of four sub-themes, which were escape, information-seeking, helplessness and problem-solving.

3.7.2.1.1 Escape. All eight survivors reported using escape strategies. These included avoidant actions, denial, false hope and harmful coping.

Avoidant Actions. A total of four survivors engaged in avoidant actions. Survivor K avoided making abuser mad so he wouldn't hurt the children. Another avoidant action the survivors engaged in were travelling between their marital and natal home. Survivor P went to stay with her mother and told her mother about the abuse, and gave birth to her second child before coming back. Another survivor, Survivor T, took her children with her to her parents' home as a way to temporarily escape from the abuser, saying that:

> "At that point, I lost it. I decided I couldn't tolerate him anymore…Then I took my children and left him. He kept blaming me for the past five months that we've been staying at my father's home." (Survivor T)

Besides that, survivors also engaged in physical avoidance. Survivor P and her children slept in different rooms from the abuser. Survivor AC and Survivor K reported locking themselves in a different room from the abuser to avoid being abused, with Survivor K saying that:

> "He went to get a knife from the kitchen and tried to hurt my child…I took my child and ran and tried to hide in a room and lock the door." (Survivor K)

One survivor, Survivor K, engaged in cognitive avoidance, saying that:

> "I'm trying to not think about what happened. I only want to look forward and think about my kids." (Survivor K)

Denial. Two survivors engaged in denial, whereby one survivor, Survivor V, talked about how she chose to ignore her husband's emotions and continued being in the relationship, saying:

> "As long as you don't see that part of him, I was ok." (Survivor V)

Another survivor, Survivor A, recalled how she used to make excuses for her abuser, denying his abusive behaviour, saying:

> "He wasn't always like this…I was like he's not being himself right now, he's just upset because we broke up". (Survivor A)

False Hope. All eight survivors reported having false hope that the abuser would change for the better. Seven survivors gave abusers chances and hoped they would change. Survivor V hoped that getting pregnant would make her partner stop being abusive, saying that:

> "This is 20 years of my marriage, but the thing is that you always have the mind-set that he'll change. So it's like marriage is going to change, or a child is going to change." (Survivor V)

Harmful Coping. Survivors also engaged in harmful coping strategies to cope with the abuse, and this included substance abuse and self-harm. Three survivors reported engaging in substance abuse and suicide as a way to cope with the abuse. Survivor A engaged in copious drinking to numb her emotions about the abuse, saying that:

> "I was having fun in university, and didn't realise it was a lot of masking. So I was drinking a lot and I was trying to not think about it." (Survivor A)

Survivor P had suicidal thoughts as a way to escape the abuse (but did not carry out suicide), while Survivor V inadvertently attempted suicide, saying that:

> "I broke down. I attempted suicide. I actually didn't want to kill myself, but I was so tired. But my brain couldn't stop thinking. So what I did was I took sleeping pills. I took the amount that would make it toxic. I said I need to sleep and rest my brain."

3.7.2.1.2 Information Seeking. This sub-theme is defined by the attempts that survivors make to gain more knowledge or awareness about the abuse they experienced, as well as their rights. In terms of the interview responses, two out of the eight survivors engaged in information seeking, which included the strategy of gaining awareness.

Seeking Knowledge and Awareness. Two survivors talked about how they gained awareness that what they experienced was abuse, and that abuse was wrong. Survivor V mentioned how she gained awareness about what triggers her and how to cope properly with it. She also described how she took steps to gain knowledge about abuse and its process, and how this knowledge allowed her to heal from her trauma, saying that:

> "Along the way, with what I've learnt, I equip myself with enough

knowledge to heal myself. And these were all self-searching journey and what worked for me." (Survivor V)

3.7.2.1.3 Helplessness. In terms of the interview responses, seven out of the eight survivors engaged in helplessness coping strategies, including having no choice but to stay, passivity and tolerating the abuse.

Passivity. Two survivors talked about how the abuse resulted them in becoming passive and helpless. Survivor V described how she became helpless and doubted her ability to leave the abuser, saying:

"But when I was there (in the abusive relationship), I wasn't able to do it. No matter what people came and told me, I doubted myself. Could be trauma, my own fear. When I found out he was having other women, I lost my willpower. I went back into that cycle, despite being so well-equipped." (Survivor V)

Survivor T said her entire mental state went into a breakdown and she became helpless, saying that:

"That's why as time goes on, your entire mental state goes into a breakdown. I became so helpless to the point when I think about before

now, I feel stupid. I was so stupid." (Survivor T)

Tolerating the Abuse. Six survivors talked about how they tolerated the abuse initially. Survivor V mentioned that because her mother stayed in the abusive relationship, she thought it was normal to stay. Survivor P stayed because she felt trapped and had no one to help her, as she was pregnant with her first child, and then the second. Survivor T initially tolerated the abuse because the relationship was really good for 10 years before the abuser suddenly changed, saying that:

> "When I was pregnant with my oldest daughter, he made me feel like I was the luckiest woman in the world. But for some reason, during the latter 10 years, he suddenly changed. His entire person changed for the worse. This is why I tolerated for so long before finally escaping now." (Survivor T)

3.7.2.1.4 Problem-Solving. This sub-theme is defined by the attempts survivors make to solve the problem, which in the context of this study is the abuse they experience. Coping strategies under this sub-theme include logical analysis, facing problems head-on, gaining independence, leaving the relationship, making plans, trying to get the abuser help, and stopping the abuse.

In terms of the interview responses, all eight survivors reported using problem-solving strategies.

Logical Analysis. In terms of the interview responses, four survivors engaged in logical analysis by thinking through their partner's behaviours. Survivor S realised that the abuser's behaviour was unpredictable and wondered if he would keep abusing her. Survivor P thought about how the abuser was sleeping with so many women and how she ended up with him, while Survivor AC came to the understanding that she did not want to have anything to do with the abuser after everything he had done to her. Survivor M kept thinking through the abuser's actions and what her future with him would be like, and came to understand that he would never change his behaviour. Her tone, while unsure in the beginning of the interview, took on a firm tone as she described how she came to the decision to end the relationship:

> "Do I really want to live and spend my life with a man like him? I had so many questions. What would my fate be like if I got engaged and married to him? After three days, I made the decision, I told him to just end the relationship." (Survivor M)

Facing Problems. Two survivors talked about facing problems/abusers head-on. Survivor P was determined to face the abuser instead of hiding away, while Survivor T described how she was not afraid to face the problems in her

way. Both women were very firm in their recounting, demonstrating their incredible resilience despite the trauma they experienced:

> "I told my parents, I'll leave your home now and go do what I need to do (to solve this). Because if I continued to stay with my parents, I don't have the time to handle the divorce proceedings…Even if you run into problems, you have to face them head on. You have to accept the reality of the situation." (Survivor T)

Gaining Independence. Five survivors talked about how they gained independence (including financial) after leaving the relationship. They learned new skills and were able to provide for themselves and their children, and learned to take responsibility for their own lives. There was excitement in Survivor K's voice as she described how she had gained independence after leaving the relationship, and it was evident that she was proud of herself that she had become more independent and skilled:

> "I don't have a husband now but I'm okay with my children now. I'm doing okay even without a husband… I could provide for myself and my children, and pay for their schools. I'm skilled now, I know how to cook curry. I know how to drive now." (Survivor K)

Leaving the Relationship. All eight survivors have left the relationship,

with four survivors having divorced/in the process of divorce. Survivor AC recalled leaving her husband for her children' sake, and as she cried saying this, it was clear that it was not an easy decision to make, but one that she ultimately felt was necessary:

> "If I stay with him, my children will be hurt even more. If the children grow up to be like what he taught (to be abusive towards her), what will happen to me?" (Survivor AC)

Among them, five survivors described how they were determined to cut their partner out of their lives to be able to move forward with their new lives. Survivor K was very firm as she described how she cut her abuser out of her life, and there was anger in her voice as she recounted the conversation she had with her abuser:

> "Because I'm not responsible for your life now. I'm divorced from you now. I have no obligation towards your life. You have to deal with all that on your own. Don't disturb me anymore or my kids. That's all. You can meet with your kids but don't ask for money from me. Don't ask for anything from me." (Survivor K)

Making Plans. Survivors talked about how they made plans to leave the relationship, and also plans for the future and their new lives. Three survivors

talked about how they had made plans to escape the relationship. Survivor P, via translation from the social worker, described the process of how she made plans to leave:

> "She spent the whole day in the house thinking what to do, and she decided she had to leave. She called her sister and told her everything that happened and asked her to book a Grab car for her, and as soon as the husband leaves, she will pack the children's and her things." (Survivor P)

Survivor S explained how she planned and waited for the right time to leave, which was when she had taught her children to be independent and survive, as she wasn't able to take her children with her when she escaped. Survivor V described how she made plans to escape once she decided to leave the relationship. Four survivors talked about how they made plans for the future, mainly in terms of employment to provide for their children, as well as for the education of their children. Survivor K was hopeful, and emphasized her optimism for a better future without her abuser:

> "And after that, I looked for jobs. I sent my children to care centres. I got a job. Everything was okay. Everything started to be ok… Maybe I can have my own business, even though I didn't know anything before. I'm trying to be like everyone else." (Survivor K)

Trying to Stop the Abuse. Three survivors talked about how they took various actions in order to try to stop the abuse. As Survivor M recalled how her abuser physically abused her, there was fear and emotion in her voice, despite the abuse taking place a few years ago:

> "He would pull my hair, hit me, punch me. At first, I would keep crying and crying because I wanted him to take pity on me… I tried to calm him down."

Survivor AC also described her attempts to stop the abuse and got visibly more emotional as she recalled the demeaning things her abuser said to her:

> "Most of the times I just cry. I say to him don't do this. And he will say don't teach me. I'm the man…Before I came to the shelter, he was drinking a lot. Every day, he was drinking day and night. I told him to stop drinking but he didn't listen to me. He told me "This is my house, if you don't like it you can go". He said very bad things to me and hit me." (Survivor AC).

Survivor T talked about how she had to keep the abuser happy by doing what he liked to avoid being abused.

3.7.2.2 Coordinating Social Resources. This theme consisted of three sub-themes, which are isolation, self-reliance and support seeking.

3.7.2.2.1 Isolation. This sub-theme is defined by the attempts survivors made to prevent other people from finding about the abuse they were experiencing. One coping strategy was reported under this sub-theme, which is social isolation.

Social Isolation. In terms of the interview responses, six out of the eight survivors engaged in social isolation. Survivor AC cut off contact from anyone she might know after she escaped from the abusive situation, because she was afraid that her husband might find out where she was. Four survivors decided not to tell anyone, including their family, about the abuse. Survivor A did not tell her friends about the abuse until after as she was too embarrassed. She also did not tell her family about the abuse, hinting at how traditional Asian families still viewed IPV as a taboo subject:

> "I think it's so taboo to talk about relationships in general with your family, and I didn't know how to even bring it up." (Survivor A)

Survivor T described not wanting to worry her family, while Survivor M decided not to tell anyone, saying that:

> "I never told anyone. Because I wanted to protect his image (save face). Because he's someone close to me, if I talked bad about him to anyone, they would think the worst of me. I did want to talk about it, but I never ended talking about it." (Survivor M)

Two survivors talked about how they lied about the injuries they sustained to outsiders instead of telling people about the abuse. Survivor AC described that:

> "My eyes were black. My husband beat me. My eyes were only ok after three weeks. If anyone asked me, I said I had an accident with a motorcycle." (Survivor AC)

3.7.2.2.2 Self-Reliance. Skinner et al. (2003) described self-reliance's purpose was to "protect available social resources" (p.247), and included coping strategies that rely on one's self-control. Coping strategies under this code included emotional expression and self-encouragement. In terms of the interview responses, two out of the eight survivors reported using self-reliance strategies.

Emotional Expression. Survivor T talked about how she engaged in

emotional expression, whereby she used to cry and continued with life after letting out her emotions. She described how she would talk to the sky and release all her pent-up emotions. As she recalled how she used to cope with the abuse, it was evident how the abuse took its emotional toll on her. Even so, she faced the abuse with practicality and did her best to cope:

> "So whenever I feel helpless, to the point where you really don't know what to do, I'd take a chair and go out, and just talk to the sky. Just talk about everything, let all my pent up emotions and tears out. If not, I'd go crazy and kill myself." (Survivor T)

Self-Encouragement. One survivor, Survivor P, engaged in self-encouragement, by constantly encouraging herself that she could get through the abuse, saying that she told herself:

> "I can get through it, I'm young. There must be more to it than with this chap." (Survivor P)

3.7.2.2.3 Support Seeking. This sub-theme is defined by the various ways survivors sought support from family, friends, other survivors, various institutions such as counselling, medical institutions, the legal system, NGOs

and the police, and religion. In terms of the interview responses, all eight survivors engaged in support seeking.

Family and friends. At times, family and friends were able to offer support to survivors in a number of ways, which include offering various forms of support, as well as offering intervention and practical help to survivors.

Four survivors described themselves as having a close relationship with their family, and that the support their families offered them helped them to cope with the abuse. Survivor A described herself as being very close to her family members, and she eventually confided in her husband (not the abusive partner) about the abuse, whereby her husband was able to help her cope with the abuse by helping her understand that the abuse was not normal. Survivor T described her family as being very supportive of her during the abuse. Her sisters and brother-in-law were willing to listen to her problems, while her father was quick to provide any support she needed in dealing with the abuse after she confided in him about the abuse. Besides that, Survivor T and Survivor AC also described how their children encouraged them to leave the abuser, and that they were very understanding of their mother's situation. Survivor T spoke with pride at how her daughter was understanding and supportive of her:

> "My daughter who's 17, she encouraged me throughout the marriage to divorce him. She said you can't keep giving these type of people

hope.” (Survivor T)

Five survivors talked about how they had supportive friends. Survivor M described how while her friend wasn’t able to give her good advice on the abusive situation, talking to her friend made her feel better, while Survivor P used to vent her feelings to her online friend and that became an important way for her to cope. Survivor V noted how she had groups of people who had seen her through the ups and downs in life and provided support to her, while Survivor A noted that she had a strong circle of supportive friends. Survivor T had many supportive friends, some of whom gave her resources to contact while others were willing to listen to her problems and give her advice. She was very animated as she described the advice her friend gave her, and she exhibited pride and happiness at how she had such solid support systems around her:

> “My friend told me, you need to leave the relationship now, even if you end up penniless. And you need to draw a very clear boundary with him. You need to make a police report, you need to divorce; you need to do everything you couldn’t do when you were trapped there. Don’t give him any more chances to hurt you even more. Don’t waste all the progress you’ve made since you left.” (Survivor T)

Besides offering support, family and friends were able to offer intervention and practical help to the survivors. Three survivors described how their family

members intervened in the abuse. Survivor T's father asked her and her children to come stay with them when the abuse got too much for her to tolerate. Later on, her sisters contacted WAO on her behalf to get her help and resources. Survivor V described how her family intervened, but at the same time, was disbelieving of the fact that her father, who had been abusive to her mother, told her abuser to stop abusing her:

> "In fact when my ex used to hit me and my parents used to come, my father told him you're not supposed to hit my daughter." (Survivor V)

Survivor P said that her sister's boyfriend knew a lawyer who was friends with a lady who ran a shelter, and that was how she ended up at the shelter. Two survivors talked about how they received help from their friends. Survivor P had a friend who gave her ideas on how to escape the abuser, while Survivor AC received help from her neighbour, saying that:

> "Sometimes my neighbor will help me with food. Sometimes she buys food, sometimes she gives me money." (Survivor AC)

Counselling. Only one survivor mentioned attending counselling. Survivor V talked about how she attended counselling for the trauma she experienced, but found that counselling was unhelpful to her, and that speaking to a counsellor made her even more stressed.

"I felt like I was talking to a wall." (Survivor V)

Medical Institutions. Three survivors described how staff at clinics and hospitals provided them with help and put them in contact with NGOs. Survivor K described doctor she saw helped her, saying that:

> "The doctor and the counselling team helped me. They helped me to find temporary shelter for me." (Survivor K)

NGOs. Two survivors described how they reached out to NGOs for help. Survivor AC described how the NGO she contacted helped her find jobs as well as helped her escape the home when her husband was out. Survivor T described the help she received:

> "I called WAO and spoke to a Chinese counsellor there. I told her I needed to stay at a "rumah perlindungan" (Shelter) because I can't stay at a homestay long term, because that requires money. So the next day she made arrangements for me to come to the shelter." (Survivor T)

Authoritative Bodies. In terms of the interview responses, one survivor, Survivor S, escaped after a particularly bad beating and sought help from the

police, saying that:

> "I ran and got help from the police. I don't know who my neighbours were, so I got help from the police, and the police came." (Survivor S)

Other survivors. Two survivors described how they received support and resources from other survivors that they knew. Survivor T talked about another survivor she knew, saying that:

> "I have a Malay friend who asked me to call 15999 (Talian Kasih hotline). Because she (the Malay friend) was also abused by her husband previously." (Survivor T)

Religion. Four survivors mentioned religion as a way for them to cope with the abuse.

Three survivors talked about how they turned to prayer when they were abused. Survivor T described god as "being in my heart" and that she prays for help whenever she runs into problems. Survivor AC mentioned how she often prayed to God to stop her husband from abusing her, while Survivor K and Survivor S prayed to God for strength to survive the abuse and move on with

life. Survivor K said:

> "So I tried to forget him by praying (doa). I tried to pray to God, asking Him to close off my heart and all my feelings for my ex-husband… We pray to God, to give me strength to succeed, and have a good future." (Survivor K)

3.7.2.3 Coordinating Available Options. This theme consisted of four sub-themes, which are accommodation, negotiation, submission and opposition.

3.7.2.3.1 Accommodation. According to Skinner et al. (2003), accommodation refers to the adjusting of personal preferences according to situational constraints. Coping strategies under this sub-theme include acceptance, cognitive restructuring and distraction. All eight survivors reported using accommodation strategies.

Cognitive Restructuring. Cognitive restructuring is defined as active attempts to change one's view of a stressful situation, often to reframe it in a more positive light. Coping strategies under cognitive restructuring include finding meaning, finding peace, helping other people, moving on with a new partner, optimism, overcoming fear, positive cognitive restructuring and re-identify partner as someone different than before the abuse.

In terms of the interview responses, survivors reported that they coped with the abuse by finding meaning in their children, and that was what allowed the women to survive and cope with the abuse they experienced. Four survivors talked about how their children was their focus to survive the abuse, with three survivors talking about how they just bore with the abuse and its effects for their children's sakes. All four survivors noted that after leaving the relationship, their only focus was to care for the well-being of their children. Survivor AC said that:

> "I'm only thinking about my children." (Survivor AC)

One survivor tried to find peace after she left the relationship. Survivor V talked about how she tried to find peace for herself by making peace with her partner and his actions, saying that:

> "I try to make peace because I need to be at peace with myself." (Survivor V)

Some survivors also resorted to helping other people after leaving the abusive relationship, as a way to cope with the abuse. Survivor V became an advocate for IPV herself, saying that:

"I went into advocacy. I felt very validated doing that." (Survivor V)

Four survivors talked about being optimistic. Three of the survivors described themselves as remaining optimistic despite the abuse. Survivor K talked about how she wanted to succeed in life, and that she knew her life would be better than before, while Survivor T was very optimistic by saying she was a very lucky person, having a great support system. She believes that despite her abusive husband, the world still had good people, and that her life would be better and be meaningful. Survivor M also talked about being optimistic for a better future. Survivor S said that:

> "I had hope because I knew whatever problems I faced, there must be a solution… So I had to stay strong, I had to be tough even though I was hurt badly." (Survivor S)

One survivor, Survivor P, was described by the social worker as becoming brave and overcoming the fear she had during the abuse, explaining that:

> "He (the abuser) came that day to our centre and we told her to stay in the room. And she said why should I stay in the room? I should face him. I'm not scared of him anymore." (Survivor P)

Some survivors also engaged in positive cognitive restructuring. Survivor K engaged in cognitive restructuring by realising she could be independent even without her husband to support her. She noted that:

> "Women can succeed on their own nowadays. It's not like we can't succeed." (Survivor K)

Another survivor, Survivor A, talked about how she realised she deserved better than the abusive partner.

Another way survivors tried to cope with the abuse was to re-identify the partner as someone different than before the abuse. One survivor, Survivor T, re-identified her partner as a stranger in order to cut him out of her life. She described re-identifying her husband, saying that:

> "Because the man who gave me all these feelings as my husband is dead now. Now you are the devil. Even though I still have feelings for the relationship we had, it's for the man who used to be my husband, and is now dead." (Survivor T)

Distraction. Two survivors used crafting and writing as a way to vent and cope with the feelings they had of the abuse. Survivor V also shared her story of abuse on Facebook. Besides that, the survivors also used work as a distraction from the abuse. Two survivors described how they used work to distract from thoughts of abuse and abuser, and to numb themselves. Survivor T said:

> "So I just used my work to numb myself. You find it's easier to pass time." (Survivor T)

3.7.2.3.2 Negotiation. This sub-theme is defined by the attempts survivors make to reach a compromise in an abusive situation. One out of the eight survivors interviewed reported using negotiation. Survivor T described how she negotiated with her abusive husband to give her and her family time away from him:

> "I told my husband that we would go back, to give us some time to cool down, to relax our emotions. Don't come and cause problems for us here." (Survivor T)

3.7.2.3.3 Opposition. Some of the coping strategies in this theme include physical and verbal resistance against the abusers, the survivors becoming abusive themselves and blaming of others. In terms of the interview responses, four out of the eight survivors reported using opposition strategies.

Physical and Verbal Resistance. Some survivors engaged in physical and verbal resistance against their abusers. One survivor, Survivor P, described by the social worker as being quick to lose her temper, would physically fight back against the abuser. It was interesting to note how Survivor P gave a small laugh after saying this, as though somewhat proud of herself for managing to survive the attack and fighting back:

> "He (the abuser) started forcing sex on her, and she got very angry and pushed him away… He (the abuser) used the helmet to hit her head and hammered her shoulders. It was so painful she nearly blacked out. But then she caught hold of his neck and tried to strangle him." (Survivor P)

Four survivors also engaged in verbal resistance. Survivor P confronted the abuser about how he was having affairs with other women, as well as fought back verbally when he pressured her into sex after she had just given birth. Survivor T also argued with the abuser when he verbally abused her. Two other survivors verbally threatened their abusers to deter them. Survivor M threatened to call her brother for help when the abuser brought a knife to her rented home

to scare him off, while Survivor K verbally threatened her ex-husband to deter him, saying that:

> "I threatened him that if he killed me, he would be arrested by the police." (Survivor K)

3.7.2.3.4 Submission. Two out of the eight survivors reported using submission strategies.

Self-Blame. Two survivors engaged in self-blame when they were abused, and thought that the abuse was because of something they did wrong. Survivor A recalled how after she was physically abused by her abuser, although she noted feeling foolish for how she felt then, as she later realized she was not to blame for the abuse:

> "I literally spent the whole night crying and begging (the abuser), like I'm so sorry." (Survivor A)

3.7.2.4 Discussion. For the theme of coordinating actions in the environment, the most common families of coping used by survivors were escape and problem solving. In terms of escape strategies, the most common

coping strategy used was false hope, whereby all eight survivors reported holding on to false hope that things would change for the better. In particular, the six survivors who were married talked about how this false hope led to them staying in the abusive relationship longer than they should have, as they kept hoping their abusive partners would change for the better. This is supported by the literature reviewed, whereby IPV survivor often held onto the false hope that things would change or that the abuse would stop (Arboit & de Mello Padoin, 2022; Bhandari, 2019; Schaefer et al., 2019). In terms of problem solving, the most common coping strategy used by the survivors was eventually leaving the relationship, with all eight survivors having left the abusive relationship at the time of the interviews. Flasch et al. (2017) explained that leaving the relationship was the first step to recovery for survivors, and the women were then free to make choices for their own lives.

For the theme of coordinating social resources, support seeking was the most common family of coping that the survivors used. In particular, the survivors talked about how support from their family and friends helped them cope with the abuse, as well as escape the abusive situation, and to heal afterwards. Schaefer et al. (2019) reported how the women emphasized that having support from their family and friends was important in their healing post-abuse, as it helped to affirm their strengths and escape the negative mind-set that survivors can be trapped in after escaping the abuse.

For the theme of coordinating available options, the most common family of coping that IPV survivors engaged in was accommodation. In particular, cognitive restructuring was the most common coping strategy used by the IPV survivors. One important finding was the emphasis on children by the survivors, whereby four out of the eight survivors interviewed talked about how they found meaning in their children, and this helped them cope with the abuse. This is supported by Schaefer et al. (2019), who noted that children were an important source of strength for the women to cope with IPV.

3.7.3 RQ2(c) What are the effects that IPV survivors suffer from reported by IPV survivors in Malaysia, as analysed according to the Biopsychosocial Model?

A summary of the effects found in the IPV survivors' responses, categorized according to the three factors of the Biopsychosocial Model, is shown in the figure below (see Figure 3.3).

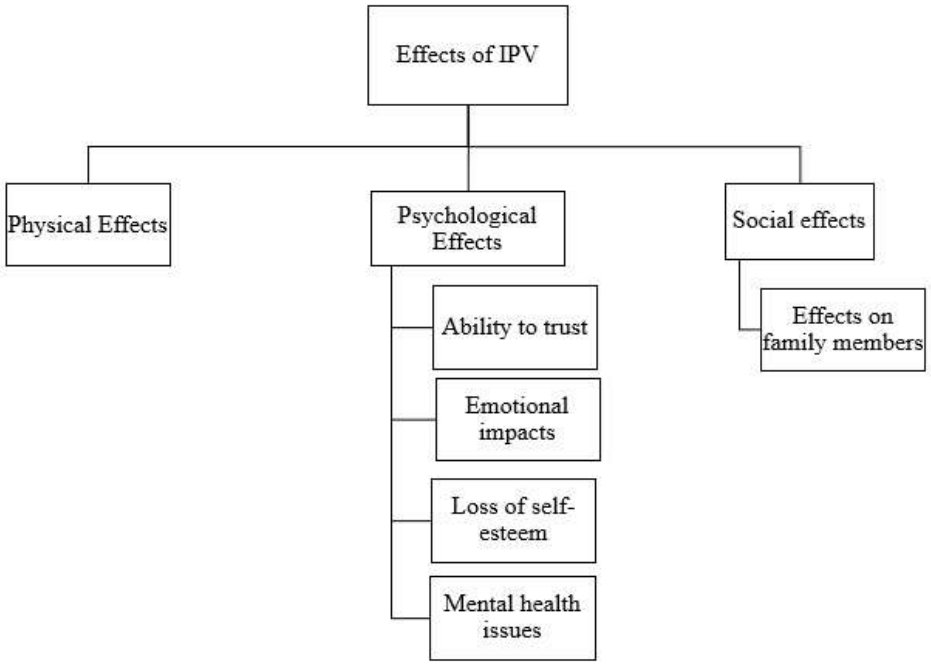

Figure 3.3 Effects of IPV Reported by IPV Survivors According to the Biopsychosocial Model

The results of the interview with the IPV survivors in Malaysia revealed a wide variety of effects that survivors suffer from. All the effects that IPV survivors suffer from can also be categorized according to the three factors of the Biopsychosocial Model, which are physical effects, psychological effects and social effects. A total of three themes were discovered.

3.7.3.1 Physical Effects. The first theme that was discovered was physical health. This theme is defined as the many physical health issues the survivors suffered as a result of the abuse, which includes physical injuries or other ways in which their physical health was affected. Seven survivors talked

about having their physical health affected by the abuse. Five survivors talked about sustaining various injuries as a result of the abuse, including internal injuries, with three of them still feeling lasting pain from the previous injuries despite the injuries being healed. Among them, one survivor, Survivor V described the various physical injuries she sustained. It was quite astounding to hear how calmly she was talking about the severe physical injuries the abuse left her with, and showed that she had come to terms with the abuse and its long-standing effects.

> "I had 3 miscarriages in between. I used to have ringing in the ears, I didn't know that was stress (from the abuse). I had vertigo. Suddenly I'd start vomiting…My right ear is more limited. There's a difference, it's more muffled. This was because of the slap." (Survivor V)

Irregular periods was a common effect of the abuse, with three survivors experiencing this. One survivor, A, suffered stressed induced alopecia. A young women only in university at the time, she described her incredulity at how her hair started falling out, not realizing that she was actually physically affected by the abuse:

> "I went to get a haircut and I came home, I was balding. Like I had stress induced alopecia. That was when I went to a doctor and they're like do you know this is stress induced?" (Survivor A)

3.7.3.2 Psychological Effects. The second theme that was found was psychological effects that IPV survivors suffered. Under this theme, four sub-themes were discovered, which were ability to trust, emotional impact, loss of self-esteem and mental health issues.

3.7.3.2.1 Ability to Trust. One survivor, Survivor V, emphasized how her ability to trust other people was affected after she was abused. She said:

> "Coming out from an abusive relationship has affected my ability to trust people…And then I think my ability to trust people. It's so difficult for me to trust people that again." (Survivor V)

3.7.3.2.2 Emotional Impacts. This sub-theme is defined as the emotional state of survivors being affected by the abuse, whether they suffer from various emotions such as shame or fear, or become emotionally unstable. All eight survivors said that their emotions have been affected by the abuse. The main emotions they felt from the abuse were shame, hurt, anger, fear, and being very emotional. Four survivors talked about how the abuse made them feel ashamed, with Survivor A saying that she was embarrassed by the abuse as her abusive partner had physically abused her in front of a group of people she knew. Six survivors talked about how they felt hurt from the abuse, and that

their emotions have been affected by the abuse. Survivor AC, in particular, was still emotionally affected by recalling the abuse, as she was unable to control her emotions and broke down crying several times throughout the interview as she recalled different aspects of the abuse.

> "I'm sorry that I cried…. Some more my husband beating me and fighting with me. (She starts crying again)… One day he beat me until I couldn't put my head on the pillow (she starts crying here)." (Survivor AC)

According to Survivor A:

> "It was a big hurt. I was with the guy for two years or so, and it was a really big hurt." (Survivor A)

Among them, four survivors noted how emotional they became and how they were crying constantly. Survivor K said that:

> "Sometimes I'm very emotional, I feel like crying. I cry at everything sometimes. I cry uncontrollably. My emotions have been affected. Sometimes when I'm talking to someone, I just cry. I think about what he did to me and I cry." (Survivor K)

Two survivors described how the abuse resulted them in being very angry at times. According to Survivor V:

> "Emotionally, at one point of time, I became very numb. I wasn't able to process emotions. I was also very angry." (Survivor V)

3.7.3.2.3 Loss of Self-Esteem. This sub-theme referred to the women's loss of self-esteem or confidence and that they felt lesser due to the abuse they experienced. Two of the survivors interviewed described how they lost confidence in themselves. According to Survivor T:

> "I have been beaten down by my husband so much that I've changed. I used to be a tiger, now I'm like a little cat. I lost my self-esteem and courage." (Survivor T)

Survivor V noted how she lost confidence in her ability to provide for herself and her children. She kept repeating about the fears and considerations that she had about leaving the relationship, emphasizing the doubt that she had in herself. She described how:

> "I didn't have the confidence. The thing is that the extra income I probably needed was a commitment of Rm4000. Then the kids, going to school. I felt doubtful I could do that. There was always a doubt in

myself." (Survivor V)

3.7.3.2.4 Mental Health. According to the interview responses, several mental health issues were experienced by the survivors, which included anxiety, feeling depressed, post-traumatic stress disorder (PTSD),

Anxiety. One survivor, Survivor M, noted how anxiety was the main effect she suffered as a result of the abuse:

> "I experienced really bad anxiety because I was constantly worried that he would harass me". (Survivor M)

Feeling Depressed. Four survivors described themselves as feeling depressed as a result of the abuse. However, it must be noted that none of the four survivors were formally diagnosed with depression. Survivor A emphasized her surprise at finding out she was actually depressed as a result of the abuse:

> "I think when it comes to depression, I didn't realise I was depressed until after… And I realized oh my god I'm depressed. Like I'm not okay, like I was hurting from this guy." (Survivor A)

Developing Fear. Survivors also developed fear after experiencing abuse. Three of the survivors interviewed reported feeling fearful due to the abuse. Survivor P was described by the social worker sitting in on the interview as having a lot of fears even after she left the abusive relationship, to the point that she "shrinks back at everything". Survivor V also said she had a lot of fears, including being afraid of being hit by the abuser when she was still in the abusive situation. She also described herself as being afraid of the unknown after leaving the relationship, even losing her ability to articulate properly as a result of the fear she constantly felt. While Survivor V has since overcome this issue, there was an emphasis on the overwhelming sense of fear she experienced, despite being an accomplished and confident woman:

> "Going from a person who used to be a presentation in front of the doctors, there were times when I could have a word in my head and I couldn't articulate it. To hold a proper conversation, you just feel like I'd always stumble over words." (Survivor V)

Sleep Disturbance. According to the interview responses, the main symptoms were sleep disturbance due to the trauma and reliving the abuse. One survivor, Survivor M, described how she would often be startled awake by thoughts about the abuse. Another survivor, Survivor K, talked about how she still suffers from memories of the abuse, saying that:

> “But I do still suffer from what happened, because I do still think about what he did to me. The memories just come sometimes. I think about what he did to me.” (Survivor K)

3.7.3.3 Social Effects. The third theme under this research question was social effects. The results of the interviews with the IPV survivors yielded one sub-theme of effects on family members.

Effects on Family Members. Three survivors talked about how their children suffered as a result of the abuse, physically and mentally. One of the more obvious examples of this was when Survivor P’s child developed a traumatic response to food, and also has stunted mental development and is unable to speak due to the trauma. It was clear from Survivor P’s speech and agitated tone that she was very emotional when describing her son’s trauma:

> “When my husband came back from work, he would hit me. He would see me feeding my baby and he would hit me. And my baby would cry and he would hit me harder. This went on for a year. So whenever I was feeding my baby, he would come and hit me…The boy has been traumatized, and he refused to eat any solids…He has no speech, and he was very hyperactive, just ran about and screeching. He still cannot talk.” (Survivor P)

Survivor AC described her children as always being frightened and stressed, and was visibly emotional as she recalled how her children suffered as a result of the abuse:

> "He hit me in front of the children, and even hit the children. That's why my first child is very stressed. She's not ok. They're all scared… And they're scared. My son is 6 years old, and he doesn't forget what his father did. He doesn't want to go back to his father." (Survivor AC)

Survivor S described her children as being frightened of her husband, as he physically abused her in front of them several times. Other family members were also affected by the abuse. Survivor T talked about how her family suffered as a result of the abuser coming to her family's home to harass them. She recalled how furious she was at how her abuser would not leave them alone, and it was clear from her description of how her family was affected, that she was exasperated and fed up from the constant harassment by the abuser:

> "My father lost 1 kg from the stress of the harassment…he always came and harassed us, my family couldn't sleep properly." (Survivor T)

3.7.3.4 Discussion. In terms of physical effects, seven out of eight survivors talked about the physical effects they suffered, with some of the effects lasting even after they escaped the abusive relationship. These effects included irregular periods, lasting physical pain, alopecia and many more. This is supported by Gilbert et al. (2022) who found that women who experienced IPV were more likely to report each of following physical health conditions: asthma, irritable bowel syndrome, diabetes, high blood pressure, frequent headaches, chronic pain, difficulty sleeping, fair or poor physical health. As such, it can be seen that IPV profoundly impacts survivors' physical health, even after they are no longer in the abusive situation.

In terms of psychological effects, all eight of the women reported emotional impacts as the most common effect they suffered as a result of the abuse. They experienced emotional impacts during the abuse, whereby they felt embarrassed, angry and sad at the treatment they received. They also continued to experience emotional impacts after leaving the abusive relationship. Among the women interviewed, survivor AC seemed the most emotionally impacted. Throughout the interview, she broke down several times as she recalled how her husband abused her, despite having left the relationship for a year at the time of the interview. This finding is supported by Boeckel et al. (2017), who reported that IPV survivors experienced greater difficulty in regulating their emotions. As such, it can be seen that IPV survivors continue to suffer even after leaving the relationship, and different survivors take different lengths of time to heal from the abuse they experienced.

As can be seen from the interview, it was found that IPV not only left lasting effects on the survivors, but also affected their family members. Other than the survivors, their children were closest to the abuse and suffered both directly and indirectly. While a previous study conducted by Boeckel et al. (2017) reported that IPV survivors' maternal bond quality with their children would be affected, the finding that IPV survivors' family members were affected by the abuse was not reported. This could be due to previous studies having a greater focus on the IPV survivors rather than their close loved ones, and reveals the extensive impact that IPV has on survivors and the people around them.

In terms of the risk factors for IPV, it was found that all risk factors reported in the articles reviewed were able to be categorized to all four levels of the ecological framework. Besides that, all the effects of IPV reported in the scoping review were able to be categorized to the three factors of the Biopsychosocial Model. Finally, in terms of the coping strategies used by the IPV survivors, all coping strategies reported in the scoping review were able to be categorized according to Skinner et al.'s (2003) 11 families of coping.

CHAPTER FOUR

STUDY THREE: INTERVIEWS WITH SOCIAL WORKERS REGARDING RISK FACTORS, COPING STRATEGIES AND EFFECTS OF IPV

In Study Three, interviews were conducted with social workers in Malaysia regarding their experiences of working with IPV survivors in Malaysia. This chapter discusses the methodology of Study Three, and the results obtained from interviewing the IPV survivors.

4.1 Research Questions

For Study Three, the research questions are as follows:

RQ3: What are the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies used by the IPV survivors, as reported social workers in Malaysia?

a. What are the risk factors for IPV reported by social workers in Malaysia, as analysed according to the Ecological Framework?

b. What are the coping strategies used by IPV survivors reported by social workers in Malaysia, as analysed according to Skinner's 11 families of coping?
c. What are the effects that IPV survivors suffer from reported by social workers in Malaysia, as analysed according to the Biopsychosocial Model?

4.2 Research Design

Study Three was conducted using a qualitative approach in collecting and analysing data, using interviews which were phenomenological in nature. According to Braun and Clarke (2022), qualitative research allows the researcher to explore a target samples' perspectives and experiences. It offers the chance to collect data that is rich, complex and detailed, which will allow researchers to have a better understanding around a topic of interest, as opposed to a direct, singular answer. As such, qualitative research design was used in this study, as this study aims to explore the experiences of social workers in Malaysia who have worked with IPV survivors in Malaysia.

4.2.1 Phenomenological Research

According to Merriam (2009), phenomenology, which is a form of qualitative research, is interested in individuals' lived experiences, and

phenomenological studies often include intense human experiences. Similarly, Polkinghorne (1989) noted that phenomenology focuses on "descriptions of experiences" (p.41). As such, this study utilized phenomenological research to investigate IPV, in order to obtain rich, in-depth data about IPV that can be derived from the detailed recounting of experiences from IPV survivors and social workers in Malaysia.

4.3 Participants

The target sample for Study Three was social workers who have worked with IPV survivors in NGOs or shelters in Malaysia. Social workers were recruited for this study because they could provide second-hand accounts of their clients' abuse experiences, along with professional insights and opinions. Additionally, interviewing social workers allowed for comparisons between their perspectives and those of the IPV survivors.

In the end, a total of nine social workers participated in the study, with one based in the northern state of Penang, six from the central states of Selangor and Negeri Sembilan, and two from the East Malaysian state of Sarawak. All nine social workers were women, comprising one Malay, one ethnic Sarawak, three Chinese, and four Indian participants. Their professional experience working with IPV survivors ranged from three months to 25 years, though their ages were not recorded during the interviews. The social workers recruited may or may not be directly in charge of the survivors who were recruited for this

study. However, one social worker had previously worked with four of the survivors interviewed.

4.4 Instrument

The instrument used in this study was semi-structured interviews. The interview questions for this study were self-developed and were evaluated by an expert, whereby qualitative feedback regarding the structure of the proposed questions was provided by the expert. The questions were then amended accordingly before being asked to the participants.

The interview questions for the social workers had a central focus of questions being the risk factors for IPV, the effects that IPV survivors suffer from, and the coping strategies that the IPV survivors used. Additional questions were also asked to the social workers on their experiences of working with the survivors, as the social workers would have greater vocabulary and knowledge on IPV, and could potentially provide more insight into IPV and the survivors they encountered. Questions were also asked on specific cases that stood out to the social workers, in order to obtain more in-depth information of particular cases of IPV that could enrich the results of the study.

The questions asked to the social workers corresponded to the research questions for this study and is summarized in table 4.1.

Table 4.1 Interview Questions for Social Workers

RQ3 (a) What are the risk factors for IPV reported by social workers in Malaysia, as analysed according to the Ecological Framework?	1. Can you tell me about the women you have encountered? Such as common demographic characteristics. 2. Have the women ever spoke about their childhood to you? 3. In your experience, what risk factors make women more vulnerable to being in abusive relationships? 4. From your experience of working with abused women, what do you think are some of the reasons the men become abusive towards them?
RQ3 (b) What are the coping strategies used by IPV survivors reported by social workers in Malaysia, as analysed according to Skinner's 11 families of coping?	1. In your experience, what coping methods do women normally use to survive the abuse? Do you think they were helpful?

	2. What do women normally do to cope with the abuse after seeking help/coming to shelters? 3. Does the shelter/centre provide any forms of help to assist the women in recovering from the abuse? How does that help them? 4. Among the women you have encountered, do you think religion was of any help to them? 5. What are some of the reasons/motivations for women to finally leave the abusive relationship? 6. Do women go back to the abusers? If so, why? 7. How accessible are resources and help to women who experience abuse?
RQ3 (c) What are the effects that IPV survivors suffer from reported by social workers in Malaysia, as analysed according to the Biopsychosocial Model?	1. After escaping the abuse, how do the women feel?

	2. Can you please tell me more about the effects women suffer after being abused?
Additional Question	1. Can you tell me about one case that you handled that stood out to you?

4.5 Procedure

4.5.1 Sampling Technique

This study used purposive sampling, whereby the inclusion criteria was that the participants recruited had to be Malaysian social workers who had previously or are currently working with IPV survivors in Malaysia. The exclusion criteria for social workers were individuals who were not Malaysian, individuals who did not work in organizations located in Malaysia, and individuals who had not previously worked with IPV survivors before. All nine social workers were recruited via purposive sampling.

4.5.2 Sample Size Estimation

The sample size estimation for this study was based on the suggestion

given by Henink and Kaiser (2022), who has conducted a systematic review of qualitative studies and suggested that that sample size for saturation was between five to 24 interviews. As such, this study initially looked to recruit at least six participants.

4.5.3 Ethical Approval

Prior to the data collection, ethical clearance was applied for, and granted from the Scientific and Ethical Review Committee of the university on 2nd August 2023 (Re: U/SERC/191/2023), the letter of which is attached in Appendix A.

4.5.4 Recruitment Process

A list of all NGOs and shelters that provided aid to battered women in Malaysia was retrieved from HATI, which is an online directory of all Malaysian charities and NGOs (HATI, n.d.). The researcher contacted all organisations and shelters that were listed to request permission to recruit workers who had worked with IPV survivors. All nine social workers were recruited from this channel.

A total of 11 organizations were contacted to recruit social workers as participants. Three organizations rejected requests to interview social workers as the social workers had more experience handling other abuse cases, rather

than IPV. The other three organizations did not respond to requests to interview social workers, despite multiple follow-ups being made.

4.5.5 Interview Process

The data in this study was collected through semi-structured interviews that were conducted through online platforms of Microsoft Teams, Zoom and Whatsapp calls. As some of the interviews were conducted in 2020 and 2021, due to the health and safe concerns over the Covid-19 pandemic, the interviews were conducted via online platforms. Interviews that were conducted in 2024 were also conducted online, as this was the preferred method by the social workers, as it managed to cater to the busy schedules of the social workers.

As noted above, the researcher contacted relevant organisations and shelters in Malaysia to recruit social workers as participants of this study. Information about the study and interview were provided to the administrative staff of the organisations, and permission was granted to interview some of the social workers. All interviews were conducted in English. The interviews were audio recorded for transcription purposes, and permission to record the interviews was obtained from the participants at the start of the interview.

The duration of interviews for participants who were social workers ranged from 34 minutes to 68 minutes, and averaged 46 minutes per interview. The audio interviews were transcribed verbatim and checked for accuracy before being uploaded to NVivo, a qualitative analysis software.

4.6 Data Analysis

4.6.1 Transcription

Audio recordings of the interviews from the participants were transcribed verbatim. All interviews conducted with the social workers took place in English. In the process of transcription, I frequently checked the audio recording to ensure that I had accurately transcribed the conversation that took place.

4.6.2 Thematic Analysis

After transcribing the interviews from each participant, the resultant data was coded using thematic analysis. Braun and Clarke (2006) defined thematic analysis as a method used to identify, analyse and report themes that arise within data. Thematic analysis possesses theoretical independence which allows it to be a flexible research tool in identifying and analyzing themes among research data, as well as providing rich yet complex accounts of qualitative data (Guest

et al., 2012; Braun & Clarke, 2006).

The process of coding the data was guided by the principles of thematic analysis, by following the six phases of familiarizing with the data, generating initial codes based on the collected raw data, searching for themes among these initial codes generated, reviewing and refining the themes, defining the themes and finally producing the report (Braun & Clarke, 2006). For this present study, one coder was primarily responsible for coding the transcribed data collected. After conducting the initial coding, a second coder was brought in to confirm the accuracy of the codes that were generated. In the event of any discrepancies or disagreements, a reviewer was brought in to make a final decision.

4.6.3 Coding and Making Memos

This study included the use of three types of coding techniques, which were deductive coding, open coding and selective coding. The coding techniques and process is similar to Study Two, as such, please refer to sub-heading 3.6.2.1 of Chapter Three for a detailed explanation.

4.6.4 Data Saturation

Data saturation refers to the point whereby the additional data collected no longer uncovers new insights or information, and further data collection is redundant (Bryant & Charmaz, 2007; Hennink & Kaiser, 2022). After conducting a systematic review of qualitative studies, Hennink and Kaiser (2022) suggested that to reach data saturation, a sample size for a study could range between five to 24 interviews. In this study, I had intended to collect data until reaching saturation. This was attempted by trying to recruit as many participants as possible, by contacting all possible NGOs and shelters in both East and West Malaysia. I met with some challenges in the process of recruiting social workers to be participants in this study, as some organizations did not wish to disclose information about the survivors that they have worked with, due to privacy reasons. I did my best to convince the organizations to allow me to interview the social workers, and while some NGOs allowed me to speak with the social workers, I did not manage to recruit as many social workers as I had initially hoped to.

After recruiting the ninth and final participant, with no further success of recruiting additional participants, I decided to stop data collection. After analysing data from the interviews conducted with the nine social workers, it was found that data saturation was reached, whereby there were repeated themes found for risk factors for IPV, coping strategies used by IPV survivors and effects of IPV, with no new themes emerging in the process of data analysis.

4.6.5 Reliability and Validity

The methods for ensuring reliability and validity in Study Three is similar to that of Study Two. As such, please refer to subheading **3.6.4** (page 173) in Chapter Three for a detailed explanation.

4.7 Results and Discussion

4.7.1 RQ3 (a) What are the risk factors for IPV reported by social workers in Malaysia, as analysed according to the Ecological Framework?

A summary of the risk factors yielded from the social workers, categorized according to the four levels of the Ecological Framework, is shown in the figure below (see Figure 4.1).

The results of the interviews with the social workers revealed a wide variety of risk factors for IPV. All the risk factors reported were categorized according to the four levels of the Ecological Framework, which are the individual level, the relationship level, the community level and the society level.

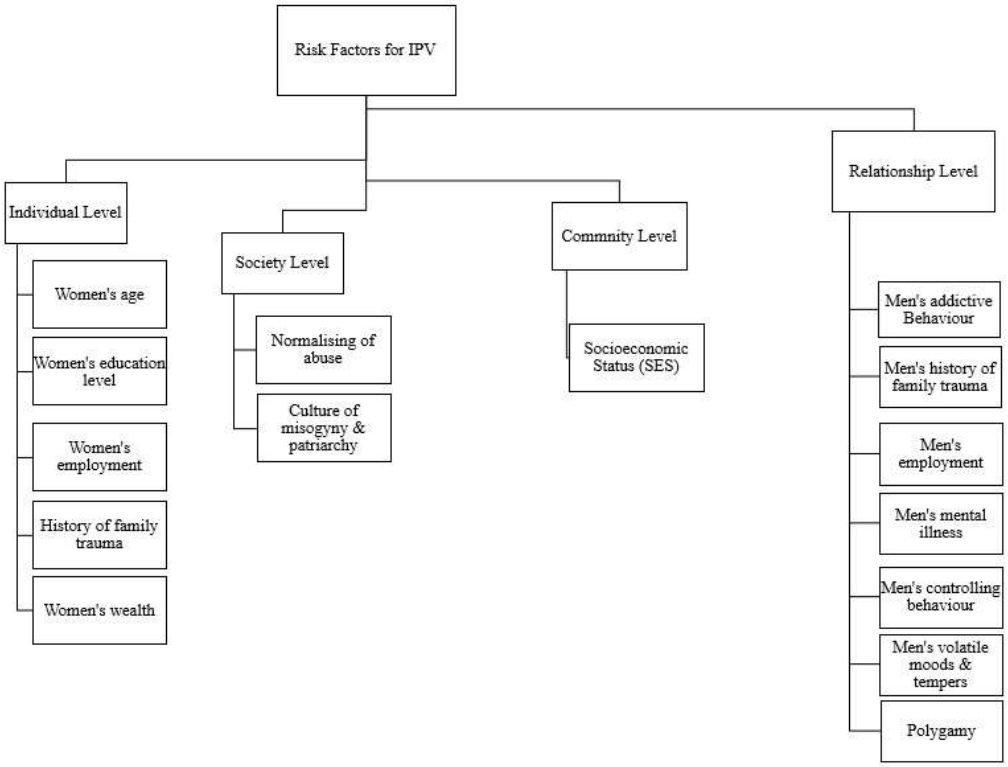

Figure 4.1 Risk Factors Reported by Social Workers according to the Ecological Framework

4.7.1.1 Individual Level. Four sub-themes were discovered at this level, which are women's age, women's employment and women's history of family trauma.

Age Entering Abusive Relationship. Two out of the nine social workers recalled handling cases where their clients entered the abusive relationships before the age of 21.

"I have 2 clients who are 18, one is already a mother, the other isn't. And I'm telling you the one who became a mother, she became a mother

at 15. She was married at 14 years old." (Social Worker J)

Women's Employment. Rather than emphasize the women's employment, the social workers' responses highlighted the importance of financial dependence instead. Seven social workers noted that the women's financial dependence on their abuser is a very common among the cases they handled. The women either resigned from their jobs at the request of the abuser, or they have been unemployed all the while. Social worker AI said that:

> "Most of them, the women depend on the husband. So the husband tells her to stay at home and care for their children, and the wife believes him, and she resigns from her job." (Social Worker AI)
>
> "Women who did not work. Because they do not have financial independence, so they don't think they can ever get out of the situation, because they rely heavily on their husbands for financial support." (Social Worker J)

Women's History of Family Trauma. Seven social workers note that they have handled clients who reported witnessing their fathers abusing their mothers, and ended up in abusive relationships themselves as adults, because they were normalised to believe that abuse in relationships is normal. Social worker S noted that throughout her decades-long career working with IPV survivors, "95% of cases" involved witnessing inter-parental violence as a child.

Social worker R, said that:

> "I feel that a lot of these survivors, they're used to see their parents arguing and seeing their dad hit their mum and all that. Seeing their father hitting their mother, or being in these adverse childhood, it's more like they tend to have unhealthy coping mechanisms or unhealthy attachment issues. So that's where they tend to attach to whoever, and when they get together with these kinds of persons, they're very scared. They're scared no one wants them." (Social Worker R)

4.7.1.2 Relationship Level. Seven sub-themes was found under this level, which were men's addictive behaviours, men's history of family trauma, men's employment, men's controlling behaviour, men's mental illness, men's volatile moods and tempers and polygamy.

Men's Addictive Behaviours. All nine social workers highlighted the fact that for many of their clients, the abusers were either alcoholics or drug users, and this is one of the main reasons why the men abuse their wives. Social worker MB said that:

> "Majority of the case, I think it's safe to say 70% it's because of the drug or alcohol abuse." (Social Worker MB)

> "One more thing I wanted to share other than that is men who consume drugs and alcohol. It's one of the biggest factors of why they decide to abuse their wives. So if you ask a lot of them, they tend to say my husband does take alcohol, he gets drunk all the time, or he takes drugs all the time." (Social Worker R)

Men's History of Family Trauma. Two social workers noted that among their clients, they have observed a history of familial abuse on the abuser's side of the family, whereby the abuser grew up in a violent home, or they witnessed men abusing their wives in the family. Social worker S said

> "Because when we do the intake report, we ask: has there been abuse in your husband's family? And they say yes, husband has witnessed father abusing their mother, grandfather abusing grandmother, uncle abusing aunt. And it's there. The history is there. The gene gets passed on." (Social Worker S)

> "Because I ask them (the IPV survivors) what was your relationship before the abuse was like, and there will be red flags. Sometimes the husband grew up in a violent family." (Social Worker B)

Men's Employment. One social worker recalled how for many of the physical abuse cases they handled, the husband was usually unemployed, with

Social Worker V saying:

> "And then it becomes most of the cases that come, the husband is jobless." (Social Worker V)

Men's Controlling Behaviour. Three social workers recalled clients who had husbands who were controlling. Social Worker MB talked about a client whose husband monitored her actions and movements, and how the client had to rush out to get help when she knew the abusive husband could not monitor her, saying:

> "She was a well-educated, degree holder but she couldn't go to the clinic, because her husband was monitoring her even when she needs to fuel up near her kid's school, and her husband was on the way flying to some place and he wouldn't have signal. So she knew he wouldn't have signal that's why she rushed at that particular hour and she told me the husband just ended the video call when she dropped the children. So he won't call for a good one to two hours but she needed to rush back." (Social Worker MB)

> "Sometimes they (the survivors) sneak out of their homes. They can't let their husband know, they will worry that their husbands will track them." (Social Worker B)

> "Because the survivors have been really controlled by their abusers, some of them are forced to go home by the end of the day, for example if their husband reaches home by 5pm. They have to go back before then. If their husband doesn't see them by the time they get back, there's another issue for them." (Social Worker AI)

Men's Mental Illness. Two social workers note that some of the abusers had some form of mental illness, and they refused to seek treatment for their problems, thereby leading to them abusing their wives. Social worker AI said that:

> "And then, some of the men, they do have mental illness. Maybe because they don't want to seek treatment, and their issue gets more serious." (Social Worker AI)

Men's Volatile Moods and Tempers. Four social workers observed that some of their clients tell them about how their husbands were extremely emotional, and had very bad tempers. They are unable to control their emotions and tempers, and this is one of the reasons why they turn abusive. According to Social worker J:

> "When it comes to emotional issues especially. Some of my clients will say their husbands have bad tempers, they're easily angered and easily jealous." (Social Worker J)

Polygamy. Three social workers noted the role of polygamy in the abuse cases they handled. Among them, two social workers said that for many of their clients, their husbands had affairs with other women. Social worker J explained:

> "I've heard of clients where the husbands cheated on them. That's what I see from most perpetrators." (Social Worker J)

Social worker V reported that one of their clients had an affair, which led to the abuse.

> "Actually, the abuse happened because the wife was having an affair with another boy." (Social Worker V)

4.7.1.3 Community Level. One sub-theme was discovered under this level, which was socio-economic status (SES).

Socio-economic Status (SES). In regards to the interview responses, two social workers highlighted the role of family's financial problems as a

trigger for abuse, with many clients belonging to single income households with low socio-economic status (SES). Social worker AI said that:

> "The family faces financial problems and that causes an issue, so they fight…Financial problems are also an undeniable factor." (Social Worker AI)

> "Because every time I always ask my client about contributing factor (for the abuse), I can tell you financial issue is number one. For people with low SES, they're single income household." (Social Worker J)

4.7.1.4 Society Level. Two sub-themes were discovered in this level, which are culture of misogyny and patriarchy and normalizing of abuse.

Culture of Misogyny and Patriarchy. Six social workers emphasized the existence of a culture of misogyny and male superiority that led to the men believing that they are in the right to abuse their wives or partners. All six social workers further attributed this to a need for power and control by the men that they have learned from their forefathers, that it is a man's right to discipline his wife or partner by use of force, to "man up and put your wife in place". As such, the men have been socialised to be aggressive and dominant over their partners, and that abuse is accepted. Social worker A said that:

> "And also I would say culture and upbringing. The whole power imbalance, the whole "men can do anything", it's a form of disciplining the household." (Social Worker A)

> "From what I can see in my experience, is that I really feel firstly they were taught it was okay to hit women. It's okay to be aggressive and it's in men's nature to be aggressive. So these are the stereotypes that have been planted in their heads. So they live to meet this kind of expectations." (Social Worker MB)

Normalising of Abuse. Four social workers bring up the fact that many of their clients have been normalised to believe that abuse is normal and accepted. Women who witnessed their fathers being abusive to their mothers, grow up thinking that abuse within a relationship or marriage is normal, and they are unaware that abuse is wrong. One repeated message that came up in the responses was that the women think it is fine to be abused, that it's normal to be abused. Social worker AI said that:

> "They (The IPV survivors) grew up with this skewed perception that abuse is normal." (Social Worker AI)

According to Social worker MB:

> "Some clients they find themselves stuck in such a relationship because they find their father has always hit their mothers so they think that it's normal to get hit." (Social Worker MB)

4.7.1.5 Discussion. At the individual level, the most common risk factors were women's employment and women's history of family trauma. In terms of women's employment, seven out of the nine social workers interviewed emphasised the financial dependence that their clients had on the abusive partners. According to social worker MB, her clients often cited financial dependence as a barrier to leaving the abusive relationship. This financial dependence increases women's vulnerability to IPV, as well as stops the women from leaving the abusive relationship. An interesting thing to note is that when asked about any demographic risk factors that might expose women to being in abusive relationships, five out of nine social workers note that they do not believe there is a particular trend in terms of risk factors for IPV survivors, and call IPV an "everyone's problem". While there are clients who come from low SES or have a lower education level, there are clients too who hold professional jobs in the government or private sector with a comfortable earning and life, or who are university graduates.

Besides that, seven out of the nine social workers interviewed talked about how many of their clients had a history of family trauma, in particular witnessing their fathers abusing their mothers. Social worker R provides an

explanation for this, saying that many of the survivors have developed unhealthy attachment issues as a result of witnessing their fathers abuse their mothers. As they become adults, they become attached to whoever accepts them, even if the partners are abusive, because the survivors are frightened that nobody would want them.

At the relationship level, the most common risk factor is men's addictive behaviours, with all nine social workers highlighting this as a major factor for why their clients were abused by their partners. Social worker MB even said that for the majority of the cases she handled, the IPV the clients experienced was due to drug or alcohol abuse.

At the community level, the only risk factor was socioeconomic status, with two social workers reporting this as a risk factor for IPV. Social worker AI explains that SES is an undeniable factor for abuse, saying that for many of her clients, the women were asked by the husband to resign from their employment to stay home and care for their children. However, this results in financial problems which causes issues in the marriage, leading to fights, and eventually escalating to abuse. This is supported by Othman et al. (2021), who found that Malaysian women whose household incomes were low, were twice as likely to experience IPV, and this is further supported by similar findings from Saffari et al. (2017) and Afkhamzadeh et al. (2019).

At the society level, the most common risk factor was a culture of misogyny and patriarchy, with six out of the nine social workers emphasizing this as a risk factor. The social workers believe that the mindset of male superiority has been taught to men and embedded in culture. Social worker S believe that the men learn about abuse from their forefathers, often being told that they needed to be in control in the family, or they would lose their status in society. The literature reviewed also reported on a culture of misogyny and patriarchy, but explored it from the women's viewpoint, rather than the men's, whereby these studies looked at women's views towards wife beating, rather than the men's viewpoint (Memiah et al., 2018; Reese et al., 2017).

4.7.2 RQ3 (b) What are the coping strategies used by IPV survivors reported by social workers in Malaysia, as analysed according to Skinner's 11 families of coping?

A summary of the coping strategies yielded by the social workers, categorized according to Skinner's 11 families of coping, are shown in the figure below (see Figure 4.2).

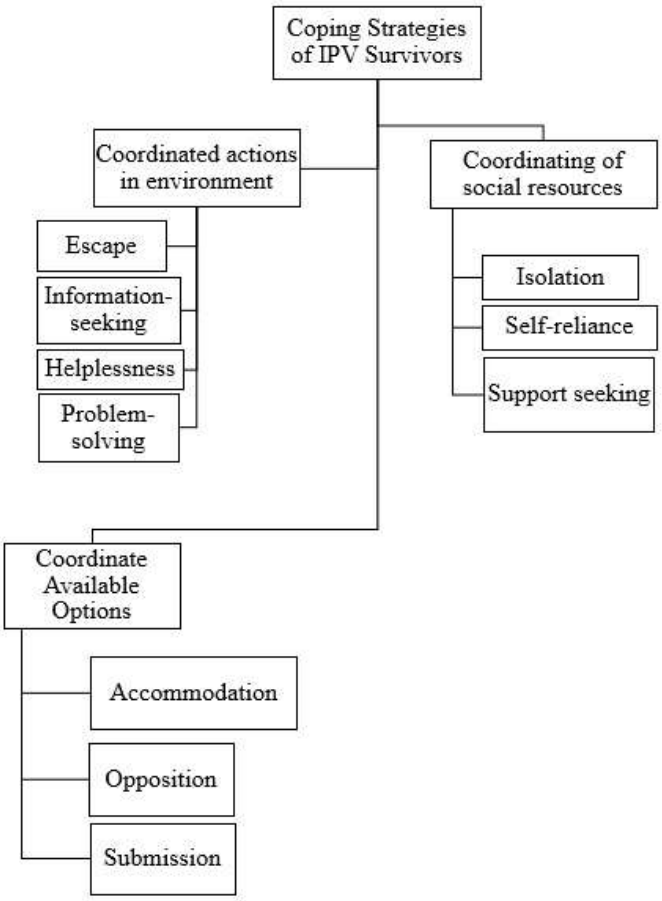

Figure 4.2 Coping Strategies Reported by Social Workers According to Skinner's 11 Families of Coping

The results of the interviews with the social workers in Malaysia revealed a wide variety of coping strategies used by IPV survivors. A total of three themes were discovered, which further yielded a total of eleven sub-themes which were aligned to Skinner's 11 families of coping. All the coping strategies among the data collected from the scoping review and both IPV survivors and social workers were analysed and matched according to Skinner's 11 families of coping, which included accommodation, escape, helplessness, information seeking, negotiation, opposition, problem-solving, seeking support, self-reliance, social withdrawal and submission.

4.7.2.1 Coordinating Actions in the Environment. This theme consisted of four sub-themes, which were escape, information-seeking, helplessness and problem-solving.

4.7.2.1.1 Escape. Eight out of the nine social workers reported that IPV survivors used escape strategies. Coping strategies under this code include avoidant actions, denial, false hope and harmful coping.

Avoidant Actions. Two social workers reported how their clients engaged in avoidant actions. Social worker S said of a previous client:

> "He (The abuser) will say things, he will deny her money, he will force sex on her, but she (the IPV survivor) decided to sleep in different rooms to avoid all this." (Social Worker S)

Social worker MB described how:

> "So they are at home less and they will avoid the conflicts at home. So they spend more time outside working. They'll exhaust themselves so when they come home they'll have minimal interaction with the perpetrator." (Social Worker MB)

Social worker MB also described how their clients used to cope with the abuse by avoiding feeling the pain from the abuse by “suppressing and sleeping”.

Denial. Four social workers talked about how their clients engaged in denial. Two social workers recalled how their clients were in denial that they were abused in an attempt to survive the abuse.

> “But some clients they start justifying the acts of the perpetrators by saying you know, he has no parents, so he grew up watching his uncle. No one has taught him how to treat women right. So they would justify this.” (Social Worker MB)

> “They (The IPV survivors) hesitate and deny that they were abused.” (Social Worker AI)

False Hope. Four social workers talked about how their clients had false hopes that their abusers would change and therefore they continued being in the abusive relationships.

> “You see they feel if they get married the husband can change. When I ask the women, they really say I really believe that he will change because he tells me he loves me.” (Social Worker R)

> "Number two (for why the women stay in the relationship) is the empty promises the husband gives. They believe he will change, so that is one of the reasons why they go on being in the relationship. It's not that they like but they believe he will change." (Social Worker V)

Harmful Coping. Three social workers also recalled how their clients engaged in substance abuse and self-harm as well. Social Worker B and Social Worker J recalled clients who engaged in harmful coping strategies, saying that:

> "Because some of them (the IPV survivors) do attempt suicide. It's a short cut." (Social Worker B)

> "One of my 18 year old clients, she engaged in unhelpful coping mechanisms, like self-harm." (Social Worker J)

Social worker MB said that:

> "I've seen some people who fall through some sort of like addiction, like drugs or alcohol, just abusing with normal medication… when they get anxious they start getting overdosing or doing something really harmful." (Social Worker MB)

4.7.2.1.2 Information Seeking. This sub-theme is defined by the attempts that survivors make to gain more knowledge or awareness about the abuse they experienced, as well as their rights. One out of the nine social workers reported that IPV survivors engaged in a form of information seeking, which was gaining awareness.

Seeking Knowledge and Awareness. Social worker S described a client of theirs who researched about IPV, saying that:

> "And so it's only during Covid that she did more research, and she found out that you know, what her rights were, how to seek for divorce, what she can claim from her husband." (Social Worker S)

4.7.2.1.3 Helplessness. Four out of the nine social workers reported that IPV survivors engaged in helplessness coping strategies. Coping strategies under this code include passivity, thrown out of the homes, and tolerating the abuse.

Passivity. One social worker, Social worker V said of some clients:

> "But there are also women who lose everything, and they are stunted from moving forward." (Social Worker V)

They lack the motivation and willpower to move forward, and constantly need to be motivated by the social workers. Social worker V also recalled clients who lacked motivation to engage in any activities while at the shelter, saying:

> "There may be 2 survivors who don't want to do anything, don't want to take up tailoring, baking. They lack motivation, so it's sort of like I don't want to do anything, I want to be quiet." (Social Worker V)

Thrown Out of the Homes. Social worker J noted how some of their clients were thrown out of their homes by their abusers, and as such were forced to leave, and did not leave the abusive relationship willingly. She said:

> "Sometimes it's (the women leaving the relationship) also driven by desperation. The husband threw them out of the house, and they have no one to take them in. They're forced out of their house." (Social Worker J)

Tolerating the Abuse. Four social workers talk about how their clients cope with the abuse simply by tolerating the abuse, with some of them tolerating the abuse for 30 years. Social worker R said that:

> "Most of them don't really have proper coping mechanisms. So I realise a lot of the clients don't really know what to do. They just suck

it up." (Social Worker R)

"You see during the relationship, they just manage. They bear everything." (Social Worker V)

4.7.2.1.4 Problem-Solving. This sub-theme is defined by the attempts survivors make to solve the problem, which in the context of this study is the abuse they experience. Coping strategies under this sub-theme include gaining independence, leaving the relationship, making plans and getting the abuser help. Seven out of the nine social workers reported problem-solving strategies as common coping strategies among survivors.

Gaining Independence. Four social workers recalled clients who were very independent after leaving the abusive relationship and the shelter, and managed to build new lives for themselves by getting jobs or finishing their education. These clients were described as being able to bounce back successfully in life. Social worker J recalled a particular client, saying:

"She is able to be independent now, able to secure a job, able to find someone to care for her son. Now she's even going out to find part-time jobs. On her only free day, she goes out to do part-time jobs."

Leaving the Relationship. Seven social workers report how a number of their clients eventually decide to leave the abusive relationship completely. Three social workers report that their clients chose to leave when they felt their lives were in danger, while four social workers say that for many clients who chose to leave, they stated that it was because they could no longer tolerate the abuse. Social worker R said that:

> "Some women realise they need to leave for good. Then they come into our shelter, and they'll really move on with their life." (Social Worker R)

That being said, Social worker M pointed out how many women don't completely manage to leave the abusive cycle, with some women choosing to go back to their abusers.

Making Plans. Two social workers talked about how their clients talked about making plans for the future, about how they will provide for their children and survive. Social worker AI said that:

> "They (the survivors) will move on and build new lives, and think about how to survive. How they'll provide for their children." (Social Worker AI)

Getting Abusers Help. Two social workers recall cases where their clients attempted to get their abuser medical help. Social Worker AI recalled:

> "We had this one client, she suspected that the husband is schizophrenic. So she brought him to the mental hospital to see a doctor." (Social Worker AI)

> "Because sometimes my clients will suggest to their husband to try counselling." (Social Worker B)

4.7.2.2 Coordinating Social Resources. This theme consisted of three sub-themes, which are isolation, self-reliance and support seeking.

4.7.2.2.1 Isolation. This sub-theme is defined by the attempts survivors made to prevent other people from finding about the abuse they were experiencing. One coping strategy was reported under this sub-theme, which is social isolation.

Social Isolation. One out of the nine social workers reported social isolation as a coping strategy among survivors. Social worker A said that:

> "They won't open up to their friends because they're ashamed. They'd

rather take it and keep it to themselves. They feel like if they talk to someone else, maybe they will be judged." (Social Worker A)

4.7.2.2.2 Self-Reliance. Skinner et al. (2003) described self-reliance's purpose was to "protect available social resources" (p.247), and included coping strategies that rely on one's self-control. Coping strategies under this code include emotional expression. Two out of the nine social workers reported the use of self-reliance strategies among IPV survivors.

Emotional Expression. Two social workers talked about how they encountered clients who kept crying during face-to-face consultations. They used crying as a way to release their emotions about the abuse. Social worker M recalled clients who used crying was a form of emotional regulation and an outlet for relief, and said that:

"When she came to our session, she pretended that nothing happened. When she entered the room, when she settled down, and we established rapport. She will cry all out." (Social Worker M)

4.7.2.2.3 Support Seeking. This sub-theme is defined by the various ways survivors sought support from family, friends, other survivors, various

institutions such as counselling, medical institutions, the legal system, NGOs and the police, and religion. All nine social workers highlight support seeking as an important coping strategy.

Family and Friends. A total of seven social workers talked about how their clients sought support from their family and friends. Five social workers recalled how some of their clients had supportive family and friends who offered to listen to their problems or even give them ideas on how to escape the abusive situation. Social worker M said that:

> "Some of our clients' relatives are very supportive. They even bring them here, and assist them to come to my office to have these conversations. They help them with police reports, going to the hospitals to check and so on." (Social Worker M)

Another social worker, Social worker S, also reported how in some rare cases, their clients had supportive in-laws who encouraged the women to leave the abusive relationship and not suffer.

> "You know, there are few, very rare cases where the in-laws have helped the women, to tell them to leave. Don't suffer, don't let the children suffer because of him. So there are instances where the in-laws have told the person to get out." (Social Worker S)

Two social workers talked about the role of children in getting their mothers to leave or get help.

> "I can see mostly they decided to come out after their children have grown up, and the children know what's going on. Sometimes they encourage their mothers "you need to leave, you have to do something"." (Social Worker B)

Besides that, four social workers also noted how some of their clients chose to seek help from their family or friends, by escaping to their homes.

> "Sometimes, they (the IPV survivors) run away to their friend's homes or their family's homes." (Social Worker AI)

> "Sometimes they (the IPV survivors) choose to stay with their family." (Social Worker B)

Five social workers talk about how their clients' family intervened in the abusive situation, by talking them into understanding that the abuse is wrong and they should report it. Social worker MB explained that:

> "Some they (the survivors) will go on and on and maybe some colleagues or friends will call them out on it, say maybe this is not

normal, you need to do something about this." (Social Worker MB)

"Only when someone close tells them (the IPV survivors) this is not ok, you should do something. That's where it clicks for them and they call us." (Social Worker R)

Some of the family members and friends also intervened by giving the clients resources to NGOs that could help them out of the abusive situation.

Counselling. Five social workers report that their clients are offered counselling upon arrival at the shelters, and that they observe that counselling is beneficial to the clients. Three social workers note that counselling provided the clients with emotional support, and the women feel supported and heard when they are able to talk about their experiences and have someone help them. Social worker MB and Social worker R describe how they observed positive changes in their clients after attending counselling, as well as practising the positive coping strategies that were taught to them by the counsellors. Social worker MB said that:

"I've seen for many of my clients where they will be very reluctant to go to any, to participate in any programs, because they feel it's the end of their world. They'll be lying down doing nothing, but once they start counselling I can see improvements where they would bounce back a bit. They will start slowly engaging in some activities around the shelter but not all out." (Social Worker MB)

Medical Institutions. Two social workers talked about the role of medical bodies, such as hospitals, in helping the survivors of IPV. When the women came into hospitals or clinics for treatment of their injuries, medical personnel educate the women on the resources available to them if they suspected IPV cases, and they referred the women to NGOs or shelters that can help the women.

> "We also collaborate with medical personnel, so sometimes they see the clients who come to them with injuries and they suspect there's abuse, but the clients say "oh it was an accident", or "Oh I fell, not because of abuse". So sometimes the medical personnel will spend some time trying to talk to them, telling them that there are resources that they can seek out. So these women feel like ok, maybe they have an option." (Social Worker B)

Legal System. Another formal institution that survivors sought support from was the legal system. Social worker B recalled instances where clients sought help from the legal system, saying that:

> "In the case where they're very firm, I want to bring the case to court. We will also help them with all the process." (Social Worker B)

However, she also pointed out the high cost involved in bringing abuse cases to court, and that survivors rarely engage in legal help.

NGOs. Two social workers note that many of their clients actively seek help from NGOs or related shelters, either by asking around or through social media. Social worker M said that:

> "We do have clients who read about us in Facebook and Instagram. Some of them just ask around, if there are any NGOs that can help." (Social Worker M)

Authoritative Bodies. Five social workers note the importance of the role of the police in the women getting help. Three social workers talked about how their clients made police reports about the abuse, and the police referred cases to them for further help. Two social workers highlight the fact that there are very helpful police who try hard to get justice for the survivors and help them, with Social worker A saying that:

> "I have come across police officers who are willing to work extremely hard for these women to obtain justice." (Social Worker A)

Other Survivors. Three social workers talked about the role other survivors played in helping their clients cope with the abuse. The clients talk about their stories in sharing sessions with other survivors, and it helps them feel less alone being around people who have gone through the same experience as they had. Social worker S also noted that in some cases, the women engaged in downward comparison after listening to the stories of other survivors, and this helped them feel better, describing that:

> "When they (the survivors) hear other people's stories, they feel they're actually not that bad off. So they trade stories and they realized yes mine isn't that terrible actually, compared to yours." (Social Worker S)

> "We do see people (the IPV survivors) sharing their stories whenever they feel safe around each other. So that's on their own personal belief and trust they have among each other. When they do that, they tend to develop a good friendship and some they even move out together and live together, because they feel they cannot sustain the rent alone, so they can support each other and be good friends. We see good friendships developing." (Social Worker MB)

Religion. Seven social workers noted that among their clients, they have observed that religion is one of the ways the women coped with the abuse. Religion offered support to the women in several ways, through prayer,

providing the women with strength to survive the abuse, and practical support offered to survivors by religious organisations.

Four social workers talked about how their clients turned to prayer to cope. Two of them mentioned how their clients prayed and read religious texts as a way to cope, while another two social workers talked about how their clients turned to praying that life would get better, and that God would save them from the abuse.

> "But actually they (the IPV survivors) prayed. All of them prayed very hard that he would change, the situation will change. They prayed very hard, they had hope. Some of them didn't have hope. They just prayed that someone would save them. They will pray that they will have a way out." (Social Worker S)

Four social workers talked about how religion provided survivors with strength to survive the abuse. Social worker MB recalled:

> "Whenever they get hit, or whenever they're feeling the lowest, they would reflect on the bible words. They know god is always there, god is watching." (Social Worker MB)

In particular, Social worker AI noted how Muslim clients relied on religion to prevent them from engaging in sinful behaviour such as attempting suicide.

> "But going back to religion, to avoid engaging in behaviours that are sinful (contemplating suicide), they engage in religious activities instead. So in that sense, religion is very helpful to them." (Social Worker AI)

Two social workers noted how religious organisations provided survivors with advice and also resources in moving on with their lives after leaving the abusive relationship.

> "So for Christianity organisations, from what I observe, they're more prone to helping clients of this sort. They'll be very open to inviting them, welcoming them, giving them more opportunities to them in terms of jobs, livelihood, shelters sometimes." (Social Worker MB)

Social Workers. The social workers working at NGOs were able to provide support to the women through advice and resources, and providing them with emotional support by allowing the women to confide in them.

Two social workers talked about how their clients reached out to them

for advice and resources. Some of the clients needed advice on what to do in abusive situations, while others needed resources in to move on with their lives.

> "So that's where the role of the social worker comes in. We look for resources that we can link up with our clients and help them…So some of the survivors will ask where I should go if this happens. How should I make a police report? They ask for advice." (Social Worker AI)

Five social workers recalled how many of their clients chose to reach out and confide in them about the abusive situation. Among them, two social workers noted how some of their clients preferred to confide in them about the abuse.

> "And sometimes we also observe that it's not to everyone they want to speak to. Sometimes it's just that they feel comfortable talking to you so they share with you. Sometimes they're much more comfortable with people like us than the counsellor." (Social Worker V)

Three social workers talked about how some of their clients just wanted to vent their feelings to them, and reached out over the phone just to talk, with Social worker AI saying that:

> "Some of them reach out and ask "Hi, are you free?" or they'll call me, they'll ask if they can call or message me. We become a means for

them to just talk, to vent their feelings and talk through their thoughts. They feel we understand what they go through." (Social Worker AI)

Two social workers noted how sometimes when their clients were anxious or emotionally unstable, they would call up the social workers and get emotional support from them.

"So what I can do is to help calm them when they're anxious. I will talk with them, chat with them." (Social Worker B)

4.7.2.3 Coordinating Available Options. This theme consisted of four sub-themes, which are accommodation, negotiation, submission and opposition.

4.7.2.3.1 Accommodation. Eight of the nine social workers reported accommodation as a common coping strategy. Coping strategies under this code include cognitive restructuring and distraction.

Cognitive Restructuring. Five social workers talked about how among the clients they encountered, children often provided them with purpose. The women have been reported as saying that they survive for their children, and

after leaving the abusive relationship, the well-being of their children becomes their priority to continue with their new life. Among them, three social workers note that they have encountered clients who consider suicide, but have been prevented from doing so at thoughts of their children. Social worker B explained that:

> "But when you involve their children, they will think about their children. They have to put their safety first. If you're alive and safe, your children will be ok. If anything happens to you, your children will be in danger. So when they're very depressed, or they want to commit suicide, they will pause and think about their children." (Social Worker B)

Social worker MB recalled a client who coped with the aftermath of the abuse by carrying out charity work to help under-privileged children and gaining strength from this.

> "She started doing charity work, she does tuition for under-privileged for free…she thinks of the other children who say thank you to her for the charity she does." (Social Worker MB)

Social worker V noted how a number of her clients are able to move on strongly with new partners in life.

> “They (the IPV survivors) actually left our homes and they have got a new life partner. They move on very strongly. They are no longer afraid of having another relationship.” (Social Worker V)

Social worker J described a client who managed to practice the healthy coping she learned in counselling and move on with her life, not letting the negative thoughts of the abuse affect her life. Social worker S recalled a client who taught her children to be independent in order for them to lead better lives than she did.

> “They (the IPV survivors) keep telling their children that you must study hard, you must be clever, you must be talented. If anything happens to me, you’ll be alone. Teaching their children to be independent and free themselves because they couldn’t do it themselves.” (Social Worker S)

Distraction. Five social workers talked about how clients engaged in recreational activities and programmes that were run in the shelter. These activities included baking, yoga, sewing or other life skill workshops. Other clients chose to going for runs or going out with their friends at the shelter, or reading.

> “Some people prefer to join yoga, some people prefer runs, go out with friends, or reading.” (Social Worker R)

The social workers note how life skill classes or workshops also help to empower women by providing them with skills to finance their lives once they have left the shelter.

> “We teach them (the IPV survivors) how to use the computer to the CV, and we had someone to come in to teach yoga, bead making, sewing. All these are therapeutic processes for them to relax. (Social Worker S)

Additionally, Social worker S, talked about how some of her clients chose to distract themselves from the abuse by sleeping or watching the television, while they were still in the abusive relationship.

> “They (the IPV survivors) go to sleep. They watch TV. That’s all. What other coping mechanism is there for them?” (Social Worker S)

4.7.2.3.2 Negotiation. This family of coping did not appear in the social workers’ responses.

4.7.2.3.3 Opposition. Some of the coping strategies in this theme include the survivors becoming abusive themselves and blaming of others. Three out of the nine social workers reported opposition as a coping strategy.

Becoming Abusive. Social worker V described how the clients become abusive themselves. Another social worker, Social worker S, recalls how their clients become abusive towards their children, as they take their temper off on their children after they have been abused. Social worker S said that:

> "But the other thing is also very sad because the husband beats the mothers, and the mother will take the temper off on their children…Really beat their children up. Really torture, or they make the elder child look after the younger child, and deprive the older child of the food to give to the younger child. Exactly what the husband did to the wife, deprive her of food, opportunities and clothes. We can see how the abuse has come down from the husband to the wife and the child." (Social Worker S)

Blaming of Others. One social worker, Social worker B, noted that their clients sometimes shift the blame of the abuse onto the social workers after they reach out for help, and the social worker noted that this is their method of survival.

> "Because sometimes it's their (the IPV survivors) survival method. If you directly give them answers (to leave the abusive relationships), later when they regret and consult with their husbands, they will blame it on us…But I can understand that, because they're surviving in a relationship." (Social Worker B)

4.7.2.3.4 Submission. Coping strategies under this sub-theme include self-blame and rumination of past trauma. Three out of the nine social workers reported submission as a coping strategy for survivors.

Self-Blame. Two social workers noted how some clients engaged in self-blame, whereby they felt that the abuse occurred because of something they did wrong.

> "The women end up thinking that it's (the abuse) their fault. That the abuse happened because of something wrong they did, so they have to face abuse. They engage in self-blame." (Social Worker AI)

Social worker B also had clients engaging in self-blame because they chose their partners, saying that:

> "But then they choose the wrong partner, and they blame themselves." (Social Worker B)

Rumination. One social worker, Social worker J, talked about how their clients engaged in rumination, saying that:

> "But I see some clients who are still caught in the situation, they are still ruminating, ruminating in their past trauma and they couldn't get out." (Social Worker J)

4.7.2.4 Discussion. The most common family of coping reported by the social workers was support seeking, with all nine social workers reporting that their clients engaged in various forms of support seeking. The social workers emphasised the importance of social support in helping IPV survivors cope and heal with the abuse. Social worker B further elaborated on the need for effective support in order to solve the problem at hand, which is to stop the abuse. While venting or complaining to someone close to them can be helpful for the women, this is ineffective as it does not pull the women out of the abusive cycle.

Besides that, social workers also highlighted the need for ongoing support for the women, even after they have left the shelters and have reintegrated into society. Social workers MB and J emphasised the limited time that the survivors have with counselling within the shelters, and social worker MB suggested that free counselling sessions and support groups with other

survivors would be helpful to the survivors to continue feeling supported as they build their new life.

4.7.3 RQ3(c) What are the effects that IPV survivors suffer from reported by social workers in Malaysia, as analysed according to the Biopsychosocial Model?

A summary of the effects of IPV yielded by the social workers, categorized according to the factors of the Biopsychosocial Model, is shown below (see Figure 4.3).

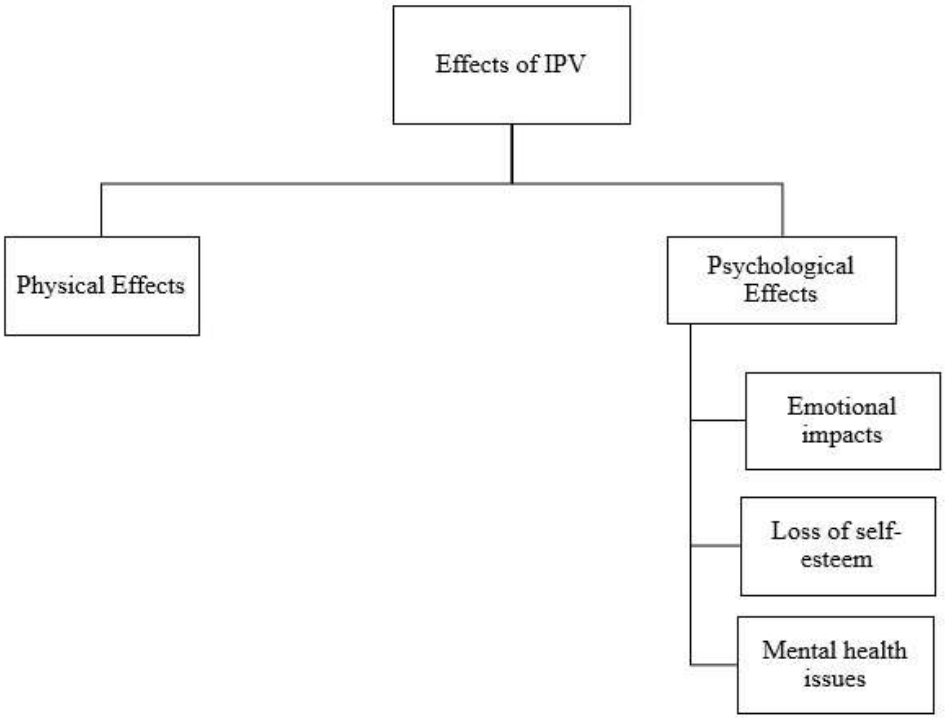

Figure 4.3 Effects of IPV Reported by Social Workers According to the Biopsychosocial Model

The results of the interview with the social workers revealed a wide variety of effects that IPV survivors suffered from. All the effects reported were categorized according to the three factors of the Biopsychosocial Model, which are physical effects, psychological effects and social effects. A total of three themes were discovered.

4.7.3.1 Physical Effects. Seven social workers note that many of their clients' physical health was affected by the abuse. Many suffered severe physical injuries from the physical abuse, with the most common injuries being bruises, broken bones and even burn injuries, and some even suffered internal injuries.

> "They (the IPV survivors) experience physical injuries, as well as internal injuries that can't be seen on the outside." (Social Worker AI)

For many, these injuries left a lasting impact on the women which eventually affected their ability to lead an independent life after leaving the abusive relationship.

> "I've seen a client who would have a fractured arm, where it limits her to live independently. They will have terrible injuries on their heads, their face. It's very bad injuries that would, as a human you would need

to be fully functional. But the abuse is so bad that it prevents them from living an independent live." (Social Worker MB)

Social worker J recalled encountering clients whose appetites were greatly affected by the abuse, saying that:

"I know for some clients, they have appetite issues." (Social Worker J)

Social worker MB described a client who sustained severe physical injuries:

"She said she cannot sit properly because she was raped by her husband multiple times. So it was so bad that she had a cyst around her, I don't know, her vagina or something, it actually burst." (Social Worker MB)

4.7.3.2 Psychological Effects. According to the social workers, IPV survivors suffered from different psychological effects, which are emotional impacts, loss of self-esteem and mental health issues.

4.7.3.2.1 Emotional Impacts. Four social workers noted instances where their clients' emotions were badly affected by the abuse, with some clients becoming emotionally unstable or suffering from many emotional

issues. Social worker B recounted a client who suffered emotionally, saying that:

> "It (The abuse) made my client very unstable, emotionally unstable." (Social Worker B)

Social worker J, Social worker M and Social worker R described various clients of theirs who were very emotional after the abuse, whether it was because they were worried about their children or when they thought about the abuse they experienced.

> "She's (the client) having so many emotional issues because she's worried about the wellbeing of her child." (Social Worker J)

> "I could see that the wife was like, very, very sad because all this while, she did everything for her husband, but the husband kept physically abusing her by punching her. Even though she did everything. So she cried for over one week." (Social Worker M)

4.7.3.2.2 Loss of Self-Esteem. Loss of self-esteem among survivors was observed by social workers. Five social workers reported observing that their clients lost their self-esteem as a result of the abuse. One repeated message among their responses was that the abusers, by psychologically abusing the

women through belittlement and verbal abuse, were made to feel that they were failures and even inhuman. Social Worker S recalled a client, saying:

> "He (The abuser) makes her feel inhuman. It makes her feel not a capable mother, not a capable woman, not a capable anything. She feels degraded." (Social Worker S)

This long term abuse resulted in the survivors being unable to move forward with their lives, as Social worker MB noted,

> "It's difficult for them to move forward and they feel no one will accept them after this. They feel they're not deserving of love after that." (Social Worker MB)

4.7.3.2.3 Mental Health Issues. According to the social workers' responses, their clients suffered from mental health issues such as anxiety, depression, learned helplessness, and trauma.

Anxiety. Four social workers recalled clients who suffered from anxiety as a result of the abuse. These clients also experienced panic attacks due to the anxiety and fears they have. According to Social worker J, one client in particular ended up developing strong social anxiety, and was unable to leave her home without shaking and hyperventilating.

Depression. Five social workers report that many of their clients have depression as a result of the abuse, among which, two social workers, Social worker AI and Social worker J reported that their clients were formally diagnosed with depression. Social Worker J said that:

> "One of my clients, the one who is 18 years old, she was diagnosed with Major Depressive Disorder." (Social Worker J)

According to Social worker AI:

> "When my clients go to the psychiatrist for testing, a lot of them have depression…For many of our clients that we see at court, that were referred to us by the doctors, most of them who were diagnosed with depression are housewives." (Social Worker AI)

Learned Helplessness. IPV survivors also developed learned helplessness, which is the failure to escape the shock that resulted from aversive events, which in the context of this study, is the abusive relationship (Maier & Seligman, 2016). Three social workers talked about how some of their clients learned helplessness, and lost sight of purpose in life. Social worker J recalled a client, saying that:

> "She tells me one thing. She doesn't see life purpose. She doesn't have a direction on where to go." (Social Worker J)

Social worker S recalled a client who retreated into herself after the abuse, recalling how:

> "She had no happiness in her life at all…She's so numb she doesn't even react when people shout at her." (Social Worker S)

Social worker MB said that:

> "The worse is psychological abuse, they will have learned helplessness. They have been trashed down by the men, the mean comments." (Social Worker MB)

Trauma. Two social workers talked about the trauma their clients experienced, with Social worker A noting that many of their clients developed PTSD. Social worker AI also talked about how a majority of their clients were traumatised by the abuse, and they constantly relive the abuse to the point that it becomes a trigger for them. Besides that, Social worker A and two other social workers reported how it was common for their clients to suffer from insomnia

and sleep deprivation due to the constant nightmares they had about reliving the abuse. Social worker A was quoted as saying:

> "Some of them have nightmares, some of them may dream their husband is looking for them. Some of them say I had a dream where my husband changed (personality and behaviour). Because they're constantly living in that trauma." (Social Worker A)

4.7.3.3 Social Effects. No effects under this category were reported by the social workers.

4.7.3.4 Discussion. In terms of physical effects, seven social workers talked about the physical injuries that they witnessed their clients suffering from. However, the social workers did not provide information on whether their clients continued to suffer from physical effects after they have left the shelter, as their clients are only at the shelter for a limited amount of time.

In terms of psychological effects, mental health issues was the most reported effect by the social workers, with six social workers recalling various mental health issues that their clients suffered from. Among them, four social workers reported how many of their clients were formally diagnosed with depression, and this finding is supported by studies conducted by Cho et al.

(2019), Edwards et al. (2021) and Soleimani et al. (2016). One interesting finding highlighted by social worker AI was that, the majority of her clients who were diagnosed with depression were housewives. She explained that this was due to the limited social circle the housewives had, as they stayed at home engaging in an endless routine of housework every day.

No social effects were reported by the social workers. This could be due to the fact that social workers deal mainly with clients staying at shelters, whereby the social workers were not able to observe any impacts that IPV had on their social relationships.

CHAPTER FIVE

STUDY FOUR: TRIANGULATION OF SCOPING REVIEWS AND INTERVIEW RESPONSES FROM IPV SURVIVORS AND SOCIAL WORKERS

In Study Four, a triangulation of the results from the scoping reviews (Study One), interview responses from the IPV survivors (Study Two) and interview responses from the social workers (Study Three) was carried out, and the results were further analysed.

5.1 Research Questions

For Study Four, the research questions are as follows:

RQ4: What are triangulation results regarding the risk factors of IPV, effects of IPV and coping strategies used by IPV survivors, as reported in the scoping reviews, IPV survivors in Malaysia and social workers in Malaysia?

a) What are the triangulation results regarding the risk factors of IPV, as reported in the scoping review, IPV survivors in Malaysia and social workers in Malaysia?

b) What are the triangulation results regarding the coping strategies used by IPV survivors, as reported in the scoping review, IPV survivors in Malaysia and social workers in Malaysia?
c) What are the triangulation results regarding the effects of IPV, as reported in the scoping review, IPV survivors in Malaysia and social workers in Malaysia?

5.2 Triangulation of Risk Factors

In this section, the triangulation results for all risk factors reported across the three studies, as categorized according to the Ecological Framework, will be reported and discussed. Among the wide variety of risk factors that have been reported across the three studies, robust risk factors, possible risk factors, and least likely risk factors in the Malaysian context have been identified, and a comprehensive discussion on their significance in relation to IPV is provided. Besides that, IPV prevention and intervention strategies in Malaysia are also discussed, which highlights the multi-level efforts that are required to address the complex nature of IPV (see sub-section 5.2.2). Finally, the practical and theoretical implications for the results regarding risk factors will be discussed.

5.2.1 Triangulation Results and Discussion for Risk Factors

Results regarding risk factors were analysed and triangulated via the

three perspectives, which are the scoping review (Study One), interviews with IPV survivors in Malaysia (Study Two) and interviews with social workers in Malaysia. Detailed analysis of the results of Studies One to Three are discussed in Chapter Two, Three and Four respectively. All the risk factors reported in the scoping review, responses from the IPV survivors and social workers were categorized according to the Ecological Framework. It must be noted that this study did not find any relationship between a country's income and IPV's risk factors, and future studies may further examine this issue, as it would contribute to empowering global policy and prevention efforts of IPV.

5.2.1.1 Individual Level. A Venn diagram summarizes the risk factors at the individual level across the scoping review, responses from the IPV survivors and social workers (see Figure 5.1).

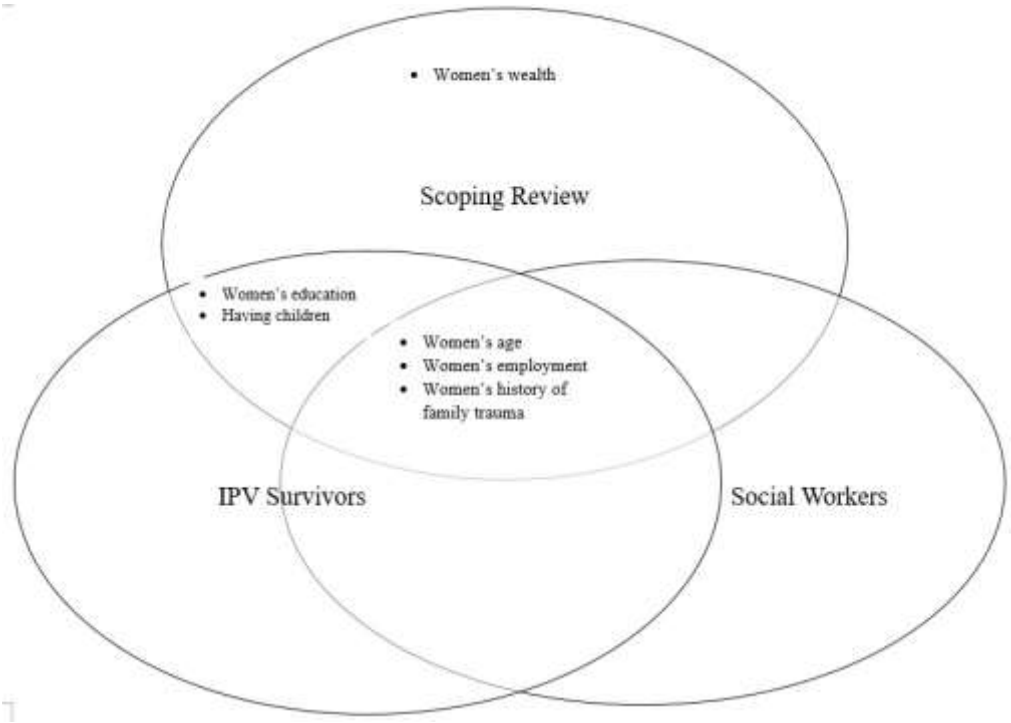

Figure 5.1 Risk Factors at the Individual Level across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the three studies revealed that at the individual level, a total of six risk factors were reported, which are women's age, women's education level, women's employment, women's history of family trauma, women's wealth and having children. Through the triangulation results, robust risk factors, possible risk factors and least likely risk factors in the Malaysian context have been identified and are discussed as follows.

5.2.1.1.1 Robust Risk Factors. Women's age, women's employment and women's history of family trauma were reported across all three studies. This points towards the robustness and universal significance of these three risk factors. This may suggest that these three risk factors are critical determinants for women's exposure to abusive relationships, regardless of the different perspectives from which the data was collected.

5.2.1.1.2 Possible Risk Factors. On the other hand, women's education level and having children were reported in the scoping review and survivors' responses, but did not come up in the social workers' responses. This may indicate that further studying of these two risk factors are required to confirm their validity in the Malaysian context.

Women's Education Level. In terms of women's education level, the finding that social workers did not mention this as a risk factor could be due to the fact that the social workers may be less focused on demographic risk factors such as education level. Rather, they may be more focused on other risk factors such as history of family trauma, men's substance abuse and SES. On the other hand, the findings in the scoping review regarding women's education is quite inconsistent, with some studies finding that a low education level was a risk factor for women to be exposed to violence (Ahmadi et al., 2017; Martín-Lanas et al., 2019; Orke et al., 2020; Othman et al., 2021; Yuan & Hesketh, 2019), while other studies found that women with higher levels of education were more likely to be in abusive relationships, compared to women who received little or no education (Barnawi, 2017; Chikhungu et al., 2021; Dim & Elabor-Idemudia, 2018; Memiah et al., 2018; Rahme et al., 2020; Reese et al., 2017; Sunmola et al., 2019). This seems to be reflected in the survivors' responses, whereby five survivors received education up till secondary school (including Form 6), one survivor was educated up till primary school and two survivors were university graduates. This inconsistency regarding the relationship between the levels of education a woman receives and her exposure to being in an abusive relationship may indicate that women's education as a risk factor may depend on the cultural context the woman is in.

Having Children. On the other hand, in terms of having children, previous studies have yielded contrasting results, with some studies reporting

that women who had children were more likely to experience violence (Reese et. al., 2017; Yuan & Hesketh, 2019), while other studies reported that having fewer or no children increased women's chances of experiencing abuse (Ahmadi et al., 2017; Barnawi, 2017). In terms of the survivors who were interviewed, six out of the eight survivors had children, with the number of children ranging from two to four. However, the social workers did not bring up the topic of their clients' children as possible risk factors for IPV, only that the children often become sources of strength for the survivors. This may indicate that the social workers may not believe the survivors' children, or number of children they had, to be possible risk factors for the abuse. They may also not be aware of further details about how having children may have exposed the women to being abused. It must be noted that the studies reviewed in the scoping review did not provide a specific definition for "more" and "fewer" children. No reasoning was also given as to why having children, or the number children, would expose women to being abused. As such, future studies can further look into this lack of clarity and perhaps provide clearer definition on the range of children that might expose women to IPV, and the reasons why.

5.2.1.1.3 Least Likely Risk Factors. Finally, women's wealth as a risk factor was only reported in the scoping review, but not in the survivors' and social workers' responses. Previous studies regarding women's wealth as a risk factor for IPV has yielded contrasting results, with some studies noting that women earning less than their partners are at higher IPV risk (Aizpurua et al., 2017; Yuan & Hesketh, 2019), while other studies find that higher earnings or

wealth indices increase the risk (Dim & Elabor-Idemudia, 2018; Sunmola et al., 2019). This may indicate that women's wealth as a risk factor for IPV may depend on the cultural context the women are in. For example, Yuan and Hesketh (2019) found that women in China who had a lower income than their partners were more likely to abuse, while Dim and Elabor-Idemudia (2018) finding that Nigerian women who were financially well-off were more likely to experience violence. This finding indicates that women's wealth may not be a likely risk factor in the Malaysian context, perhaps due to the different cultural contexts. Besides that, the social workers who were interviewed talked about clients they encountered who were wealthy, with Social Worker MB recalling clients who were had higher wealth, further pointing towards the fact that women's wealth may not be a significant risk factor for IPV in Malaysia.

5.2.1.2 Relationship Level. The second theme of the relationship level was related to the IPV survivors' abusive partners and the relationship between survivor and abuser. A Venn diagram summarizes the risk factors at the relationship level across the scoping review, responses from the survivors and social workers (see Figure 5.2).

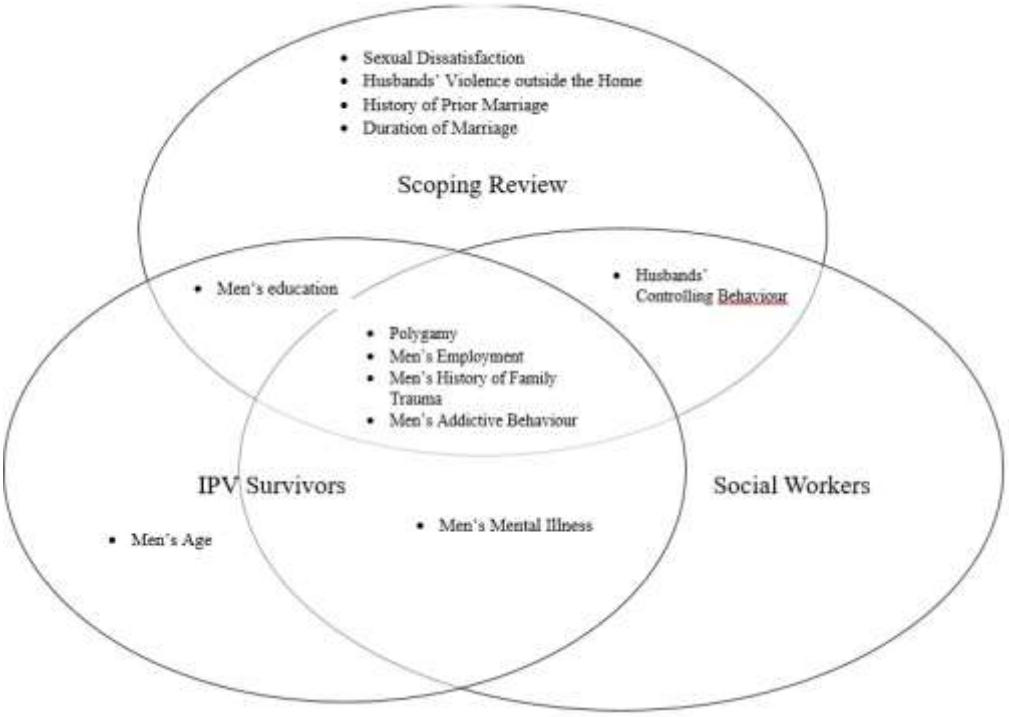

Figure 5.2 Risk Factors at the Relationship Level across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the three studies revealed that at the relationship level, 12 risk factors were reported, which are polygamy, men's employment, men's history of family trauma, men's addictive behaviour, men's education, men's age, men's mental illness, husbands' controlling behaviour, sexual dissatisfaction, husbands' violence outside the home, history of prior marriage and duration of marriage.

5.2.1.2.1 Robust Risk Factors. Four risk factors, which are polygamy, men's employment, men's history of family trauma and men's addictive behaviour were reported across all three studies. The unanimity in reporting

these factors, regardless of perspective, suggests that these four factors are robust and widely recognized as significant determinants of IPV perpetration, and emphasizes the need for targeted interventions addressing these specific risk factors.

5.2.1.2.2 Possible Risk Factors. The results of this study also revealed five risk factors that may require further study to confirm their validity in the Malaysian context. These risk factors are men's mental illness, men's volatile tempers, men's controlling behaviour, men's age and men's education.

Men's Mental Illness and Men's Volatile Moods and Tempers. Two risk factors, which are men's mental illness and men's volatile moods and tempers were reported in the responses from the survivors and social workers, were not found in the scoping review. This could be due to the fact that out of the 33 articles reviewed, 28 were quantitative studies, which did not ask questions about the abusive partners' mental health and tempers. While five studies conducted interviews with the IPV survivors, they were large scale studies with the smallest sample being 154 participants, and the largest sample being 3,028 participants. This might have resulted in a lack of a thorough interview process with the participants, thereby potentially leaving out risk factors such as men's mental health and volatile moods and tempers. Besides that, the interview questions used by these studies were not made available, as such, it is not known if questions regarding the abusive partners' moods and

tempers, and mental illness were asked. The finding that men's volatile moods and tempers were not reported in the scoping review indicates a possible gap in research regarding IPV, and future studies may further look into this risk factor.

Men's Controlling Behaviour. In terms of men's controlling behaviour, studies reviewed in the scoping review have found that men's controlling behaviour to be a common risk factor (Aizpurua et al., 2017; Canedo & Morse, 2021; Eldoseri & Sharps, 2020; Iyanda et al., 2021; Mukherjee & Joshi, 2019). Besides that, social workers have also talked about instances when their clients' movements and actions were restricted by their abusers, whereby the women have to be home at a certain time or they will be abused. Social Worker MB also spoke about a client who was constantly monitored by her abusive husband, to the point that the abuser held video calls with her while she sent her children to school, to prevent her from visiting other places and possibly getting help. However, the results of the interview responses from the IPV survivors did not bring up men's controlling behaviour. The IPV survivors interviewed did not describe being controlled by their husbands. It is also possible that the survivors were subjected to controlling behaviour by their abusive partners but did not realize it, or maybe they lacked the vocabulary to describe this in the interview. According to Shamu et al. (2020), societal and cultural norms can affect perception on whether controlling behavior is recognized as abusive. This is particularly evident in Asian culture, which has an emphasis on traditional gender roles. As such, survivors might not be able to identify controlling behavior, or even perceive this to be abusive, as these behaviors can be mistaken

as care or concern. Future studies can combine the use of quantitative measurements that can help IPV survivors recognize the controlling behaviour they experienced, while combining with qualitative interviews which can allow the survivors to elaborate more richly on their experiences.

Men's Age. The risk factor of men's age appeared in the scoping review and the survivors' responses, but did not appear in the social workers' responses. Three out of eight survivors interviewed reported that their abusive partners were younger than them. These partners became abusive in part because they blamed their wives for tying them down in marriage while they were still young. While Memiah et al. (2018) reported that men who were aged 50 and above were risk factors for the women experiencing IPV, the women's age in comparison to the men were not reported. As such, it cannot be concluded that older men were more likely to abuse their wives. In regards to the finding that men's age did not appear in the social workers' responses, this could be due to the fact that the social workers are more focused on the IPV survivors themselves, rather than the abusive partner. While the social workers did ask the survivors about basic screening questions relating to the abusers which helped them understand more about the abusive situation their clients were in, such as history of family trauma and substance use, the social workers' main priority were the survivors and how to best help them moving forward. As such, they either did not offer any information about the abusers' age, or they were not aware of such information. While men's age was highlighted in the survivors' interview responses, due to the small sample of participants, further

investigation is necessary to confirm the validity of men's younger age as a robust risk factor.

Men's Education Level. In terms of men's education level, while the scoping review and the survivors' responses reported men's education as a potential risk factor, this did not come up in the social workers' responses. In terms of men's education, the scoping review reported that men's low level of education is a risk factor for women's experience of IPV (Afkhamzadeh et al., 2019; Ahmadi et al., 2017; Barnawi, 2017; Reichel, 2017). While the survivors who were interviewed did mention men's education, only two survivors made mention of their partners' educational level. Among them, one survivor's partner received a low level of education, while another survivors' partner received a university level education. The social workers interviewed did not mention the education level of the abusive men. This might indicate that the social workers are more concerned about the survivors they come into contact with, and in line with the IPV survivors' responses, it is possible that men's education level might not be a significant risk factor for women's experience of IPV, at least in the Malaysian context. It is also possible that, with the small sample of survivors and social workers interviewed, this result regarding men's education as a risk factor may not be able to accurately reflect the greater population of Malaysia.

5.2.1.2.3 Least Likely Risk Factors. On the other hand, four risk factors were reported in the scoping review, but not in the survivors' and social workers' responses, which are duration of marriage, history of prior marriage, relationship satisfaction and husband's violence outside the home. This finding indicates that these risk factors may be less likely to influence IPV in Malaysia.

Duration of Marriage. In terms of duration of marriage as a risk factor, Barnawi (2017) reported that a longer duration of marriage was associated with higher risk of IPV. However, no further elaboration or explanation was provided for this finding. Additionally, Barnawi's finding was contradicted by Mukherjee and Joshi (2019), who noted that this had no effect on women's experience of IPV. Besides that, only one article out of the 33 articles reviewed reported that a longer duration of marriage was a risk factor for IPV (Barnawi, 2017). As such, it can be concluded that duration of marriage may not be a significant risk factor for IPV, thereby supporting the finding that duration of marriage did not come up in the responses of the survivors and social workers interviewed.

History of Prior Marriage. History of prior marriage as a risk factor was not mentioned by the IPV survivors and social workers interviewed, as the IPV survivors in this study were not previously married to another partner before the abusive relationship. As such, while three articles in the scoping review reported history of prior marriage as a possible risk factor, this risk factor does not appear to be applicable to the current study.

Sexual Satisfaction. Sexual satisfaction as a risk factor was not mentioned by the IPV survivors and social workers interviewed, while only one article in the scoping review reported that a couple's sexual dissatisfaction was a risk factor for IPV (Afkhamzadeh et al., 2019). This could be due to privacy issues, whereby the survivors and social workers were not willing to bring up the topic of sexual satisfaction in the interviews.

Men's Violence outside the Home. The finding from the scoping review that husbands' violence outside the home as a risk factor for IPV was not found in the responses from the survivors and social workers. Instead, according to the survivors' and social workers' responses, abusers seem to project a different image while outside the home. Rather than appear violent, they hide any signs that they were violent to their wives. For example, Social worker B noted that she has seen a shift in the abuse that her clients experience, with the abusers hiding the (physical) abuse and engaging in financial abuse and emotional abuse instead. This could possibly be due to the men wanting to avoid being outed as abusing their wives or women partners, as this behaviour may be frowned upon as society gains a greater awareness of IPV. As such, in order to maintain their façade as a loving husband or partner in front of other people, the abusers might refrain from leaving visible signs of abuse on their wives or women partners, choosing to engage in less visible forms of abuse instead. Future studies may look at this shift in forms of abuse, and the motivations behind the men's

changing forms of abuse.

5.2.1.3 Community Level. A Venn diagram summarizes the risk factors at the community level across the scoping review, and the responses from the survivors and social workers (see Figure 5.3)

Figure 5.3 Risk Factors at the Community Level across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the three studies revealed that at the community level, two risk factors were reported, which are area of living and socioeconomic status (SES).

5.2.1.3.1 Robust Risk Factors. The triangulation of all three studies revealed that SES was reported across all three studies. This points towards the robustness of SES as a risk factor regardless of the different perspectives that were studied and triangulated. The scoping review revealed that low SES is a common risk factor for IPV (Afkhamzadeh et al., 2019; Daoud et al., 2020), with Othman et al. (2021) finding that Malaysian women whose household incomes were low, were twice as likely to experience IPV and this is supported by the social workers' responses. While SES appeared in the survivors' responses, only two survivors talked about their families' SES and how the stress from the low SES contributed to their abusers abusing them. Similarly, only two out of the nine social workers interviewed brought up SES as a risk factor. The remainder six survivors and seven social workers did not mention SES at all, which indicates the inconclusiveness of this result. As such, future researchers can choose to conduct quantitative studies that will allow researchers to have a clearer picture of whether low or high SES exposes women to being in abusive relationships.

5.2.1.3.2 Least Likely Risk Factors. On the other hand, the scoping review revealed that area of living was a risk factor for IPV, which was not found in the responses from the survivors and social workers. Area of living as a risk factor was only reported in two articles reviewed, and even the results were contrasting, with Sunmola et al. (2019) reporting that women residing in rural areas of Nigeria were more vulnerable to IPV, whereas Canedo and Morse (2021) reported that women living in urban areas of Mexico faced a higher

likelihood of experiencing IPV. This points to the possibility of area of living not being a robust risk factor for IPV, and that it might not be applicable to the Malaysian context.

5.2.1.4 Society Level. A Venn diagram summarizes the risk factors at the society level across the scoping review, the responses from the survivors and social workers (see Figure 5.4).

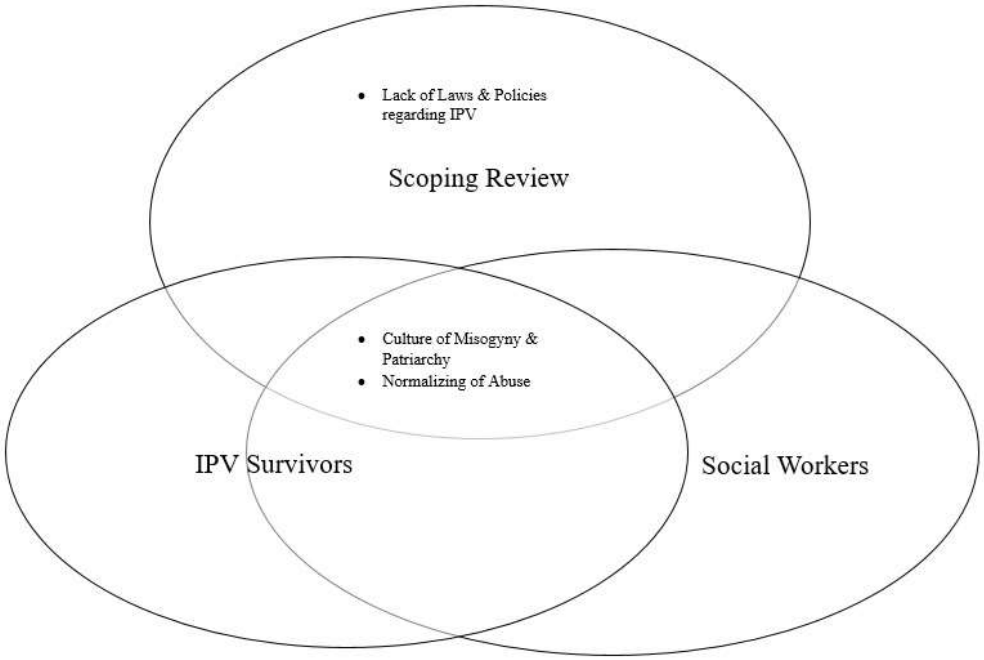

Figure 5.4 Risk Factors at the Society Level across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the three studies reported three risk factors, which are culture of misogyny and patriarchy, normalizing of abuse and lack of laws and policies regarding IPV.

5.2.1.4.1 Robust Risk Factor. The finding that culture of misogyny and patriarchy, as well as normalization of abuse across the scoping review, interview responses from IPV survivors and social workers, highlight the role that societal norms and gender inequalities play in perpetuating IPV. Cultural attitudes that legitimize and even encourage male dominance, while downplaying abusive behaviours, contributes the creation of an environment whereby IPV is tolerated and even accepted. This is especially relevant in Asian culture, where the men are expected to be in control and dominant, and these traditional gender role beliefs contribute to the acceptance of IPV in society (Um et al., 2018). This is further reinforced by the social workers who were interviewed, many of whom emphasized the role that culture played in perpetuating IPV, by encouraging male dominance and power over women. As Social worker S noted, these cultural values were passed down through generations, contributing to the intergenerational cycle of IPV. This in turn leads the normalization of abusive behaviour by the women which often begins in childhood, as women grow up witnessing their grandmothers, mothers, aunts and any female relatives be subjected to IPV. Over time, this exposure leads to the internalization of such behaviour as acceptable or even inevitable. Social worker AI noted how many women develop a skewed perspective that abuse is normal and should be accepted as part of married or romantic life. This deeply ingrained belief perpetuates a vicious cycle of abuse that persists across generations.

5.2.1.4.2 Least Likely Risk Factor. The lack of laws and policies relating to IPV as a risk factor was only reported in the scoping review, and did not come up in the survivors' and social workers' responses. This risk factor was reported by Iyanda et al. (2021), whereby the study was conducted in the 12 African Nations, where not all of the nations have implemented laws regarding to IPV, and where there is severe gender inequality. For example, in the Nigerian constitutions, certain provisions still exist that makes IPV legal against women, and IPV is even encouraged against women (Iyanda et al., 2021). This is in contrast with Malaysia, where IPV survivors' basic rights are protected by the Domestic Violence (Amendment) Act 2017, which indicates the lack of laws and policies regarding IPV is less likely to be a contributing risk factor in Malaysia. That being said, it is also possible that IPV survivors interviewed were not aware of the existence of this law, and have little understanding of how legal policies could expose or protect them to being in abusive situations.

5.2.2 Risk Factors: A Conclusion

As noted, after triangulation of the three studies was conducted, the results revealed robust risk factors and possible risk factors that require further study. Robust risk factors are those that are widely reported across all three

studies, and have significant impact on IPV, while possible risk factors are those that seem to be underreported but show promise, specifically in the Malaysian context. By combining data from the three different sources, which are the scoping review, and interview responses from survivors and social workers in Malaysia, the triangulation results of this study provide a robust and holistic picture of how risk factors at different levels of the Ecological Framework interact to influence IPV, while highlighting gaps in the current understanding of risk factors, especially in Malaysia. The results also highlight the complex nature of IPV and its risk factors, thereby emphasizing the need for a multi-level and multifaceted approach to address the different risk factors at all levels of the Ecological Framework. A summary of these robust risk factors and possible risk factors that require further study are is presented in Figure 5.5, as analysed according to the Ecological Framework (see Figure 5.5).

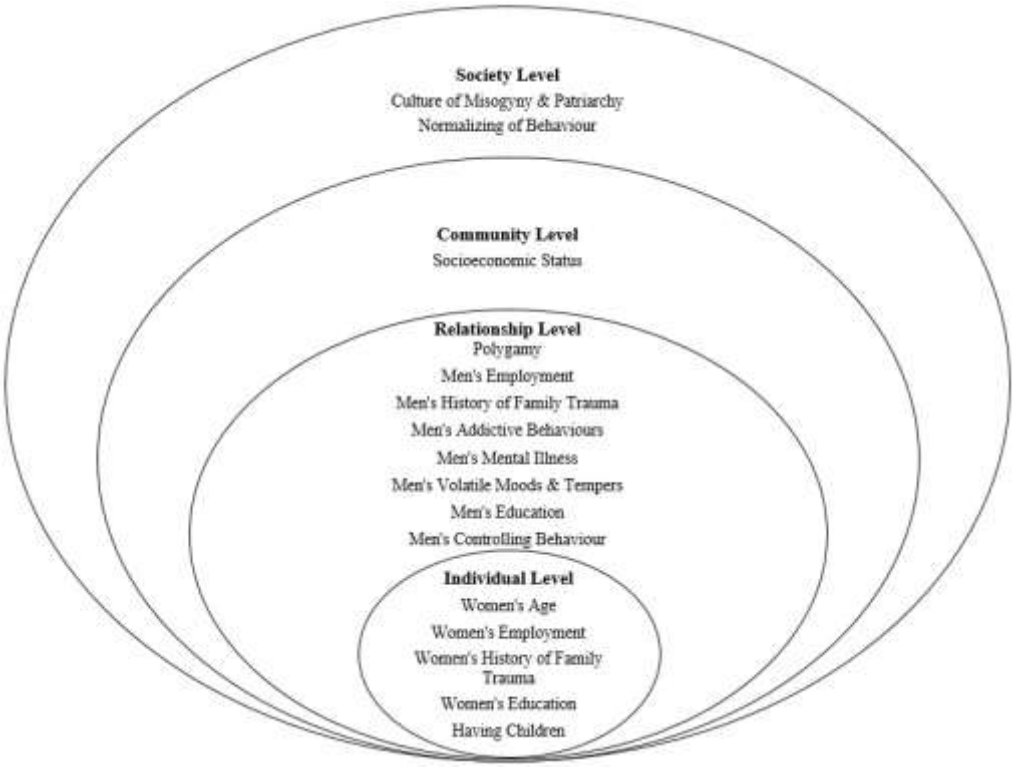

Figure 5.5 Robust and Possible Risk Factors Identified Through Triangulation of Studies, Categorized According to the Ecological Framework

5.2.2.1 Risk Factors: Practical Implications. By having a greater understanding robust and possible risk factors, IPV survivors and vulnerable members of the population can use this information to recognize potential dangers and red flags in their relationships. This will empower them to seek help earlier, or even prevent them from being in abusive relationships. This information can be disseminated to IPV survivors and the general public through educational programs that are made widely available, which address the robust and possible risk factors for IPV. This will allow IPV survivors and vulnerable members of the population to understand the dynamics of IPV and how to protect themselves.

The identification of robust and possible risk factors will be helpful to policymakers and stakeholders in designing targeted interventions and prevention programs that address the most significant risk factors for IPV. Funding and resources can be prioritized towards these efforts to ensure maximum impact. Besides that, the results of this study can be used to educate and train social workers, counsellors and healthcare providers on recognizing and address the robust and possible risk factors for IPV, thereby improving their ability to provide greater and effective support for IPV survivors.

As noted, the results of this study has pointed towards a need for complete, multi-faceted prevention and intervention efforts to address IPV. It is therefore necessary to analyse the existing efforts in Malaysia, in order to highlight any gaps in prevention and intervention efforts. As such, the existing measures of IPV intervention and prevention in Malaysia have been categorized according to the four levels of the Ecological Framework, which is summarized in Figure 5.6

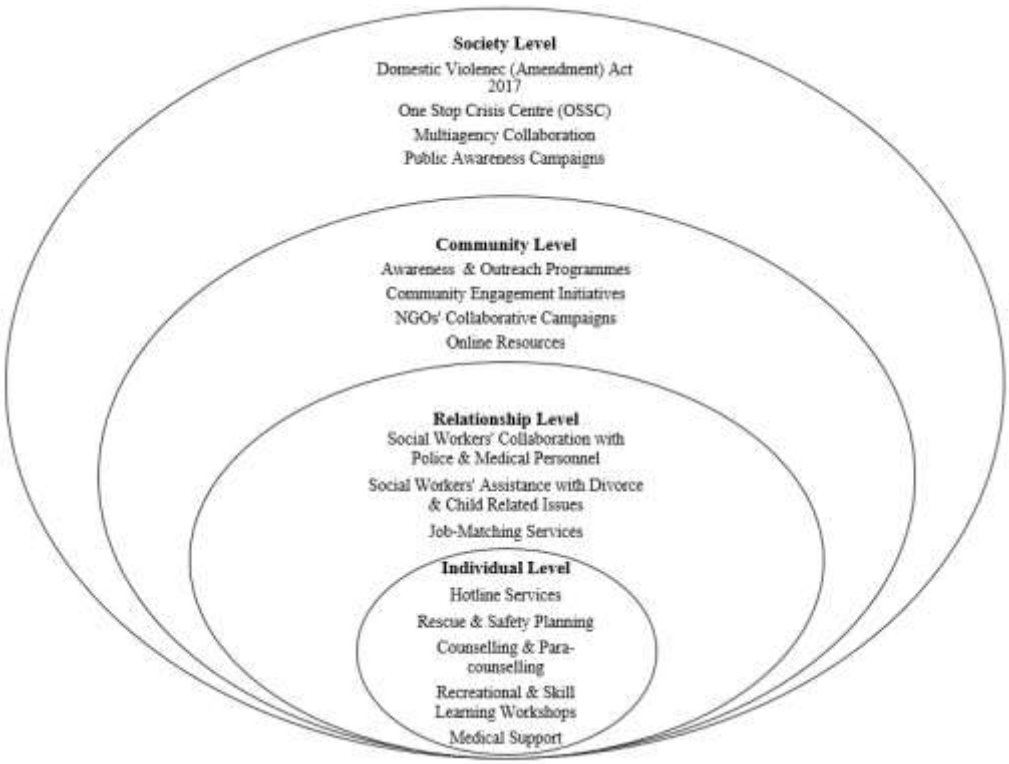

Figure 5.6 Prevention and Intervention Measures in Malaysia, Categorized According to the Ecological Framework

Individual Level. Prevention and intervention measures at this level are those that focus on the direct interpersonal interactions aimed at supporting IPV

survivors in their immediate contexts. This includes hotline services that NGOs such as Women's Aid Organization (WAO), Women's Centre for Change (WCC) and Sarawak Women for Women Society (SWWS) provide to women who require help and assistance with escaping abusive relationships, or women who are simply looking for advice or someone to talk to. Besides that, social workers in WAO also provide rescue or safety planning to women in emergency situations, providing the women with whatever form of help depending on their situation. Counselling or para-counselling is another measure at the individual level, whereby all nine social workers reported that their respective organizations offered counselling or para-counselling to survivors come to the shelters or NGOs. Furthermore, these NGOs also offer recreational classes for survivors such as sewing or yoga classes, as well as skill-learning workshops that help survivors learn new skills that would help them in their new life after leaving the abusive relationship, such as baking classes, and social media marketing and CV writing workshops. Finally, the One Stop Crisis Centre (OSCC) also provides IPV survivors with the medical care and attention that they need, and may also refer them to counsellors, psychologists or psychiatrists when necessary (The Ministry of Health, 2015).

Relationship Level. Prevention and intervention efforts at the relationship level address the interpersonal relationships surrounding the survivor, and may involve the survivors' family, partners and support networks. Efforts under this level involve collaboration between individuals or groups

who play a direct role in the survivors' lives, such as the social workers, police, medical personnel and counsellors. All nine social workers who were interviewed talked about collaboration between various agencies and authorities, such as the police, medical personnel and other related agencies. These collaborated efforts are focused on ensuring the survivors' safety, whereby the social workers helped their clients in obtaining Protection Orders and making police reports, and even in getting medical support. This collaboration is bi-directional, whereby medical institutions such as hospitals, and the police would contact the NGOs if there were suspected IPV cases, which would allow the social worker to step in and provide the necessary help to the survivors after they receive medical attention or help from the police.

Besides that, social workers also assisted their clients in divorce and child-related issues, addressing the immediate impact of IPV on family relationships, whereby social workers helped clients get divorces and even helped clients settle school transfers for their children. Furthermore, social workers also assist clients in job-matching, empowering them to regain independence and stability after escaping the abuse. This effort addresses survivors' relationship with their broader social environment, which includes future employers and colleagues, and helps them rebuild their lives after IPV.

Community Level. Prevention and intervention efforts at this level addresses the community as a whole, which includes the norms, values and

resources. Efforts at this level are aimed at creating a supportive community environment that prevents violence and supports IPV survivors, and includes outreach programmes and community based interventions. According to Social Worker B, the NGO she is attached with actively promote the organization, through community events, news publications or outreach programmes in schools. This helps to generate greater public awareness and interest in IPV. Similarly, Social Worker AI and Social Worker M also conduct outreach programmes organized by their respective NGOs, to reach the greater public. Besides that, WAO has also conducted community trainings which teach participants to respond to IPV in their communities (WAO, 2017). In the state of Kelantan, the Reproductive Health Association of Kelantan (ReHAK) has previously conducted campaigns, exhibitions and forums in collaboration with the WCC to raise awareness of sexual violence, (Tengku Hassan et al., 2015).

Many NGOs maintain an active online presence, whereby an online search of "domestic violence Malaysia" brings up resources from major IPV related organizations such as Women's Aid Organization (WAO) and Women's Centre for Change (WCC). This helps survivors or the public gain easy access to online resources. These online resources also serve to educate the wider public about IPV, further increasing awareness about the issue among the general public.

Society Level. Efforts at this level include broad societal efforts to

reduce and prevent IPV, and focuses on cultural norms, societal structures, laws and policies that shape the context in which IPV occurs. These efforts are aimed at creating systemic change through the implementation of laws and policies, as well as large scale initiatives to address the root causes of IPV. The Malaysian government has in place the Domestic Violence (Amendment) Act 2017 to protect IPV survivors in Malaysia, and IPV survivors can apply for a Protection Order in the event of an abusive situation. There are three types of Protection Orders that a survivor can apply for, which are the Emergency Protection Order (EPO), the Interim Protection Order (IPO) and the Protection Order (PO). The EPO can be obtained immediately (oftentimes within two hours of application with the Social Welfare Department) and is valid for seven days, and does not require a police report. The IPO is issued by the Magistrate Court and has a valid period of the length of the police investigation. Once the IPV case is charged in court, the IPO expires within seven days. Finally a PO is issued by the Magistrate Court and is valid once the case has been charged in court, as well as during the court trial. The PO holds a validity period of one year and may be renewed for up to another year, as long as there is an ongoing court trial.

Besides that, the Ministry of Health had also established a One Stop Crisis Centre (OSCC) in 1996, which has grown and refined since its establishment. The OSCC is a multiagency service centre that is established in all Emergency and Trauma Departments (ETD) of the Ministry of Health, and manages and provides the necessary help to IPV survivors and other victims of crisis (Ministry of Health, 2015). The OSCC reflects a national effort to

standardize response to IPV and ensure that survivors receive the necessary care they need across different institutions, through the collaboration between government agencies, medical institutions and NGOs.

On the other hand, public awareness campaigns are also held by NGOs to raise awareness about IPV, thereby shifting cultural norms and stigma surrounding IPV. The Reproductive Health Association of Kelantan (ReHAK) also collaborated with the All Women's Action Society (AWAM) to host a public seminar on IPV, to bring public awareness about the topic. Besides that, WAO has conducted several large-scale campaigns such as iWalk2021 and Harapan Sentiasa Ada (which translates to There is Always Hope) that are aimed at raising awareness about IPV among the general public. According to WAO (2021), iWalk2021 represents the community's hope that IPV survivors are able to walk away from the abusive relationship and live a live free from violence, which encourages the broader general public to support IPV survivors and speak out against IPV. On the other hand, Harapan Sentiasa Ada was an art exhibition in 2017 at the Masjid Jamek LRT Station in Kuala Lumpur, and featured art work by IPV survivors. This campaign was aimed at amplifying survivors' voices and allowing the general public to see the survivors' stories, further reducing the stigma surrounding IPV and encouraging survivors to seek help, with society's support.

In conclusion, it can be seen that the policymakers and relevant

stakeholders in Malaysia have in place a wide variety of prevention and intervention efforts at all levels of the Ecological Framework to address IPV. At the individual level, services such as hotlines and counselling may have limited reach, and rely heavily on survivors actively seeking help. Relationship level efforts, though collaborative, can be fragmented and inconsistent across different regions and states in Malaysia. There is also limited focus on addressing risk factors relating to the abuser, such as by involving boys and men in the prevention and intervention of IPV. Besides that, community level efforts, such as awareness campaigns, may not fully reach marginalized groups or overcome deep-seated cultural stigma. Finally at the society level, despite the existence of the Domestic Violence (Amendment) Act 2017, enforcement can be inconsistent, with the belief that IPV is a family matter still being commonly held among the public and even law enforcement (WAO, 2017). There is also a lack of emphasis on abuser accountability, or challenging unhealthy cultural norms that promote toxic masculinity and normalizing of abuse. These shortcomings underscore the need to enhance survivors' access to services, fostering more effective collaboration, and maintaining ongoing efforts to tackle underlying causes and cultural obstacles."

5.2.2.2 Risk Factors: Theoretical Implications. The results of this study highlights the value of triangulation studies in identifying risk factors for IPV. Future studies can adopt similar methodologies to ensure the reliability and validity of the findings. Besides that, the identification of possible risk factors that may be underreported but show promise, provides a direction for future

research. Future studies can further explore these possible risk factors to further determine their impact on IPV, especially in the Malaysian context. Furthermore, the identification of robust risk factors can be further validated in different cultural settings to assess their universality. By confirming the validity of these risk factors across a global context, a clear framework can be provided to global policymakers and stakeholders for designing targeted and effective strategies to prevent and address IPV, regardless of cultural differences. As noted, IPV a complex issues that is influenced by cultural factors and social contexts. As such, the results of this study can contribute towards refining and expanding existing theories on IPV, by providing empirical evidence of risk factors in a specific cultural context, which differ to those in other settings.

5.3 Triangulation of Coping Strategies

In this section, the triangulation results for all coping strategies reported across the three studies, as categorized according to Skinner's 11 families of coping, will be reported and discussed. Among the wide variety of coping strategies that have been reported across the three studies, prevalent coping strategies, possible coping strategies that require further study, and least likely coping strategies to be used by Malaysian IPV survivors have been identified. A comprehensive discussion of these coping strategies is provided, offering insights into their implications and relevance. This section concludes with the practical and theoretical implications for the results regarding coping strategies will be discussed.

5.3.1 Triangulation Results and Discussion for Coping Strategies

Coping strategies were analysed and triangulated across three perspectives, which are the scoping review (Study One), interviews with IPV survivors in Malaysia (Study Two) and interviews with social workers in Malaysia. Detailed analysis of the results of Studies One to Three are discussed in Chapter Two, Three and Four respectively. Three main themes emerged from coping strategies, which are coordinating actions in the environment, coordinating social resources and coordinating available options, which further yielded a total of eleven sub-themes aligned to Skinner's 11 families of coping.

5.3.1.1 Coordinating Actions in the Environment. Under the theme of coordinating actions in the environment, four sub-themes were identified, which are escape, information seeking, helplessness and problem-solving. A Venn diagram (Figure 5.7) summarizes the four sub-themes in this theme across the scoping review, the responses from the survivors and social workers. Table 5.1 presents a summary of the individual coping strategies under these sub-themes.

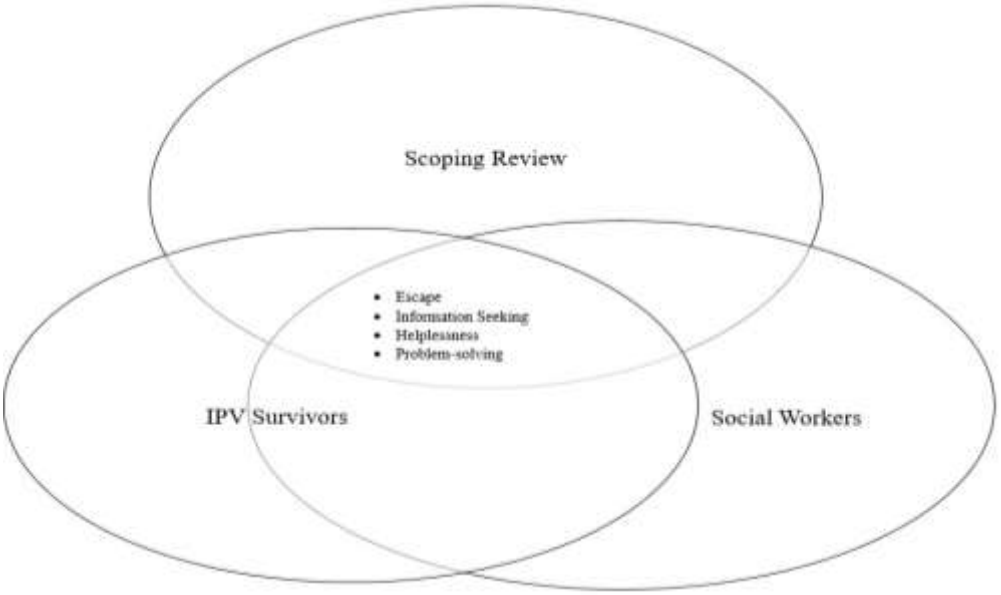

Figure 5.7 Sub-Themes under Coordinating Actions in the Environment across the Scoping Review, Responses from IPV Survivors and Social Workers

Table 5.1 Coping Strategies under the Four Sub-Themes in Coordinating Actions in the Environment across the Scoping Review, Responses from IPV Survivors and Social Workers

Coordinating Actions in the Environment			
Sub-Theme	**Prevalent Coping Strategies**	**Possible Coping Strategies**	**Least Likely Coping Strategies**
Escape	Avoidance Strategies Denial False Hope Harmful Coping		
Information Seeking	Seeking Knowledge and Awareness		
Helplessness	Passivity Tolerating the Abuse	Thrown Out of Homes (b)	Disengagement (f)
Problem Solving	Gaining Independence Leaving the Relationship Making Plans Trying to Stop the Abuse	Logical Analysis (a) Facing Problems (a) Getting Abusers Help (b) Trying to Stop the Abuse (d)	Hyper-vigilance (f)

Note. (a) mentioned by IPV survivors only; (b) mentioned by social workers only; (c) mentioned by IPV survivors and social workers; (d) mentioned by scoping review and IPV survivors; (e) mentioned by scoping review and social workers; (f) mentioned by scoping review only

5.3.1.1.1 Escape. Four coping strategies were reported under this family of coping, which are avoidance strategies, denial, false hope and harmful coping. These strategies reflect survivors' attempts to physically, mentally and

emotionally distance themselves from the abuse, or to delay confronting the reality of their situation.

5.3.1.1.1.1 Prevalent Coping Strategies. The triangulation results found that all four escape-related coping strategies, which are avoidance strategies, denial, false hope and harmful coping were prevalent coping strategies.

Avoidance Strategies. A triangulation of the results from the scoping review and interview responses revealed that avoidance strategies were prevalent coping strategies among IPV survivors, and included attempts by survivors to temporarily escape being abused. The finding that avoidance strategies was a prevalent coping strategy highlights survivors' attempts to survive the abusive relationship, as well as ensuring their safety when faced with harm. The results of the scoping review revealed that survivors sought to avoid their partners during specific times or circumstances, such as by physical avoidance and locking themselves in another room when their husbands were drunk (Mahaptro and Singh, 2020). This is further supported by rich first-hand accounts by the IPV survivors who were interviewed, who reported engaging in physical avoidance to escape being abused. Survivor K describing how she "ran and tried to hide in a room and lock the door" to escape her knife-wielding husband. Another strategy was to use work to avoid being home, with Social worker MB recalling how her clients used to work to avoid being at home for

extended periods of time to avoid conflict and abuse. These findings reveal the multifaceted nature of avoidance strategies which can range from physical to cognitive attempts at avoiding abuse and its resulting pain.

Denial. Denial was also a commonly reported coping strategy in the scoping review, and interview responses from the survivors and social workers, where IPV survivors denied they were abused by their husbands in order to escape facing reality (Roberto & McCann, 2021). This result points towards survivors' prevalent refusal to confront the painful reality of their situation and blocked feelings related to the abuse (Schafer et al., 2019). This allows them to preserve the abusive relationship, and maintains a sense of normalcy, which can be seen in Survivor A recalling how she made excuses for her abuser's abusive behaviour because she did not want to lose the relationship. As noted by Social worker AI, clients deny that they were abused, as this allowed them to feel better about themselves, as if nothing bad was happening to them. While denial may provide survivors' with short-term emotional relief, it is not the best coping strategy for survivors' long-term recovery and access to support. By refusing to acknowledge the abuse they are experiencing, survivors may delay seeking help or leaving the relationship, further prolonging their exposure to physical and psychological harm of the abuse.

False Hope. False hope was reported as a prevalent coping strategy across the scoping review, and interview responses from the survivors and social

workers. According to Arboit and de Mello Padoin (2022), survivors hoped that their partners would stop abusing them and that things would get better, and this was also reflected in the survivors' and social workers' responses. Survivor V recalled thinking that she was stuck in the mind-set that her abuser would change, while Social worker R described clients telling her that they believed the abusers would change out of love towards them These responses reveals the emotionally charged aspect of coping with IPV, whereby the survivors still feel an emotional attachment towards their abusers and a belief that they will change. However, the survivors who were interviewed also spoke about how they eventually realized that the abusers would never change, which points towards the fact that the coping strategies survivors use change with time and circumstances. Similar to the coping strategy of denial, false hope offers survivors with temporary relief, and could even delay survivors' attempts to seek help and escape.

Harmful Coping. A triangulation of the results also revealed that harmful coping was a prevalent coping strategy, being reported across the scoping review, survivors' and social workers' responses. Harmful coping included survivors' substance abuse and suicidal thoughts and attempts. Schaefer et al. (2019) reported how survivors tried to escape from dealing with the abusive situation proactively, choosing to engage in drugs and alcohol. Similarly, Survivor A talked about how she used alcohol to avoid the distress she felt at the abuse. Suicide was also one of the harmful ways that survivors coped with the abuse, with Survivor V describing how she attempting suicide

to escape the abuse out of mental exhaustion, while Social worker B explained her clients saw suicide as a short-cut. These findings how the profound physical and mental exhaustion that is brought on by abuse can often be overwhelming for survivors, to the point that they consider suicide as a means of escape from the abuse. While substance abuse and suicide bring great harm to survivors, the finding that they still engage in these behaviours may indicate the desperation the survivors feel at their inability to escape from the abusive relationship.

5.3.1.1.2 Information Seeking. Across the three studies, one coping strategy was reported under this family of coping, which is seeking information and awareness. This indicates that information seeking, and its associated coping strategy of seeking knowledge and awareness, is a prevalent method of coping among IPV survivors across research and in the Malaysian context.

5.3.1.1.2.1 Prevalent Coping Strategies. Information seeking was highlighted as an important coping strategy across all three studies, which helps survivors make sense of the situation they are in, allowing them to rebuild a sense of control. According to Flasch et al. (2017), survivors sought knowledge about the abuse they endured, allowing them to understand and accept the trauma they experienced, which aided in their healing process. This was echoed by Survivor V, who said that "I equip myself with enough knowledge (about the abuse) to heal myself. Besides that, when survivors learn about their rights,

their options and the nature of the vicious cycle they are trapped in, they gain awareness that allows and empowers them to take concrete steps, whether by planning to leave, seeking help or making informed decisions about their future. This can be seen in Social worker S recalling how a client who researched about "what her rights were, how to seek for divorce, what she can claim from her husband".

5.3.1.1.3 Helplessness. Five coping strategies were identified, which are disengagement, silence, passivity, tolerating the abuse and thrown out of homes. These strategies reflect survivors' feelings of powerlessness and inability to change the situation.

5.3.1.1.3.1 Prevalent Coping Strategies. Passivity and tolerating the abuse are prevalent coping strategies in Malaysia.

Passivity and Tolerating the Abuse. Passivity and tolerating the abuse coping strategies was reported in the survivors' and social workers' responses, but not in the scoping review. The finding that the coping strategies of passivity and tolerating the abuse are highlighted in the survivors' and social workers' responses, indicates that survivors experience a psychological toll due to the prolonged victimization, where survivors experience emotional exhaustion or a

lack of perceived alternatives other than tolerating the abuse. IPV survivors reported becoming passive and not believing they are able to change their situation, as can be seen by Survivor T's description about how she went into a mental breakdown and felt helpless, while Social worker V recalled clients who are so passive that they are stunted from moving forward. On the other hand, IPV survivors tolerated the abuse and stayed in the abusive relationship because they feel they have no choice but to do so, with Survivor P recalling staying in the abusive relationship because she felt trapped. Survivors also tolerated the abuse because Social worker R noted they did not know what to do and were helpless.

5.3.1.1.3.2 Possible Coping Strategies. Possible coping strategies are those that may be effective in the Malaysian context, but require further study to confirm their validity and effectiveness. Possible coping strategies under the family of coping of helplessness include thrown out of homes.

Thrown out of homes. This coping strategy was only reported in the social workers' responses, but not in the scoping review and survivors' responses. Social worker R recalled clients who are "forced out of their house". This finding indicates that more research is necessary to confirm if this is a prevalent coping strategy in Malaysia.

5.3.1.1.3.3 Least Likely Coping Strategies. Coping strategies identified solely in the scoping review, without being reported by Malaysian participants, are considered least likely strategies. This classification reflects the lack of evidence supporting their use among Malaysian IPV survivors. Disengagement and silence were only reported in the scoping review, but not the survivors' and social workers' responses. This indicates that disengagement and silence may be least likely to be used among Malaysian IPV survivors, in comparison to other coping strategies.

Disengagement. In terms of disengagement, survivors were reported to have disengaged from themselves, as they felt disgusted at their helplessness and inability to resist the abuse (Akca & Genko, 2022). According to Akca and Genko (2022), in traditional Turkish culture, the husband becomes the protector of the woman's honour upon marriage, by safeguarding their sexual intimacy and physical body. However, when the protector becomes the abuser, the women feel tainted and disgusted, leading them to disengage from their identity as an IPV survivor to avoid confronting the distressing emotions brought on by the abuse. This result highlights the cultural influences on disengagement as a coping strategy, suggesting it may be less likely among Malaysian IPV survivors due to cultural differences between Turkey and Malaysia.

Silence. The finding that survivors and social workers did not report the use of disengagement and silence, despite being reported in the scoping review

(Baffour et al., 2022), suggests that these strategies might be shaped by cultural influences. Baffour et al. (2022) has reported that Ghanaian culture accepts IPV and views IPV as a normal consequence of the woman not performing her marital duties with perfection, which puts pressure on the women to remain silent about the abuse to avoid stigmatization. Similar to disengagement, this finding highlights the cultural influences on silence as a coping strategy, which makes it less likely among Malaysian IPV survivors due to the cultural differences in Ghana and Malaysia.

5.3.1.1.4 Problem Solving. Eight coping strategies were identified under this family of coping, which are gaining independence, hyper-vigilance, leaving the relationship, making plans, trying to stop the abuse, logical analysis, facing problems and getting abusers help. These coping strategies aim towards solving the problem of abuse by stopping it

5.3.1.1.4.1 Prevalent Coping Strategies. Four coping strategies reported were prevalent coping strategies, which are gaining independence, leaving the relationship, making plans and trying to stop the abuse.

Gaining Independence. By gaining independence, the women engage in problem solving by reclaiming control over their lives and breaking free from

the abusers' influence. Survivors gained independence by taking back control of their lives, gained financial independence and control and gained custody of their children (Asadi-Bidmeshki et al., 2021; Kelebek-Küçükarslan & Cankurtaran, 2022). Similarly, survivors who were interviewed described attempts at regaining control of their lives in various ways, even learning new skills to provide for themselves and their children, as described by Survivor K, while social worker J also recalled clients who managed to become financially independent. These findings reflects survivors' resilience in the face of the abuse and trauma

Leaving the Relationship. This coping strategy was reported across all three studies, with McCarthy et al. (2017) describing leaving the abusive relationship as the ultimate strategy to end the abuse. The survivors who were interviewed talked about coming to the understanding that they had to leave the relationship and end the abuse, with Survivor K describing her insistence at getting a divorce, defying threats of abuse from her husband Social workers also talked about their clients who came to the realization that they needed to leave the abusive relationship, with Social worker R describing clients who expressed a strong desire to leave the relationship and move forward with their lives.

Making Plans. Across all three studies, survivors were reported to engage in making plans, with one of the aims being to escape the abusive relationship. Survivors engaged in safety planning to ensure they had everything

important on hand in the event they needed to leave the relationship (Chatzifotiou &Andreadou, 2021; Irving & Liu, 2020). Similarly, survivors who were interviewed also made plans to escape when their abusers were out of the house. Survivor P recalled how she made an escape plan with the help of her sister. Besides that, survivors also made plans for the future. Survivor S talked about how making plans for her life after escaping the abusive relationship, while Social worker AI talked about how her clients make plans for their future, on how they will survive and provide for their children.

5.3.1.1.4.2 Possible Coping Strategies. Four possible coping strategies were identified, which are trying to stop the abuse, logical analysis, facing problems and getting abusers help.

Trying to Stop the Abuse. This coping strategy was reported in the scoping review and survivors' responses, but not the social workers' responses. Survivors attempted to stop the abuse in several ways, including talking to the abuser about their abusive behaviour (Jones & Vetere, 2017). Besides that, survivors also tried to stop the abuse by crying, with Survivor M recalling how she initially kept crying to get her abuser to take pity on her and stop the abuse. The finding that this coping strategy did not appear in the social workers' responses could be that social workers were more focused on strategies that ensured survivors' safety, such as helping them with safety planning and escaping the abusive relationship, rather than strategies that involved survivors'

attempts at directly confronting the abuser. Besides that, social workers may not have viewed trying to stop the abuse as a "proper" coping strategy, but rather a reaction to distress. As such, further research can be done to further explore social workers' perception of coping which could highlight possible misalignments between survivors' experiences and social workers' perceptions. Further training can also be given to social workers that will allow them to better identify and recognize subtle forms of coping, which contributes to improved support for the survivors.

Logical Analysis. Logical analysis appeared in the survivors' responses, but not in the scoping review and social workers' responses. Logical analysis is a form of problem solving as it helps survivors make sense of their situation and weigh their options, which is what the survivors who were interviewed did. This led to them coming to the realization that they needed to leave the relationship, with Survivor M describing her thought process, "I kept thinking about it every night…I told him to end the relationship." The finding that logical analysis did not appear in the scoping review could be due to the quantitative nature of the studies included in the scoping review, which may overlook such rich storytelling from survivors, as the qualitative interviews that were conducted allowed the survivors to describe their though process that eventually led to their decision to leave the relationship. Besides that, social workers only have limited time spent with each client, as they have to attend to multiple cases at a time. As logical analysis is an internal coping strategy, survivors might not have verbalized their thought processes to the social workers due to this limited time

spent together. As such, future studies with a larger sample size can be conducted to further explore survivors' internal coping processes such as logical analysis, thereby providing greater support for this coping strategy.

Facing Problems. This coping strategy was reported in the survivors' responses, but not in the scoping review and social workers' responses. Facing problems is a form of problem-solving as it involves survivors' attempts to acknowledge the situation and taking deliberate action to address it. This can be seen in Survivor T's determination to face problems head on and her emphasis on the need to face reality. The finding that facing problems did not appear in the scoping review could be due to the quantitative nature of the studies included in the scoping review, which may emphasize more observable coping strategies as they are easier to measure and recognize. Besides that, survivors' efforts to actively confront the abuse may not be as visible to social workers, who may be more focused on survivors' visible help-seeking behaviours, instead overlooking survivors' emotional and mental efforts to "face the problem". As such, further studies can be conducted using in-depth interviews with a larger sample size of IPV survivors, to further explore how survivors understand and describe "facing problem", thereby validating facing problems as a distinct coping strategy in survivors' experiences.

Getting Abusers Help. This coping strategy was reported in the social workers' responses, but not in the scoping review and survivors' responses.

Getting abusers help is a form of problem solving as survivors are attempting to stop the abuse by getting the abusers the mental or medical help they may need. As noted by Social worker B, her clients have tried to persuade their abusers to get counselling, in order to solve the abusers' anger management issues. However, the social workers did not provide further information on the effectiveness of this coping strategy. This lack of follow-up, combined with safety concerns, might explain why survivors did not report using this coping strategy. The survivors might not have felt safe to suggest help for their abusers, as suggesting that the abusers seek mental and medical treatment might trigger more violence. That being said, the fact that the social workers interviewed reported that some of their clients did attempt to get their abusers help suggest that this may be a possible coping strategy in Malaysia. As such, further studies can be conducted to validate getting abusers help as a coping strategy among Malaysian IPV survivors. Qualitative interviews with survivors can be conducted to explore if survivors considered getting their abusers help, and why they may not have chosen to pursue this, perhaps due to safety concerns or a perceived lack of effectiveness. Follow-up interviews with the social workers who reported clients using this strategy could provide more information on whether these attempts were successful or placed the survivors in greater danger instead.

5.3.1.1.4.3 Least Likely Coping Strategy. Hyper-vigilance was reported in the scoping review, but not the survivors' and social workers' responses. Hyper-vigilance is a form of problem solving, as survivors became hyper-

vigilant of their behaviour to anticipate potential threats from the abuser, thereby avoiding from being abused (Jones & Vetere, 2017). The finding that survivors and social workers interviewed did not report hyper-vigilance points towards the fact that this may not be a coping strategy that Malaysian IPV survivors use. This could be due to Malaysian cultural contexts, whereby traditional gender roles may discourage women from actively monitoring or anticipating their abuser' behaviour. Instead, they may be socialized to endure the abuse passively, choosing to tolerate the abuse in order to prioritize family harmony. Malaysian IPV survivors might also prioritize external solutions such as seeking support from various institutions or family and friends, due to the availability of support systems and a cultural emphasis on collective problem-solving.

5.3.1.2 Coordinating Social Resources. Under the theme of coordinating social resources, three sub-themes were identified, which are isolation, self-reliance and support seeking. A Venn diagram summarized the coping strategies in this theme across the scoping review, the responses from the survivors and social workers (see Figure 5.8). Table 5.2 presents a summary of the individual coping strategies under the three sub-themes.

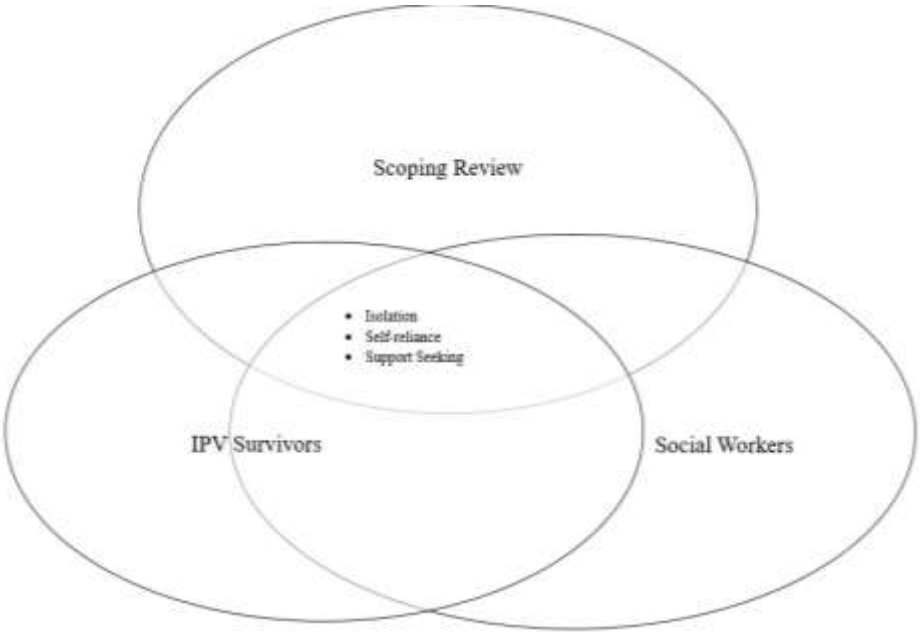

Figure 5.8 Sub-themes under Coordinating Social Resources across the Scoping Review, Responses from IPV Survivors and Social Workers

Table 5.2 Coping Strategies under the Four Sub-Themes in Coordinating Social Resources across the Scoping Review, Responses from IPV Survivors and Social Workers

Coordinating Social Resources			
Sub-Theme	**Prevalent Coping Strategies**	**Possible Coping Strategies**	**Least Likely Coping Strategies**
Isolation	Social Isolation		
Self-Reliance	Emotional Expression	Self-encouragement (a)	Emotional Regulation (f)
Support Seeking	Family and Friends	Counselling (c)	
	Medical Institutions	Legal System (e)	
	NGOs	Social Workers (b)	
	Authoritative Bodies		
	Other Survivors		
	Religion		

Note. (a) mentioned by IPV survivors only; (b) mentioned by social workers only; (c) mentioned by IPV survivors and social workers; (d) mentioned by scoping review and IPV survivors; (e) mentioned by scoping review and social workers; (f) mentioned by scoping review only

5.3.1.2.1 Isolation. One coping strategy was identified, which is social isolation.

5.3.1.2.1.1 Prevalent Coping Strategy. Social isolation was reported across all three studies, and points towards the prevalence of this coping strategy. Survivors often hid their abuse from others due to fear, shame or concerns about being judged (Flasch et al., 2017; Tonsing & Barn, 2021), which is further emphasized in the interview responses, whereby the survivors who were interviewed avoided telling friends and family about the abuse they experienced, with Survivor M recalling how she refrained from telling her family about the abuse . Besides that, Survivor AC lied to other people when she was asked about the injuries Social worker A also recalled clients who kept quiet about the abuse due to feelings of shame. In light of this finding, policy makers and organizations could place a greater emphasis on reducing the stigma surrounding IPV, which would encourage more survivors to speak out about their experiences. Reducing the stigma surrounding IPV will also ease the help-seeking process for survivors, survivors would feel less burdened by fear or embarrassment when trying to reach out for help and support.

5.3.1.2.2 Self-reliance. Three coping strategies were reported, which are emotional regulation, emotional expression and self-encouragement. Self-

reliance reflects survivors' reliance on their inner strength and personal resources to cope with the abuse.

5.3.1.2.2.1 Prevalent Coping Strategies. Emotional expression was reported across all three studies, whereby IPV survivors engaged in emotional expression in order to release their negative feelings. Crying was one way the survivors released their pent up feelings (Baffour, 2022; Bhandari, 2019), and this was echoed in the survivors' and social workers' responses. Survivor T described how she used to cry to release her pent-up emotions, while Social worker M recalled clients who cried to release their distress.

5.3.1.2.2.2 Possible Coping Strategies. Self-encouragement was a unique coping strategy that appeared in the survivors' responses, but not in the scoping review and social workers' responses. Self-encouragement was used by Survivor P, who constantly encouraged herself that she had the strength and will to survive the abusive relationship and leave. This finding provided a unique insight into survivors' inner dialogue. Survivor P's self-encouragement gave her hope that she could escape the abusive relationship, and such inner dialogue may help survivors endure the abuse. Social workers may not be aware of such inner dialogue as this is not a tangible coping strategy, whereas the quantitative nature of many studies reviewed in the scoping review may not be able to present such personal narratives from the survivors.

5.3.1.2.2.3 Least Likely Coping Strategies. Emotional regulation appeared in the scoping review, but not the survivors' and social workers' responses. It was found that survivors engaged in emotional regulation and management to avoid being abused, including keeping silent, engaging in controlled expression and trying not to cry (Bhandari, 2019; Irving & Liu, 2020; Puente-Martinez et al., 2019). These findings seem to be in contrast with the survivors who were interviewed, who chose not to keep silent to avoid being abused but instead confront their abusers via verbal and physical resistance. Besides that, Survivor M talked about how she used crying as a way to get the abuser to take pity on her and stop the abuse. This may indicate that emotional regulation is not prioritized by Malaysian IPV survivors, at least with the present sample. Additionally, the finding that social workers did not report emotional regulation among their clients could be due to their focus on helping survivors survive the abuse, whereby immediate physical safety is prioritized over emotional well-being. Overall, the responses from the survivors and social workers indicates that emotional regulation is not a prioritized coping strategy among Malaysian IPV survivors compared to other coping strategies.

5.3.1.2.3 Support Seeking. This family of coping was reported across all three studies, and the triangulation of the scoping review, interview responses from IPV survivors and social workers, revealed that survivors sought

support from a wide range of sources, which include family and friends, counselling, medical bodies, legal services, non-governmental organizations (NGOs), authoritative bodies, other survivors, religion and social workers.

5.3.1.2.3.1 Prevalent Coping Strategies. A triangulation of the studies revealed that seeking support from family and friends, medical institutions, authoritative bodies, other survivors and religion.

Family and Friends. Across all three studies, survivors turned to family and friends for support, and family and friends have been described by survivors as being important sources of strength (Baffour et al., 2022). Survivors often sought advice from their family and friends (Yusof et al., 2022), and this was echoed in Survivor T's response, where she described having close family and friends to advise her. Besides that, survivors also sought help from family and friends in intervening in the abusive relationship (Sabri et al. (2020), while Survivor V recalled how her father warned her abuser against abusing her. Social worker S also recalled clients whose in-laws intervened and asked the women to leave the abusive relationship. The consistent emphasis on seeking support from family and friends highlights these relationships' importance for offering practical support and intervention to survivors.

Medical Institutions. Across all three studies, IPV survivors were

reported as seeking support from medical institutions like hospitals and clinics. According to Asadi-Bidmeshki et al. (2021), survivor sought help from medical professionals, whereby screening for IPV then took place and further help was given to the women. Similarly, survivors who were interviewed shared their experiences on how these medical institutions helped them connect with shelters and NGOs to escape the abusive situation, with Survivor S recalling how the doctor she was seeing connected her to a shelter. Social workers who were interviewed also emphasized the importance of medical institutions on identifying abused women and providing them the help they needed. They described how medical professionals play an important role in identifying possible IPV cases, upon which the medical personnel will engage survivors to offer support. This provides survivors with options on the next steps to take. As such, the triangulation results highlight the consistent emphasis on the importance of medical institutions in recognizing IPV and facilitating survivors' access to the necessary resources, such as shelters or counselling. These findings suggest that strengthening medical personnel's ability to recognise and respond to IPV, as well as fostering collaboration between multiple agencies, is important to enhance support systems for survivors.

Authoritative Bodies. Across all three studies, IPV survivors sought help and support from various authoritative bodies, such as the police or governmental departments. It was reported that survivors sought help from governmental departments in relation to their children's rights (Arboit & de Mello Padoin, 2022; Yusof et al., 2022). Besides that, interview responses from

the survivors and social workers revealed that IPV survivors often seek help from the police, especially when they were being severely abused. Survivor S recalled one time when her husband was hitting her badly, and she "ran and got help from the police", while Social worker M noted that some of their clients seek help from the police, whereby the police refer the survivors to the relevant shelters and social workers. These results further point towards the need for collaboration between different agencies in providing support for IPV survivors.

Other Survivors. Across all three studies, IPV survivors sought support from other survivors, highlighting support seeking from other survivors as a prevalent coping strategy. It was reported that other survivors provided emotional support to the women, whereby the women reported a sense of release at being able to share their experiences with other survivors who understood what it was like to be a survivor (Krisvianti &Triastuti, 2020; Renner et al., 2022). Similarly, Social worker MB talked about how IPV survivors in the shelter often shared their stories of abuse with one another. Besides that, other survivors were also able to give advice to the IPV survivors, having gone through the same thing. Survivor T recalled a Malay friend who experienced abuse, who asked her to call a hotline for IPV. Advice from other survivors can prove to be impactful as it comes from individuals who have first-hand knowledge of the challenges of leaving an abusive relationship.

NGOs. This source of support appeared in the survivors' and social workers' responses, and not in the scoping review. Among the survivors who

were interviewed, Survivor AC noted how she reached out to the NGOs for help and was provided with help in getting jobs. The social workers who were interviewed also reported that many of their clients actively sought out NGOs for help and support. The finding that the role of NGOs were not reported in the scoping review suggests a greater need for academic and policy attention to the role of NGOs, which play an important part in providing practical and accessible support to survivors, as can be seen in the survivors' and social workers' responses.

Religion. Across all three studies, IPV survivors turned to religion as a source of strength and support. This consistent emphasis highlights religion as an important and prevalent coping strategy among IPV survivors regardless of the different perspective studied. Survivors often turned to prayer and spiritual rituals to find strength (Oyewuwo et al., 2019; Sabri et al., 2020). The survivors who were interviewed also talked about how they prayed to God for the abuse to stop, with Survivor AC describing how she prayed to God for her husband to stop abusing her. Similarly, Social worker S said that many survivors prayed that their situation would improve, and the abuse would stop. Besides prayer, IPV survivors also turned to religious figures and organizations for help. Tonsing and Barn (2021) reported that IPV survivors would confide in their pastor or religious leader, to seek help to end the abuse. Similar findings were reported by social workers, whereby Social Worker MB said that she observed Christian organizations were proactive in helping IPV survivors gain access to jobs and shelter.

5.3.1.2.3.2 Possible Coping Strategies. Possible coping strategies that were identified through the triangulation of studies included seeking support from counselling, social workers and the legal system.

Counselling. This coping strategy appeared in the survivors' and social workers' responses. Survivor V had an unfavourable view of counselling, recalling how attending counselling gave her additional stress and described that she felt she could not communicate effectively with her counsellor. On the other hand, the social workers who were interviewed talked about how counselling provided the women with emotional support while teaching the women about healthy coping strategies. Social worker MB recalled observing improvements in her clients after attending counselling sessions. While counselling was reported by both survivors and social workers, the difference in responses suggest that further study is necessary to confirm whether counselling is an prevalent coping strategy among Malaysian IPV survivors. While social workers highlight the positive aspects of counselling for IPV survivors, the fact that Survivor V had an unfavourable experience with counselling suggest that there exists possible barriers to counselling as a prevalent coping strategy among IPV survivors, perhaps due to mismatched counsellor-survivor dynamics or counsellors who are not trauma-informed. As such, further research is needed to investigate these potential barriers and ways to overcome them, such as by improving counsellor training, strengthening counsellor empathy and sympathy, thereby allowing counselling to meet the diverse needs of survivors.

Social Workers. This source of support was only reported in the social workers' responses, and not in the scoping review and survivors' responses. The social workers who were interviewed talked about how survivors reached out to them for emotional support, advice or even as an emotional outlet, with Social worker AI describing how IPV survivors find them as a means to talk and vent, without fear of being judged. The finding that seeking support from social workers did not appear in the survivors' responses or the scoping review could be due to the fact that survivors might not explicitly recognize the role that social workers play in the survivors' support networks, despite actively seeking help from these social workers. Besides that, this finding may also reflect a gap in the literature which overlooks the role of social workers in providing support to survivors. Further research is necessary to carry out in-depth exploration of survivors' perspectives on the role social workers played in providing support to them.

Legal System. This source of support appeared in the scoping review and social workers' responses, and not the IPV survivors' responses. While some survivors were reported to have sought legal help from lawyers to stop the abuse (Oyewuwo-Gassikia & Basirat, 2019), Irving and Liu (2020) pointed out that it was not widely used by survivors. Similar findings were also reported in the social workers' responses. While Social worker B shared she had come across clients who are very firm in bringing their IPV cases to court, she

acknowledged that survivors rarely sought help from the legal system, mainly due to the high cost involved. As such, further research can be conducted to explore the barriers that prevent IPV survivors from seeking legal assistance. While high cost was highlighted as a significant factor, other potential barriers, such as lack of awareness of legal rights, mistrust in the legal system or fear of retaliation by the abuser, could be investigated. Besides that, these studies can also investigate survivors' perceptions of the legal system, including why some survivors might choose to seek help from the legal system and why others do not. These studies will be able to validate if seeking support from the legal system is a viable and likely coping strategy for Malaysian IPV survivors.

5.3.1.3 Coordinating Available Options. Under the theme of coordinating available options, four families of coping were further yielded, which are accommodation, negotiation, opposition and submission. A Venn diagram summarizes the coping strategies in this theme across the scoping review, the responses from the survivors and social workers (see Figure 5.9),

while Table 5.3 presents a summary of the individual coping strategies under the four sub-themes.

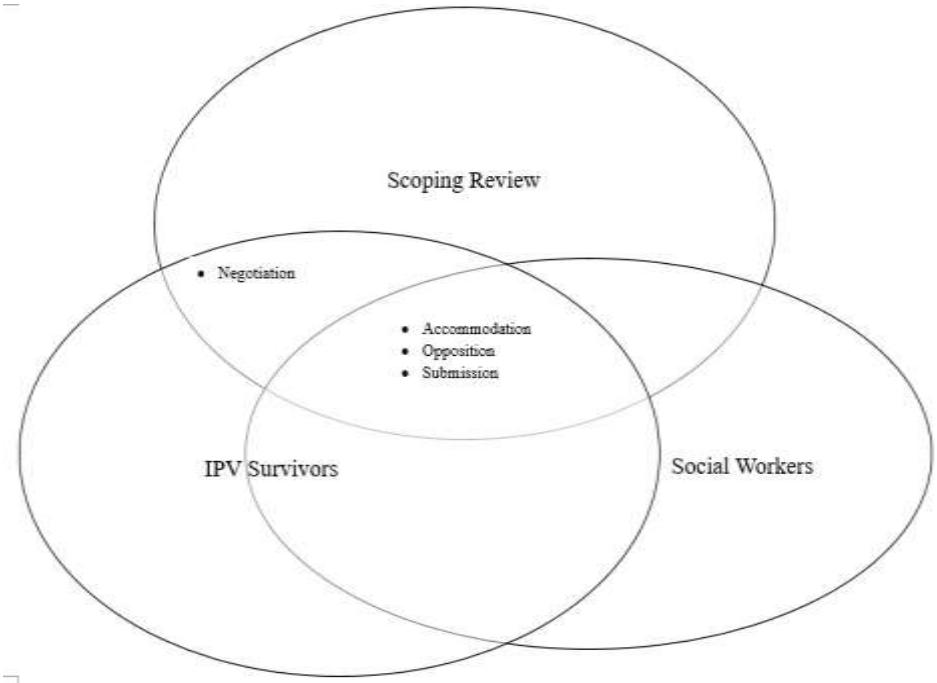

Figure 5.9 Coping Strategies under Coordinating Available Options across the Scoping Review, Responses from IPV Survivors and Social Workers

Table 5.3 Coping Strategies under the Four Sub-Themes in Coordinating Available Options across the Scoping Review, Responses from IPV Survivors and Social Workers

Coordinating Available Options			
Sub-Theme	**Prevalent Coping Strategies**	**Possible Coping Strategies**	**Least Likely Coping Strategies**
Accommodation	Cognitive Restructuring Distraction		
Negotiation		Negotiation (d)	
Opposition		Physical and Verbal Resistance (d) Becoming Abusive (b) Blaming of Others (b)	
Submission	Self-blame	Rumination (b)	

Note. (a) mentioned by IPV survivors only; (b) mentioned by social workers only; (c) mentioned by IPV survivors and social workers; (d) mentioned by scoping review and IPV survivors; (e) mentioned by scoping review and social workers

5.3.1.3.1 Accommodation. Two coping strategies were reported, which are cognitive restructuring and distraction.

5.3.1.3.1.1 Prevalent Coping Strategies. The triangulation results revealed that cognitive restructuring and distraction are prevalent coping strategies across the three studies.

Cognitive Restructuring. Cognitive restructuring was reported as a prevalent coping strategy across all three studies. IPV survivors were reported to engage in optimism and getting on with their lives (Yusof et al., 2022) as well as acceptance, whereby the women tried to reconcile with the trauma they experienced and moving forward with their lives (Oginska-Bulik& Michalska, 2021). Similarly, survivors who were interviewed talked about how they engaged in positive cognitive restructuring and optimism. In particular, they talked about how they focused on their children, which gave them meaning in life after abuse, with Survivor K describing how she wanted to look forward to the future, with her only concern being her children. The social workers who were interviewed also emphasized how survivors engaged in cognitive restructuring by focusing on their children, with Social worker B saying that survivors will put their children's safety and needs first. This prevented the survivors from committing suicide or engaging in drugs.

Survivors also engaged in re-identification of abusers' identity, with survivors attributing a new role or identity to the abuser. This allowed them to redefine the connection they once had with the abuser, which help them distance themselves further from the abuser (Acka & Genko, 2021). A similar strategy was employed by Survivor T, who described how she saw her abusive husband as the devil, describing her husband as dead to her. Besides that, IPV survivors also engaged in remarriage. In Turkish society, divorced women are seen as losing their status in society, and remarriage allowed IPV survivors who had

divorced to regain their social status. While the reasoning is different, Social worker V noted that some of her clients do move on with new partners, and overcome the trauma of the abuse to enter new relationships.

Another way IPV survivors engaged in cognitive restructuring was by using their traumatic experiences to help other people. Flasch et al. (2017) reported how women felt that helping other people in similar situations helped them to heal, while Survivor V, who later went into advocacy against IPV, described herself as feeling validated by the advocacy work she did. Similarly, Social worker MB recalled a client who turned her attention to helping under-privileged children this gives her strength. The consistent emphasis on cognitive restructuring as a coping strategy among IPV survivors highlight their attempts to regain a sense of control over their experiences as they shift their perspectives on the trauma they went through, into ways that promote their healing and resilience. This is supported by the social workers interviewed, whereby Social Workers J, R and V talk about how many of their clients are strong women who do their best to move forwards from the abuse and rebuild their lives. This presents a side of IPV survivors that may be overlooked– that they are strong women capable of surviving abuse and move on with their lives.

Distraction. Across all three studies, IPV survivors reported using distraction coping strategies. Survivors engaged in different activities or hobbies to distract them from the abuse they are experiencing (Bhandari, 2019),

and survivors also engaged in distraction even after leaving the abusive relationship, whereby the women tried to cope with and recover from the trauma by engaging in various physical activities and hobbies (Flasch et al., 2017). The survivors who were interviewed also reported using work as a distraction from the abuse they were enduring at home, with Survivor T recalling how keeping busy with work distracted her from the abuse and its resulting distress. Besides that, the social workers who were interviewed talked about how the survivors at their shelters and organizations engaged in various activities and hobbies, some that were practical skills and could help them be independent after leaving the shelter. Social worker S described these activities as therapeutic activities that helped survivors relax. The robust finding in regards to distraction as a coping strategy highlights the need for skill-building activities as part of a holistic care model for survivors, which not only provide women with effective and healthy coping, but also with the skills they need rebuild and maintain independent lives.

5.3.1.3.2 Negotiation. This family of coping was reported in the scoping review and survivors' responses, but not the social workers' responses, and is the only family of coping to not appear simultaneously in all three studies. This points towards the need for further study to confirm the validity of negotiation as a possible coping strategy among Malaysian IPV survivors. It was reported that survivors engaged in negotiation to avoid being abused, by admitting to their partners that they were wrong (even though they had done nothing wrong to warrant abuse) and placating their abusers (Baffour et al., 2022; Mahaptro &

Singh, 2020). Survivor T, when interviewed, recalled how she negotiated with her abusive husband to prevent him from harassing her when she escaped to her parents' home.

The finding that negotiation did not come up in the social workers' responses could be due to the social workers having many clients to tend to at once, as well as the limited time the survivors have with the social workers. As such, the social workers may not be aware of all the coping strategies that their clients engaged in. Besides that, the social workers may not be aware of all the coping strategies that their clients engaged in prior to coming to the shelter or organization. The coping strategies reported by the social workers are the ones they were able to personally observe their clients engage in during counselling sessions or around the shelter. As such, future training for social workers can place greater emphasis on social workers' observation and recognition of survivors and the coping strategies they engage in, including negotiation. Such training will be beneficial in social workers providing individualized support to their clients, as understanding a survivors' coping strategies will allow social workers to provide support and help that aligns with the emotional and psychological needs of a particular client, rather than offering a one-size fits-all approach.

5.3.1.3.3 Opposition. Across the three studies, three coping strategies were reported under this family of coping, which are physical and verbal resistance, becoming abusive and blaming of others.

5.3.1.3.3.1 Possible Coping Strategies. Under the family of coping of opposition, possible coping strategies include physical and verbal resistance.

Physical and Verbal Resistance. According to the scoping review and survivors' responses, IPV survivors were reported to have engaged in physical and verbal resistance against their abusers. This included fighting back physically, refusing to do what the abuser said and direct verbal confrontation (Irving & Liu, 2020; Martinez et al., 2019; McCarthy et al., 2017) **.**This finding was also present in the survivors' responses, with Survivor P recalling how she tried to strangle him after he hit her on the head with a motorcycle helmet, while Survivor K threatened her abuser with arrest from the police if he attempted to kill her. The finding that physical and verbal resistance did not appear in social workers' responses could be due to social workers' perception that these resistance strategies could be potentially dangerous and counterproductive to survivors. For example, survivors fighting back physically at the abuser could escalate the violence, putting survivors at greater risk. Future studies can be conducted to investigate social workers' perceptions on resistance strategies, and further explore why they may not report physical and verbal resistance, in order to validate physical and verbal resistance as a possible

coping strategy among Malaysian IPV survivors.

Becoming Abusive. This coping strategy was only reported in the social workers' responses, and not in the scoping review and survivors' responses. Social worker S described how their clients become abusive towards their children, replicating the abuse they suffered at the hands of their abusers. The finding highlights the perpetuation of an inter-generational cycle of IPV, and the fact that IPV survivors becoming abusive was not reported in the scoping review reflects a gap in the literature, and points towards the multifaceted ways in which survivors cope with ongoing trauma. In terms of the lack of survivors' reporting of this behaviour, it is important to note that the survivors consistently expressed their love for their children throughout the interviews. However, caution must still be taken as survivors might not recognize that their behaviours towards their children or others as abusive. Besides that, survivors might also avoid disclosing their abusive behaviours due to fear of judgement and stigma. This reluctance could explain why the scoping review and survivors' responses did not report this coping strategy, while social workers who observed these behaviours in a professional context, reported it. As such, further research is needed to explore how survivors navigate their parenting roles in the context of IPV, to determine if becoming abusive is a possible coping strategy among Malaysian IPV survivors.

Blaming of Others. This coping strategy was only reported in the social

workers' responses, and not in the scoping review and survivors' responses. Social worker B reported how some clients shifted the blame onto the social workers. In particular, when given advice to leave the abusers, the survivors sometimes regret disclosing the abuse to the social workers, and shift the blame onto the social workers instead. This finding highlights a complex dynamic in the survivors-social worker relationship, whereby the survivors may feel overwhelmed and fearful of the consequences when advised to leave the abusers. Blaming the social workers for their advice could allow survivors to avoid confronting the reality of the situation, and as Social Worker B explained, allowed survivors to continue surviving in the abusive relationship. The triangulation results also suggest that survivors may not recognize or report this coping strategy, perhaps due to guilt or lack of awareness about their shifting of blame onto others. Future qualitative studies can be conducted with survivors on their perceptions and awareness of blaming behaviours, which could provide insight to why survivors may not report these behaviours in interviews or surveys.

5.3.1.3.4 Submission. This family of coping yielded two coping strategies, which are rumination and self-blame.

5.3.1.3.4.1. Prevalent Coping Strategy. Self-blame was reported as a coping strategy across the three studies, highlighting its prevalence among IPV

survivors. It was reported that survivors tend to blame themselves for the abuse they experienced, and they felt they had to stay in the relationship (Schaefer et al., 2019). Similar findings were reported in the interview responses, with Survivor A recalling how she used to beg her abuser for forgiveness, thinking that the abuse was her fault. Social worker AI also described her clients' mind-set, whereby the women thought the abuse was in response to something they did and it was their fault they were abused. This result provides insight to survivors' internalization of guilt and responsibility for the abuse, which is reinforced by survivors' psychological manipulation. This manipulation can be seen by Survivor A's abuser constantly telling her that she deserved the abuse, even after she left the abusive relationship.

5.3.1.3.4.2 Possible Coping Strategy. One possible coping strategy was reported from the triangulation results, which is rumination, which was only reported in the social workers' responses, and not in the scoping review and survivors' responses. Social worker J reported observing clients who were ruminating in their past trauma, and were stunted from moving forward. The finding that rumination was not reported in the scoping review could be due to survivors' use of different terms to describe rumination in different studies, leading to rumination as a coping strategy not being reported. This issue was also revealed in the triangulation results, whereby it was found that different terms have been used to describe some similar coping strategies in the scoping review conducted, such as positive cognitive processing versus positive thinking (Oginska-Bulik & Michalska, 2021; Yusof et al., 2022), distraction

versus filling in time (Skinner et al., 2003; Yusof et al., 2022) and emotional regulation versus controlled expression of emotion (Baffour et al., 2022; Puente-Martinez et al., 2019). This was also found in the interview responses of the survivors and social workers. For example, for the coping strategy of "denial", different social workers used different ways to describe denial. Social worker AI said that some of her clients hesitate and denied that they were being abused when asked, while Social worker MB described how her clients justified the abuse carried out by the abusive partners. Another example is the coping strategy of "self-blame". While social worker B said her clients blamed themselves for the abuse they experienced, social worker AI said that her clients felt like they were sinning when they endured the abuse As such, further research is necessary to explore rumination as a coping strategy among IPV survivors, to confirm the prevalence of rumination as a coping strategy among Malaysian IPV survivors, as well as identify the language survivors use to describe rumination behaviours in comparison to academic description and terms.

5.3.2 Coping Strategies: A Conclusion

As noted, after triangulation of the three studies was conducted, the results revealed prevalent coping strategies used by IPV survivors, as well as possible coping strategies that require further study, which are summarized in Tables 5.1, 5.2 and 5.3 respectively. Prevalent coping strategies are those that are well-documented and widely observed across the three different studies,

while possible coping strategies are those that are understudied but show promise, specifically in the Malaysian context, whereby future research is needed to further determine their effectiveness. By combining data from the three different sources, which are the scoping review, and interview responses from survivors and social workers in Malaysia, the triangulation results of this study provide a robust and holistic picture of how IPV survivors cope with abuse, while highlighting gaps in the current understanding of coping strategies, especially in Malaysia

5.3.2.1 Coping Strategies: Practical Implications. The triangulation results highlight the fact that IPV survivors resort to various different coping strategies when faced with abusive situations, and further underscores the complexity of IPV. As such, support for IPV survivors needs to reflect this complex nature, thereby ensuring that effective support can be given to survivors. By identifying the prevalent and possible coping strategies that IPV survivors tend to use, policymakers and stakeholders can use this information to design targeted interventions that match what survivors already find useful, ensuring greater acceptance by survivors and greater effectiveness. By better understanding how survivors cope in abusive situations, policymakers and stakeholders can gain deeper insight into survivors' perspectives and reactions. This understanding can foster greater empathy and lead to more effective support for survivors.

5.3.2.2 Coping Strategies: Theoretical Implications. Future studies can look towards exploring under-researched coping strategies, or even validating the effectiveness of prevalent coping strategies in different cultural settings. The results of this study also highlight the value of triangulation studies in drawing robust conclusion, and future studies can consider adopting similar methodologies to enhance the reliability and validity of findings. It is important to note that IPV survivors' choice of coping strategies is driven by the need to ensure their immediate safety (Schaefer et al., 2019), and this is highlighted by the survivors and social workers who were interviewed. While certain coping strategies the survivors choose to engage in may not be adaptive for their mental well-being in the long run, such as escape strategies, survivors might have perceived them as their only option for survival at the time. Future research can explore this further through in-depth qualitative studies that focus on survivors' reasons for using certain coping strategies, how these strategies impacted their physical, psychological and social well-being, and whether these strategies ultimately helped or worsened their situation.

5.4 Triangulation of Effects of IPV

In this section, the triangulation results for all effects reported across the three studies, as categorized according to the Biopsychosocial Model, will be reported and discussed. The analysis of results identified robust effects, possible effects that require further study, and least likely effects to be experienced by IPV survivors in Malaysia. A comprehensive discussion of these effects is provided, offering a nuanced understanding of the various ways in which IPV

affects survivors physically, psychologically and socially. This section will be concluded with the practical and theoretical implications for the results regarding effects of IPV will be discussed.

5.4.1 Triangulation Results and Discussion for Effects of IPV

Results regarding the effects of IPV were analysed and triangulated via the three perspectives, which are the scoping review (Study One), interviews with IPV survivors in Malaysia (Study Two) and interviews with social workers in Malaysia. Detailed analysis of the results of Studies One to Three are discussed in Chapter Two, Three and Four respectively. A total of three themes were reported, which are physical effects, psychological effects and social effects. All the effects of IPV that were reported in the scoping review (Study One), interviews with IPV survivors (Study Two) and interviews with social workers (Study Three) were categorized according to the Biopsychosocial Model.

5.4.1.1 Physical Effects. A Venn diagram shows that physical effects were reported in the scoping review, and the responses from the survivors and social workers (see Figure 5.10).

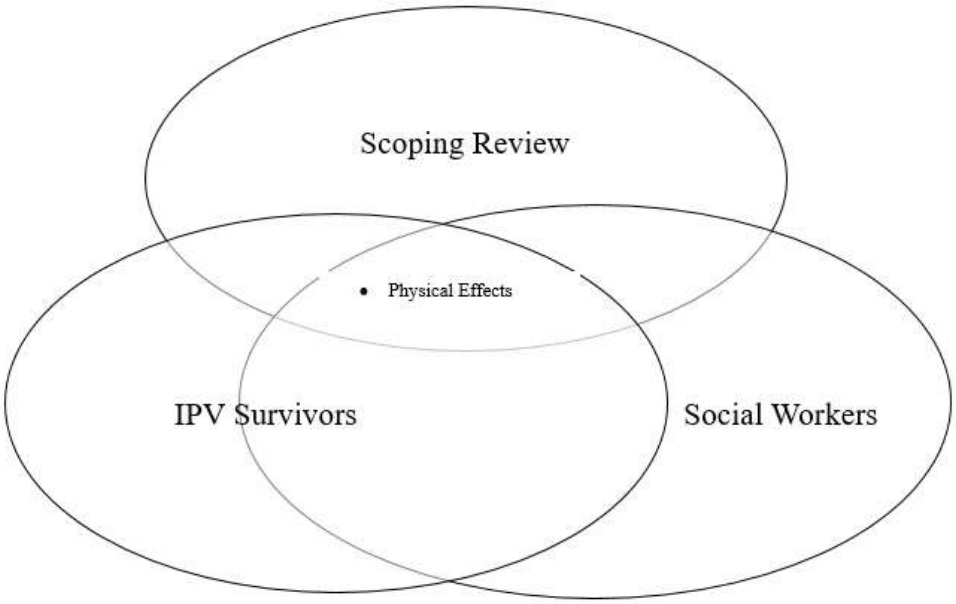

Figure 5.10 Physical Effects across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the results revealed that physical effects were found in all three studies, indicating the profound physical impact of IPV on IPV survivors.

Physical effects were found in all three studies, indicating the profound physical impact that IPV leaves on IPV survivors. However, after triangulating the results of the three studies, it was found that while seven out of the eight survivors and seven out of the nine social workers talked about the serious physical effects of IPV, only four out of the 39 articles reviewed in the scoping review reported the physical effects of IPV. One reason for this could be that the articles reviewed were mainly psychology articles, as such, the articles mainly explored the psychological effects of IPV, rather than the physical effects. Future studies may look at a more holistic view of the effects that IPV has on

survivors, instead of focusing on specific effects, which is what most of the articles reviewed have done (Abe et al., 2021; Garcia et al., 2021; Graham-Bermann et al., 2018; Tonsing et al., 2020).

5.4.1.2 Psychological Effects. A Venn diagram summarizing the psychological effects that were reported in the scoping review, and the responses from the survivors and social workers (see Figure 5.11.

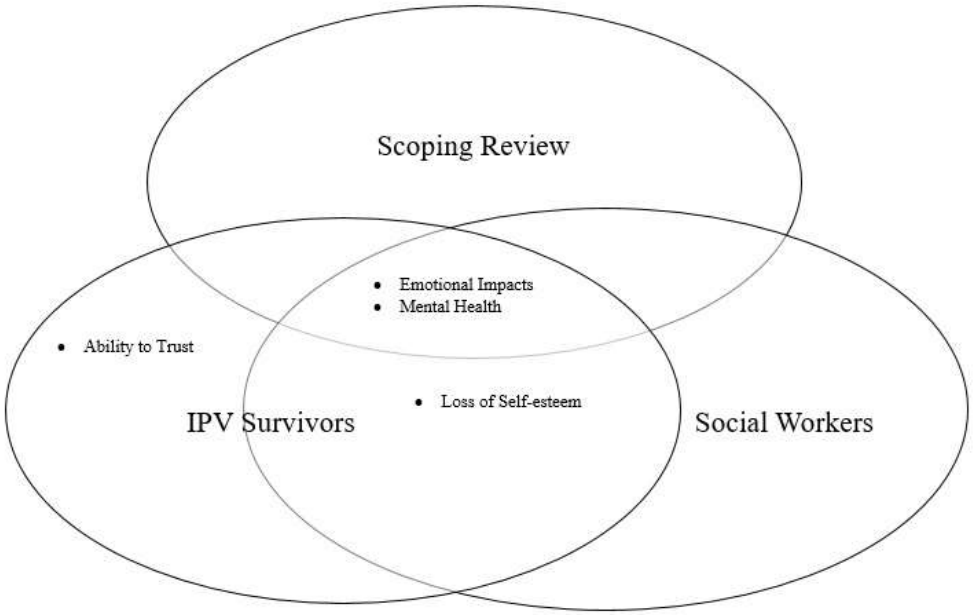

Figure 5.11 Psychological Effects across the Scoping Review, Responses from IPV Survivors and Social Workers

In regards to the second theme of psychological effects, while the results of all three studies yielded psychological effects, the responses from the survivors and social workers yielded four sub-themes of ability to trust, emotional impacts, loss of self-esteem and mental health issues, whereas only

emotional impacts and mental health issues came up as a theme in The scoping review.

5.4.1.2.1 Robust Effects. According to the triangulation results, robust psychological effects include emotional impacts and mental health issues.

Emotional Impacts. The triangulation results revealed that emotional impacts were reported across all three studies, highlighting the pervasive impact that IPV has on survivors' emotional state. It was reported that survivors experienced greater difficulty in regulating emotions (Boeckel et al., 2017), while the survivors who were interviewed spoke about a wide range of emotions as a result of the abuse, which included shame, hurt, anger and fear. They also reported feeling very emotional, with Survivor K recalling how she could not control her emotions and cried every time she recalled the abuse. The social workers also reported observing their clients going through emotional instability as a result of the abuse. These findings point towards the profound ways IPV affects survivors' emotional well-being, and continues to affect them even after leaving the relationship.

Mental Health Issues. The triangulation results revealed that all three studies consistently reported mental health issues that IPV survivors experience,

which emphasizes the pervasive effect that IPV has on survivors' mental health. Among the various mental health issues reported, depression, PTSD and anxiety were the most commonly identified across all three studies. This finding points towards researchers' focus on how IPV affects IPV survivors, with 32 out of the 39 articles reviewed focusing on the mental health effects survivors experienced. The interview responses from the survivors provided rich, personal accounts about how they were affected by the abuse they experienced, and these first-hand narratives offered deep insight into the psychological impacts of IPV. On the other hand, social workers' professional observations about the mental health issues their clients experienced provided backing to the scoping review and survivors' responses, further emphasizing the robust psychological effect that IPV has on survivors.

5.4.1.2.2 Possible Effects. Some possible psychological effects that were revealed by the triangulation results include ability to trust and loss of self-esteem.

Loss of Self-esteem. Loss of self-esteem was reported in the survivors' and social workers' responses, but not in the scoping review. The survivors' and social workers' responses described how survivors felt emotionally beaten down by the abuser due to persistent belittlement and verbal abuse, which eroded survivors' sense of self-worth and confidence. The absence of this finding in the scoping review could be due to the quantitative nature of the studies reviewed

in the scoping review, whereby only one out of the 39 articles collected data through interviews. Loss of self-esteem is a personal and subjective experience, which might not be easily identified by quantitative measures, thereby highlighting a gap in the literature. This finding points towards the need for more qualitative research in exploring the nuanced psychological effects of IPV.

Ability to Trust. This psychological effect was reported in the survivors' responses, but not in the scoping review and social workers' responses. This could be due to the quantitative nature of the studies reviewed in the scoping review. The quantitative nature of these studies could limit the types of effects found, as ability to trust is a nuanced and deeply personal issue that may not be easily identified through quantitative methods or observable behaviours alone. Besides that, social workers may not be aware of how IPV has affected survivors' ability to trust, as they are not able to observe their clients' interactions with other people outside the shelter or counselling sessions. Future studies can develop quantitative instruments to measure survivors' ability to trust, and combine these quantitative measures with the use of qualitative interviews to gain greater insight to how IPV has affected survivors' ability to trust people around them, including family members, friends and other individuals within their social context. Training programs can also be developed to train social workers on recognizing and address trust issues among IPV survivors, thereby providing better support to survivors' rebuilding of trust.

5.4.1.3 Social Effects. A Venn diagram summarizing the social effects that were reported in the scoping review, and the responses from the survivors and social workers (see Figure 5.12).

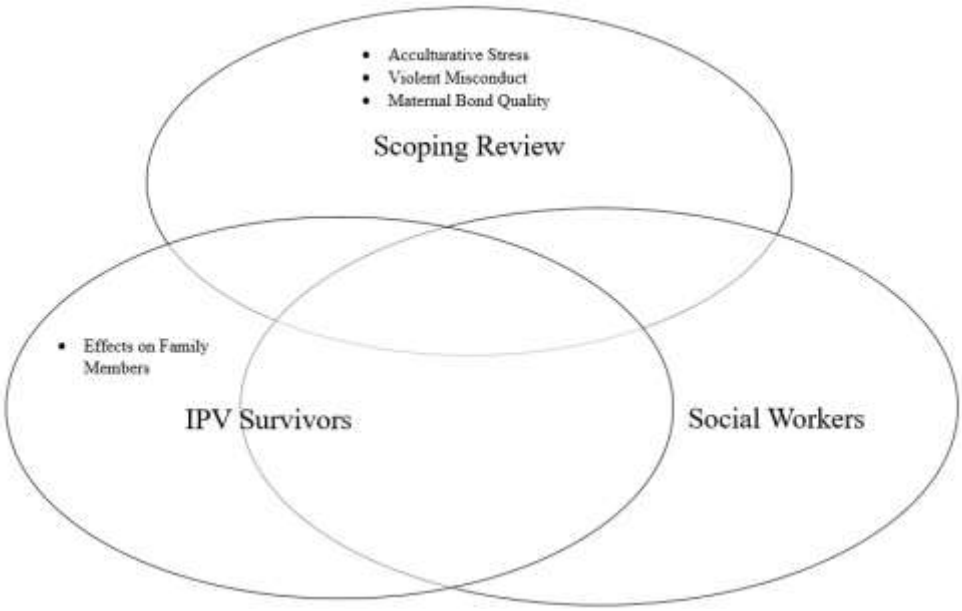

Figure 5.12 Social Effects across the Scoping Review, Responses from IPV Survivors and Social Workers

A triangulation of the results revealed that the third theme of social effects was not found among the social workers' responses, while appearing in the results of the scoping review and the survivors' responses. This could be due to the fact that the social workers mainly deal with survivors that are staying at the shelters, which may not accommodate other family members, including children. The social workers were also not able to observe the survivors' social relationships outside of the shelter As such, they were not able to provide further information on how IPV has affected the survivors' social relationships and responses.

While the theme of social effects was found in the scoping review and the survivors' responses, there were different sub-themes discovered respectively. The scoping review yielded three sub-themes of acculturative stress, violent misconduct and maternal bond quality, while the sub-theme found in the survivors' responses was the effects on family members.

5.4.1.3.1 Possible Effects. The triangulation results reported two possible effect, which were effects on family members and maternal bond quality.

Effects on Family Members. This social effect appeared in the survivors' responses, but not in the scoping review. The survivors who were interviewed described the different ways in which their family members, which include their parents and children, were affected by the abuse. Survivor P talked about her son who suffered from second-hand trauma as a result of the abuse she suffered, and his physical and mental health were affected. The absence of this finding in the scoping review could be due to the quantitative focus or specific scope of the studies reviewed, which do not explore the broader social impacts of IPV. As such, the triangulation result highlights a gap in the literature in regards to how IPV survivors' loved ones are affected by IPV. Future qualitative studies that focus on survivors and their family members can be conducted to further explore the ways in which IPV affects family dynamics and individual well-being. The survivors' responses also point towards the need

for family-cantered interventions that address the needs of both survivors and their loved ones, such as family therapy or trauma-informed care for their children.

Maternal Bond Quality. This social effect was reported in the scoping review, but did not come up in survivors' responses. While Boeckel et al. (2017) reported that maternal bond quality was affected, the IPV survivors interviewed elaborated on how their family members were directly affected by the abuse, and not on how their bonds with their loved ones were affected. This difference in result could be due to survivors' focus on the immediate and visible impacts that IPV has on their children. It is also possible that survivors may not recognize changes in their bond quality with their children, especially if their focus is on the survival and safety of themselves and their children. As such, further in-depth qualitative interviews can be conducted with survivors to explore their parenting and bonding with their children in the context of IPV. This could uncover whether maternal bond quality is an unrecognized effect for Malaysian IPV survivors, or if it is not applicable to the Malaysian context.

5.4.1.3.2 Least Likely Effects. The triangulation results revealed three least likely effects in the Malaysian context, which are acculturative stress and violent misconduct.

Acculturative Stress. Kim's (2019) finding that IPV resulted in acculturative stress was the results of a study conducted among Korean immigrant women in the United States. Since all IPV survivors interviewed were Malaysian women, this issue would not arise and therefore is not applicable to the survivors and social workers interviewed.

Violent Misconduct. Lai et al. (2018) found that IPV resulted in a higher chance of women engaging in violent misconduct. However, this study was conducted in a prison setting, whereby the IPV survivors were drug offenders being held in correctional facilities, which could explain for the occurrence of violent behaviour among the participants. This would not be applicable to the survivors and social workers interviewed.

5.4.2 Effects of IPV: A Conclusion

After triangulation of the three studies was conducted, the results revealed the robust effects that Malaysian IPV survivors are likely to experience, as well as possible effects that they may experience. Robust effects are those that are well-documented and widely observed across the three different studies, while possible effects are those that are currently understudied but appear promising within the Malaysian context, and future research is needed to establish their significance and reliability. By combining data from the three different sources, which are the scoping review, and interview

responses from survivors and social workers in Malaysia, the triangulation results of this study provide a comprehensive picture of the profound effects that IPV has on every aspects of survivors' lives, while highlighting gaps in the existing literature, pointing to areas where further research is necessary to gain greater understanding of the effects of IPV, especially in the Malaysian context. . Figure 5.13 presents a summary of the effects that IPV survivors experience, as analysed according to the Biopsychosocial Model.

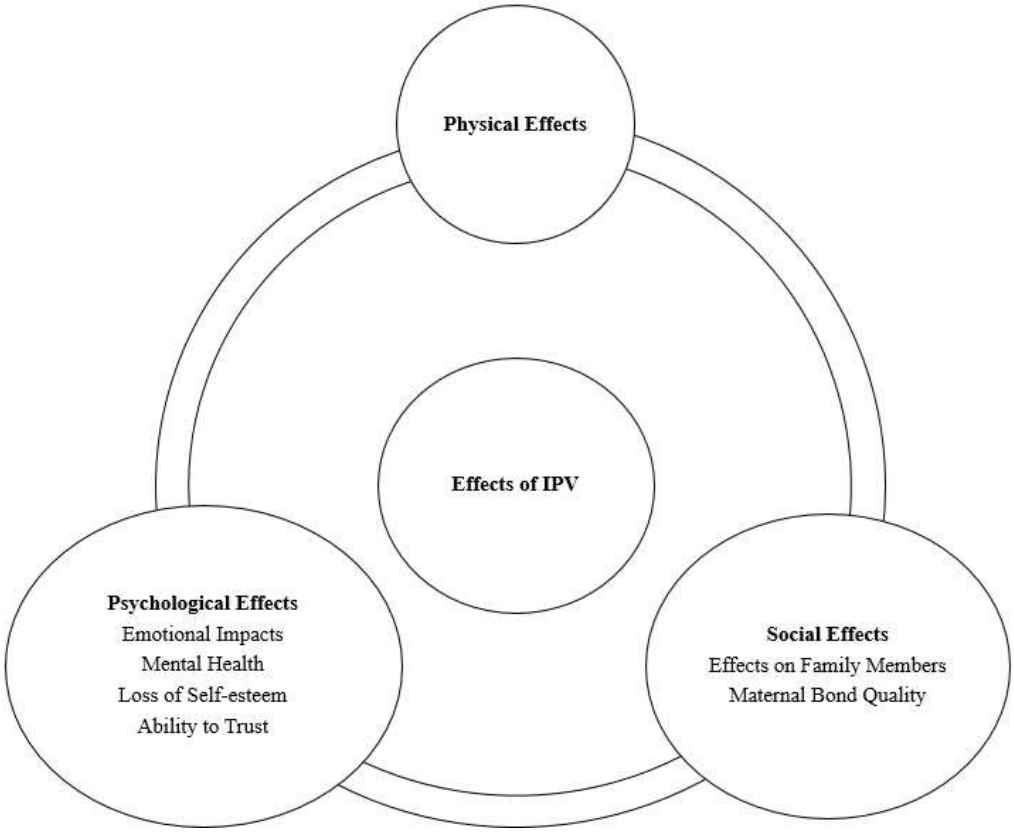

Figure 5.13 Summary of Robust and Possible Effects of IPV Identified through Triangulation of Studies, Categorized According to the Biopsychosocial Model

5.4.2.1 Effects of IPV: Practical Implications. The results of this study can contribute towards the development of targeted interventions for survivors to ensure they get the necessary support and care, and that these resources are easily accessible to IPV survivors. By addressing the robust and possible effects that IPV survivors suffer from, the support programs developed by policymakers and relevant stakeholders can provide greater holistic support to the survivors, helping them rebuild their lives in all aspects and aiding the road to recovery. Besides that, these findings help guide policymakers and advocates to allocate resources towards understudied areas, such as the effect that IPV has on family dynamics and the needs of IPV survivors who have children to care and provide for. For example, mental health services for survivors can be expanded to include trauma-informed care for survivors and their loved ones. Furthermore, policymakers can use these findings to advocate for systemic changes and legal reforms to make the help-seeking process easier for IPV survivors, as well as help IPV survivors reintegrate into society after leaving the abusive situation.

The identification of robust and possible effects can be used to develop educational programs aimed at helping IPV survivors understand the potential effects of IPV, empowering them to recognize and seek help for these issues. This helps to reduce stigma surrounding mental health issues that many IPV survivors suffer from, and helps them to seek the medical and mental health support they need to improve their well-being in the long run. Besides that, the identification of these effects also validates the experiences of survivors,

thereby helping them feel understood and less isolated in their struggles.

5.4.2.2 Effects of IPV: Theoretical Implications. Through the identification of possible effects of IPV, the results of this study has highlighted research gaps, especially in the Malaysian context. Future studies can explore these understudied areas to further establish their significance and reliability. Besides that, future studies can further explore the validity of robust effects in different cultural settings, in order to assess their universality. Such studies can shed light on cultural differences and provide valuable guidance to global policymakers and stakeholders, enabling them to design more effective and culturally sensitive support systems tailored to the needs of IPV survivors, regardless of cultural context.

5.5 Conclusion

The results of the scoping reviews (Study One), the interviews with the IPV survivors (Study Two) and social workers (Study Three) have revealed rich data about the risk factors for IPV, coping strategies used by IPV survivors and the effects of IPV. Overall, the triangulation of the results from Study One to Study Three has revealed the complex and multi-level nature of IPV, in terms of risk factors, coping strategies and effects of IPV.

As discussed in **subheading 5.2**, a triangulation of the results of the scoping review, and responses from the IPV survivors and social workers, presented a comprehensive picture of the risk factors for IPV. The results of the scoping review have presented a complete overview of the existing literature, while also highlighting the patterns and gaps in research on IPV. On the other hand, the interview responses from the IPV survivors offer rich data of their lived experiences, giving a more personal insight on IPV, while the responses from the social workers offer practical insight according to their professional perspectives.

The triangulation results also identified robust risk factors across all three studies, as well as possible risk factors that required further study. These findings provide a clear framework to policymakers and relevant stakeholders, highlighting key areas to address in the prevention and intervention of IPV, while also guiding future research on risk factors. The results emphasized the complex nature of IPV, through the interaction of individual, relationship, community and social factors. This complex nature of IPV highlights the need for a multifaceted approach to the prevention and intervention of IPV, taking into consideration the complex interaction of the different risk factors at all levels of the Ecological Framework. The existing prevention and intervention measures in Malaysia, when analysed according to the Ecological Framework, further reinforce the need for a multi-level approach to effectively address IPV.

As discussed in **subheading 5.3**, a triangulation of the results of the scoping review, and the interview responses from the IPV survivors and social workers, when analysed through Skinner's 11 families of coping, provide a detailed understanding of the diverse coping strategies used by IPV survivors. The results of the scoping review presented a complete summary of recent research on coping strategies used by IPV survivors, which identified common patterns and possible gaps in the literature. On the other hand, the interview responses from the IPV survivors presented their personal, lived experiences with first-hand account of the coping strategies they used to survive and cope with the abuse, while the social workers' responses further enriched the data, offering their professional insights into the coping strategies their clients used, from a support and intervention point of view.

The triangulation results also identified prevalent coping strategies across all three studies, as well as possible coping strategies that require further investigation, especially in Malaysia. These findings provide policymakers and relevant stakeholders with comprehensive information on how IPV survivors cope with abuse, highlighting ways in which greater support can be given to survivors, as well as providing guidance for future research. The results also highlight the wide variety of coping strategies used by IPV survivors across all contexts, emphasizing the complex and context-dependent nature of coping strategies, whereby survivors often used multiple strategies depending on their situation. The results of this study point towards the importance of providing

comprehensive and flexible support to IPV survivors that will help them in their recovery from the trauma. Finally, the wide variety of coping strategies identified also highlighted the need for a systematic way to classify coping strategies used by IPV survivors, which Skinner et al.'s (2003) 11 families of coping managed to do.

As discussed in **subheading 5.4**, a triangulation of the results of the scoping review, and the interview responses from the IPV survivors and social workers offered a comprehensive picture of the profound and diverse effects that IPV has on survivors. The scoping review provides a broad overview of recent literature regarding the effects of IPV, outlining the physical, psychological and social effects of IPV. On the other hand, interview responses from the IPV survivors provided rich data on how the abuse has left long lasting effects on their physical health, mental health and social relationships, while the social workers' responses offered professional insights on the long-term effects their clients suffer from, and the challenges they face as a result.

The triangulation results also identified robust effects across all three studies, as well as possible effects that IPV survivors might experience. These findings provide a clear framework to policymakers and relevant stakeholders on the necessary support and care that IPV survivors require, as well as highlighting gaps in support and intervention. The results of this study also provide direction for future studies regarding effects of IPV. By applying the

Biopsychosocial Model, the triangulation results of this study emphasizes how IPV affects survivors biologically, psychologically and socially. This comprehensive approach highlights the need for integrated interventions that address the full range of the effects of IPV on survivors, which further aids in their recovery and healing.

5.6 Theoretical Implications

The results of this study have contributed to a greater understanding of IPV in Malaysia. The results of this study is also mostly concurrent with the findings from previous research on IPV, while also highlighting findings that may be unique to the Malaysian context and culture. One unique finding is in terms of women's and men's age. In terms of women's age, four out of the eight survivors interviewed reported entering the abusive relationship before the age of 18. The findings of this study point towards the possibility of looking at the age the women enter an abusive relationship, rather than the age of women in general, as research regarding women's age as a risk factor has been inconsistent. In terms of men's age, three out of eight survivors interviewed reported that their abusive partners were younger than them. These partners became abusive in part because they blamed their wives for tying them down in marriage while they were still young. These findings can contribute towards a new and different direction for research on risk factors for IPV.

The results of this study indicates the usefulness of applying the

Ecological Framework to understand the various risk factors found in different studies, and that IPV risk factors cannot be understood in isolation, rather be analysed within the broader ecological context. Future research should further explore how different risk factors across the four ecological levels interact and affect the development of IPV, thereby addressing the complex nature of IPV within a holistic and systemic framework.

This study provided further backing that Skinner et al. (2003)'s 11 families of coping is a practical method for categorizing coping strategies in IPV studies. Future studies may design a measurement to access these 11 families of coping for use in quantitative studies, and may also use these 11 families of coping as a framework for use in qualitative studies. This helps to better organize and understand the various coping strategies used by women IPV survivors, and facilitates the communication between qualitative and quantitative studies.

This study also pointed towards the fact that IPV results in a wide variety of effects that affect different aspects of IPV survivors' lives. This knowledge is important as it highlights the severity of IPV and how abuse affects IPV survivors even after they have left the abusive relationship. This knowledge can also be used to identify what help IPV survivors require to heal from the trauma they experienced, in terms of medical, mental health, or practical resources relating to their loved ones.

5.7 Practical Implications

The results of this study has pointed towards the need for multifaceted and multi-level efforts in reducing and preventing IPV, as this study, through the Ecological Framework highlighted how different risk factors at the four ecological levels interact to influence IPV. Individual factors such as women's history of family trauma and financial independence increase their vulnerability to IPV, while relationship factors such as men's substance abuse and controlling behaviour create environments where IPV can persist. Community level risk factors such as SES further exacerbate the issue, while societal cultural norms that tolerate violence and reinforce gender inequality keep the cycle of abuse going. To work towards reducing and preventing IPV in Malaysia, it is therefore necessary for the Malaysia government and all relevant stakeholders to have in place a comprehensive strategy that addresses the risk factors at all levels.

Furthermore, the triangulation results revealed robust risk factors for IPV, such as women's history of family trauma, men's substance abuse and men's controlling behaviour. These findings are important as they provide guidance to policymakers and stakeholders in critical areas that could contribute to IPV, and indicate that interventions should directly target these specific risk

factors through a multi-faceted approach. Besides that, the identification of possible risk factors such as women's education and having children require further study, and indicate areas whereby more attention can be given, and targeted interventions can be developed, such as providing greater support for mothers in abusive relationships or even programs aimed at increasing women's education level.

Besides that, the triangulation results have identified prevalent coping strategies used by IPV survivors, such as avoidance, denial and seeking support. The finding that IPV survivors often engage in these coping strategies highlight the need for accessible support systems for IPV survivors, such as hotlines, shelters and counselling services, which will be helpful for the survivors to cope with and escape abusive relationships. On the other hand, possible coping strategies such as logical analysis and facing problems suggest that it is important for survivors to be given resources that will help them develop problem-solving coping strategies and emotional resilience, which would be beneficial to their mental health in the long run. Furthermore, the role of NGOs and social workers was emphasized in the results, pointing towards a need for better training and resources for these professionals, thereby allowing them to provide effective and necessary support for the survivors.

Additionally, the triangulation results revealed that IPV has profound physical, psychological and social effects on IPV survivors, including mental

health issues such as depression and PTSD, and even impacts on family dynamics. These findings highlight the need for holistic interventions that not only address the immediate safety of survivors, but also their mental health in the long term and social well-being, including those of their loved ones.

Overall, the results of this study have emphasized the need for a multi-level approach at addressing IPV. Add summary of Ecological Framework- As previously discussed, Malaysia has in place strategies at multiple levels of the Ecological Framework, however most of these strategies are aimed at intervention rather than prevention. In order to strengthen the prevention of IPV in Malaysia, policymakers and stakeholders can look towards the Spotlight Initiative, which is a United Nations initiative in collaboration with the European Union, and presents the most comprehensive plan to reduce and prevent IPV, as well as all forms of violence against women (VAW). The initiative has four mutually reinforcing programming pillars, which address risk factors at all four levels of the Ecological Framework.

5.8 Limitations and Recommendations

The interpretations of the findings should be cautious due to the following limitations. Firstly, only articles from the Scopus database were included in the scoping reviews. Future studies should consider including articles from different databases to further examine the robustness of the

findings.

The decision to only include articles that were published between 2016 and 2022 in the scoping review was based on several key considerations. First, this six-year timeframe ensured that the scoping review captured the most recent and relevant research available at the time the scoping reviews were conducted (which was in 2022), providing an up-to-date synthesis of contemporary knowledge in the field. A six-year span was also chosen to strike a balance between including novel research and allowing sufficient time for studies to undergo peer review and academic discussion, thereby enhancing their reliability. Given the extensive time and effort required for scoping reviews—including literature screening, data extraction, and synthesis—limiting the search to 2022 ensured feasibility while maintaining methodological rigor. While studies published after 2022 were not included, future research could expand this timeframe to incorporate newer findings. Additionally, based on the judgment of saturation, the researchers agreed that the final articles are enough for analysis and to examine the research questions.

This study was note able to assess the severity of IPV, and the relations of various risk factors (such as polygamy) with the severity of IPV experience by IPV survivors. Besides that, the scoping review revealed that IPV severity was not assessed by the articles reviewed —they only screened for IPV. Future studies can therefore develop a measurement for IPV severity to facilitate

further investigation its' relationships with risk factors.

Besides that, the sample size for this study was quite small, with only eight IPV survivors and nine social workers recruited. This was due to the sensitive nature of this topic, whereby organizations and shelters were very protective of the survivors and were reluctant to allow them to be interviewed. This was further exacerbated by the change in policies by many shelters and NGOs after the Covid-19 pandemic, whereby the organizations no longer allowed survivors to be recruited for research studies. This contributed to the small numbers of participants being recruited. Besides that, a number of shelters closed down after the pandemic due to lack of funding, thereby contributing to the difficulties in recruiting participants. As such, the results of this study may not be able generalized to the larger community of IPV survivors in Malaysia.

Another limitation of this study was the overrepresentation of one ethnicity (Indian) among the IPV survivors, with four out of eight participants belonging to this group. This imbalance prevented a nuanced analysis of potential ethnic variations in risk factors, coping strategies, and effects of IPV. Future studies should ensure a more racially balanced recruitment of participants and further examine ethnic differences in risk factors, coping strategies, and effects of IPV

Additionally, with regards to the interview with the IPV survivors is that some survivors who spoke Tamil were not too articulate in English, and relied on the translation from the social workers. This could result in some information being lost in translation. Future studies should consider the use of a translator on site with the researcher, who is able to understand the language being spoken and who can to transcribe the entire interview in that language, before translating it into English. This will allow for an accurate and complete understanding of the participants' responses without relying on a third party who may omit or screen certain information.

REFERENCES

Abe, Y., Sirichokchatchawan, W., Sangkomkamhang, U., Satthapisit, S., & Maes, M. (2021). Adverse childhood experiences combined with emotional and physical abuse by the partner predict antenatal depression. *Journal of Affective Disorders*, *298*(PA), 194–201. https://doi.org/10.1016/j.jad.2021.10.099

A call to action to end intimate partner violence in Malaysia. (2024, August 13). *New Straits Time.* https://www.straitstimes.com/asia/se-asia/a-call-to-action-to-end-intimate-partner-violence

Afkhamzadeh, A., Azadi, N. A., Ziaeei, S., & Mohamadi-Bolbanabad, A. (2019). Domestic violence against women in west of Iran: the prevalence and related factors. *International Journal of Human Rights in Healthcare*, *12*(5), 364–372. https://doi.org/10.1108/IJHRH-12-2018-0080

Ahmadi, R., Soleimani, R., Jalali, M. M., Yousefnezhad, A., Roshandel Rad, M., & Eskandari, A. (2017). Association of intimate partner violence with sociodemographic factors in married women: A population-based study in Iran. *Psychology, Health and Medicine*, *22*(7), 834–844. https://doi.org/10.1080/13548506.2016.1238489

Aizpurua, E., Copp, J., Ricarte, J. J., & Vázquez, D. (2017). Controlling behaviors and intimate partner violence among women in Spain: An examination of individual, partner, and relationship risk factors for physical and psychological abuse. *Journal of Interpersonal Violence*, *36*(1–2), 231–254. https://doi.org/10.1177/0886260517723744

Akça, S., & Gençöz, F. (2022). The experience of disgust in women exposed to domestic violence in Turkey. *Journal of Interpersonal Violence, 37*(15–16), NP14538–NP14563. https://doi.org/10.1177/08862605211013953

Allard, C. B., Norman, S. B., Thorp, S. R., Browne, K. C., & Stein, M. B. (2016). Mid-treatment reduction in trauma-related guilt predicts PTSD and functioning following cognitive trauma therapy for survivors of intimate partner violence. *Journal of Interpersonal Violence, 33*(23), 3610–3629. https://doi.org/10.1177/0886260516636068

Alquaiz, A. M., Almuneef, M., Kazi, A., & Almeneessier, A. (2017). Social determinants of domestic violence among Saudi married women in Riyadh, Kingdom of Saudi Arabia. *Journal of Interpersonal Violence, 36*(3–4), 1561-1585. https://doi.org/10.1177/0886260517746128

American Psychological Association. (2018). Risk. In *APA dictionary of psychology.* Retrieved December 20, 2024, from https://dictionary.apa.org/risk

Amir-ud-Din, R., Fatima, S., & Aziz, S. (2018). Is attitudinal acceptance of violence a risk factor? An analysis of domestic violence against women in Pakistan. *Journal of Interpersonal Violence*, *36*(7–8), 4514–4541. https://doi.org/10.1177/0886260518787809

Arboit, J., & de Mello Padoin, S. M. (2022). Driving factors and actions taken by women to confront violence: Qualitative research based on art. *Journal of Interpersonal Violence, 37*(1–2), 102–123. https://doi.org/10.1177/0886260520907366

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice, 8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Asadi-Bidmeshki, E., Mohtashami, J., Hosseini, M., Saberi, S. M., & Nolan, F. (2021). Experience and coping strategies of women victims of domestic violence and their professional caregivers: A qualitative study. *Neuropsychiatria i Neuropsychologia, 16*(1–2), 92–100. https://doi.org/10.5114/nan.2021.105624

Baffour, F. D., Adomako, E. B., Darkwa Baffour, P., & Henni, M. (2022). Coping strategies adopted by migrant female head-load carriers who experienced IPV. *Victims and Offenders*, *17*(1), 139–159. https://doi.org/10.1080/15564886.2021.1923601

Baird, S. L., Alaggia, R., & Jenney, A. (2019). "Like opening up old wounds": Conceptualizing intersectional trauma among survivors of intimate partner violence. *Journal of Interpersonal Violence*, *36*(17–18), 8118–8141. https://doi.org/10.1177/0886260519848788

Barnawi, F. H. (2017). Prevalence and risk factors of domestic violence against women attending a primary care center in Riyadh, Saudi Arabia. *Journal of Interpersonal Violence*, *32*(8), 1171–1186. https://doi.org/10.1177/0886260515587669

Barros-Gomes, P., Kimmes, J., Smith, E., Cafferky, B., Stith, S., Durtschi, J., & McCollum, E. (2019). The role of depression in the relationship between psychological and physical intimate partner violence. *Journal of*

Interpersonal Violence, *34*(18), 3936–3960. https://doi.org/10.1177/0886260516673628

Bhandari, S. (2019). Coping strategies in the face of domestic violence in India. *Women's Studies International Forum, 74*(October 2018), 204–209. https://doi.org/10.1016/j.wsif.2019.04.007

Bingham, A. J. & Witkowsky, P. (2023). From data management to actionable findings: A five-phase process of qualitative data analysis. *International Journal of Qualitative Methods*, *22*(June 2021). https://doi.org/10.1177/16094069231183620

Boeckel, M. G., Wagner, A., & Grassi-Oliveira, R. (2017). The effects of intimate partner violence exposure on the maternal bond and PTSD symptoms of children. *Journal of Interpersonal Violence, 32*(7), 1127–1142. https://doi.org/10.1177/0886260515587667

Braun, V. & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications, Inc.

Bryant, A., & Charmaz, K. (2007). *The SAGE handbook of grounded theory*. SAGE Publications Ltd, https://doi.org/10.4135/9781848607941

Canedo, A. P., & Morse, S. M. (2021). An estimation of the effect of women's employment on the prevalence of intimate partner violence in Mexico. *Journal of Interpersonal Violence*, *36*(19–20), NP10594–NP10618. https://doi.org/10.1177/0886260519876016

Cervantes, M. V., & Sherman, J. (2021). Falling for the ones that were abusive: Cycles of violence in low-income women's intimate

relationships. *Journal of Interpersonal Violence*, *36*(13–14), 7567–7595. https://doi.org/10.1177/0886260519829771

Chatzifotiou, S., & Andreadou, D. (2021). Domestic violence during the time of the COVID-19 pandemic. *International Perspectives in Psychology, 10*(3), 180–187. https://doi.org/10.1027/2157-3891/a000021

Chan, K. L., Lo, R., & Ip, P. (2018). From exposure to family violence during childhood to depression in adulthood: A path analysis on the mediating effects of intimate partner violence. *Journal of Interpersonal Violence, 36*(9–10), 4431–4450. https://doi.org/10.1177/0886260518790596

Chikhungu, L. C., Amos, M., Kandala, N., & Palikadavath, S. (2021). Married women's experience of domestic violence in Malawi: New evidence from a cluster and multinomial logistic regression analysis. *Journal of Interpersonal Violence*, *36*(17–18), 8693–8714. https://doi.org/10.1177/0886260519851782

Chinnu. S., & Suja, M. K. (2020). Through the life of their spouses-coping strategies of wives of male alcoholics. *Indian Journal of Forensic Medicine and Toxicology, 14*(4), 4442–4446. https://doi.org/10.37506/ijfmt.v14i4.12340

Cho, H., Chun, J., Kwon, I., Kim, D. H., Um, M. Y., Chang, H., & Seon, J. (2019). Factors related to intimate partner violence and survivors' help-seeking among college students in South Korea. *Journal of Aggression, Maltreatment and Trauma, 29*(3), 365–382. https://doi.org/10.1080/10926771.2019.1587560

Clements, K. A. V., Sprecher, M., Modica, S., Terrones, M., Gregory, K., & Sullivan, C. M. (2021). The use of children as a tactic of intimate partner

violence and its relationship to survivors' mental health. *Journal of Family Violence, 37*(7), 1049–1055. https://doi.org/10.1007/s10896-021-00330-0

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research (3rd ed.): Techniques and procedures for developing grounded theory*. SAGE Publications, Inc. https://doi.org/10.4135/9781452230153

Daoud, N., Sergienko, R., & Shoham-Vardi, I. (2020). Intimate partner violence prevalence, recurrence, types, and risk factors among Arab, and Jewish immigrant and nonimmigrant women of childbearing age in Israel. *Journal of Interpersonal Violence*, 1–28. https://doi.org/10.1177/0886260517705665

Decline in reported domestic violence cases in 2023 due to underreporting. (2024, February 17). *New Straits Times*. https://www.nst.com.my/news/nation/2024/02/1014418/decline-reported-domestic-violence-cases-2023-due-underreporting

Dekel, R., Shaked, O. Z., Ben-Porat, A., & Itzhaky, H. (2019). Posttraumatic stress disorder upon admission to shelters among female victims of domestic violence: An ecological model of trauma. *Violence and Victims, 34*(2), 329–345. https://doi.org/10.1891/0886-6708.VV-D-16-00200

Dim, E. E., & Elabor-Idemudia, P. (2018). Social structure, social learning, and the severity of physical intimate partner violence against women in Nigeria. *Journal of Interpersonal Violence*, *36*(5–6), 2862–2886. https://doi.org/10.1177/0886260518764384

Dworkin, E. R., Mota, N., P., Schumacher, J. A., Vinci, C., & Coffey, S. F. (2017). The unique associations of sexual assault and intimate partner

violence with PTSD symptom clusters in a traumatized substance-abusing sample. *Psychol Trauma, 9*(4), 500–508. https://doi.org/10.1037/tra0000212.

Edwards, K. M., Siller, L., Ullman, S. E., Lee, K. D. M., & Murphy, S. B. (2021). Post-traumatic growth in women with histories of addiction and victimization residing in a sober living home. *Journal of Interpersonal Violence, 37*(13–14), NP11180–NP11197. https://doi.org/10.1177/0886260521991283

Eldoseri, H. M., & Sharps, P. (2020). Risk factors for spousal physical violence against women in Saudi Arabia. *Journal of Interpersonal Violence*, *35*(5–6), 1269–1293. https://doi.org/10.1177/0886260517696861

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129–136. https://science.sciencemag.org/content/196/4286/129#BIBL

Falagas, M. E., Pitsouni, E. I., Malietzis, G. A., & Pappas, G. (2008). Comparison of PubMed, Scopus, Web of Science, and Google Scholar: strengths and weaknesses. *The FASEB Journal*, *22*(2), 338–342. https://doi.org/10.1096/fj.07-9492lsf

Flasch, P., Murray, C. E., & Crowe, A. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence, 32*(22), 3373–3401. https://doi.org/10.1177/0886260515599161

Garcia, E. R., Stoever, J. K., Wang, P., & Yim, I. S. (2021). Empowerment, stress, and depressive symptoms among female survivors of intimate

partner violence attending personal empowerment programs. *Journal of Interpersonal Violence, 36*(19–20), 9557–9579. https://doi.org/10.1177/0886260519869693

Gilbert, L. K., Zhang, X., Basile, K. C., Breiding, M., & Kresnow, M. J. (2022). Intimate partner violence and health conditions among U.S adults—National Intimate Partner Violence survey, 2010–2012. *Journal of Interpersonal Violence*, *38*(1–2), NP237–NP261. https://doi.org/10.1177/08862605221080147

Graham-Bermann, S. A., Howell, K. H., Miller-Graff, L. E., Galano, M. M., Lilly, M. M., & Grogan-Kaylor, A. (2018). The moms' empowerment program addresses traumatic stress in mothers with preschool-age children experiencing intimate partner violence. *Journal of Aggression, Maltreatment and Trauma, 28*(10), 1151–1172. https://doi.org/10.1080/10926771.2018.1494652

Greene, C. A., Chan, G., McCarthy, K. J., Wakschlag, L. S., & Briggs-Gowan, M. J. (2018). Psychological and physical intimate partner violence and young children's mental health: The role of maternal posttraumatic stress symptoms and parenting behaviors. *Child Abuse and Neglect, 77*, 168–179. https://doi.org/10.1016/j.chiabu.2018.01.012

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis.* SAGE Publications, Inc. https://doi.org/10.4135/9781483384436

Guion, L. A., Diehl, D. C., & McDonald, D. (2002). Triangulation: Establishing the validity of qualitative studies. *Edis* (8). https://doi.org/10.32473/edis-fy394-2011

HATI. (n.d.). *Women.* https://www.hati.my/category/women/

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262–290. https://doi.org/10.1177/1077801298004003002

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science and Medicine, 292*, 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Hernández-Vásquez, A., Chévez-Ramírez, T., & Rojas-Roque, C. (2020). Intimate partner violence among women of reproductive age in Nicaragua: Results from a nationwide survey. *Journal of Interpersonal Violence, 37*(9–10), NP7225–NP7241. https://doi.org/10.1177/0886260520967145

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 *Revision for Field Review*. Geneva: Inter-agency Working Group on Reproductive Health in Crises; 2010. 8, Gender-based Violence. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK305160/

Irving, L., & Liu, B. C. (2020). Beaten into submissiveness? An investigation into the protective strategies used by survivors of domestic abuse. *Journal of Interpersonal Violence, 35*(1–2), 294–318. https://doi.org/10.1177/0886260516682520

iWalk2021 (2021). *Women's Aid Organization.* https://wao.org.my/iwalk2021/

Iyanda, A. E., Boakye, K. A., Olowofeso, O. H., Lu, Y., & Salcido Giles, J. (2021). Determinants of gender-based violence and its physiological effects among women in 12 African countries. *Journal of Interpersonal*

Violence, *36*(21–22), NP11800–NP11823. https://doi.org/10.1177/0886260519888536

Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. *Social and Personality Psychology Compass, 17*(4), 1–15. https://doi.org/10.1111/spc3.12735

Jones, A., & Vetere, A. (2017). "You just deal with it. You have to when you've got a child": A narrative analysis of mothers' accounts of how they coped, both during an abusive relationship and after leaving. *Clinical Child Psychology and Psychiatry, 22*(1), 74–89. https://doi.org/10.1177/1359104515624131

Kelebek-Küçükarslan, G., & Cankurtaran, Ö. (2022). Experiences of divorced women subject to domestic violence in Turkey. *Journal of Interpersonal Violence, 37*(5–6), 2443–2466. https://doi.org/10.1177/0886260520927503

Kim, C. (2019). Social isolation, acculturative stress and intimate partner violence (IPV) victimization among Korean immigrant women. *International Journal of Intercultural Relations, 72*, 87–95. https://doi.org/10.1016/j.ijintrel.2019.07.005

Krause-Utz, A., Mertens, L. J., Renn, J. B., Lucke, P., Wöhlke, A. Z., van Schie, C. C., & Mouthaan, J. (2018). Childhood maltreatment, borderline personality features, and coping as predictors of intimate partner violence. *Journal of Interpersonal Violence*, *36*(13–14), 6693–6721. https://doi.org/10.1177/0886260518817782

Krause-Utz, A., Dierick, T., Josef, T., Chatzaki, E., Willem, A., Hoogenboom, J., & Elzinga, B. (2021). Linking experiences of child sexual abuse to adult sexual intimate partner violence: The role of borderline personality features, maladaptive cognitive emotion regulation, and dissociation. *Borderline Personality Disorder and Emotion Dysregulation, 8*(1), 1–12. https://doi.org/10.1186/s40479-021-00150-0

Krisvianti, S., & Triastuti, E. (2020). Facebook group types and posts: Indonesian women free themselves from domestic violence. *Journal of Media and Communication Research, 12*(3), 1–17.

Lai, Y. L., Ren, L., & He, N. (2018). The effects of domestic violence on violent prison misconduct, health status, and need for post-release assistance among female drug offenders in Taiwan. *International Journal of Offender Therapy and Comparative Criminology, 62*(16), 4942–4959. https://doi.org/10.1177/0306624X18801487

Lee, J. Y., Micol, R. L., & Davis, J. L. (2019). Intimate partner violence and psychological maladjustment: examining the role of institutional betrayal among survivors. *Journal of Interpersonal Violence, 36*(15–16), 7505–7522. https://doi.org/10.1177/0886260519836783

Liu, M., Xue, J., Zhao, N., Wang, X., Jiao, D., & Zhu, T. (2018). Using social media to explore the consequences of domestic violence on mental health. *Journal of Interpersonal Violence,* 1–21. https://doi.org/10.1177/0886260518757756

Lloyd, M., Ramon, S., Vakalopoulou, A., Videmšek, P., Meffan, C., Roszczynska-Michta, J., & Rollé, L. (2017). Mental health: findings from

a European empowerment project. *Psychology of Violence, 7*(3), 478–487. http://dx.doi.org/10.1037/vio0000111

Lövestad, S., Löve, J., Vaez, M., & Krantz, G. (2017). Prevalence of intimate partner violence and its association with symptoms of depression: A cross-sectional study based on a female population sample in Sweden. *BMC Public Health, 17*(1), 1–11. https://doi.org/10.1186/s12889-017-4222-y

Mahaptro, M., & Singh, S. P. (2020). Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India. *Journal of Community Psychology, 48*(3), 818–833. https://doi.org/10.1002/jcop.22297

Martín-Lanas, R., Osorio, A., Anaya-Hamue, E., Cano-Prous, A., & de Irala, J. (2019). Relationship power imbalance and known predictors of intimate partner violence in couples planning to get married: A baseline analysis of the AMAR cohort study. *Journal of Interpersonal Violence, 36*(21–22), 10338–10360. https://doi.org/10.1177/0886260519884681

Masci, S. F., & Sanderson, S. (2017). Perceptions of psychological abuse versus physical abuse and their relationship with mental health outcomes. *Violence and Victims, 32*(2), 362–376. https://doi.org/10.1891/0886-6708.VV-D-15-00180

Mazzotta, C. M., Crean, H. F., Pigeon, W. R., & Cerulli, C. (2018). Insomnia, posttraumatic stress disorder symptoms, and danger: Their impact on victims' return to court for orders of protection. *Journal of Interpersonal*

Violence, 36(5–6), 2443–2463. https://doi.org/10.1177/0886260518766565

McCarthy, M., Hunt, S., & Milne-Skillman, K. (2017). 'I know it was every week, but I can't be sure if it was every day: Domestic violence and women with learning disabilities. *Journal of Applied Research in Intellectual Disabilities, 30*(2), 269–282. https://doi.org/10.1111/jar.12237

Memiah, P., Ah Mu, T., Prevot, K., Cook, C. K., Mwangi, M. M., Mwangi, E. W., Owuor, K., & Biadgilign, S. (2018). The prevalence of intimate partner violence, associated risk factors, and other moderating effects: findings from the Kenya National Health Demographic Survey. *Journal of Interpersonal Violence, 36*(11–12), 5297–5317. https://doi.org/10.1177/0886260518804177

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* John Wiley & Sons.

Messinger, A. M., Dyar, C., Birmingham, R. S., Newcomb, M. E., & Whitton, S. W. (2019). Sexual and gender minority intimate partner violence and childhood violence exposure. *Journal of Interpersonal Violence, 36*(19–20), 10322–10344. https://doi.org/10.1177/0886260519875556

Miller-Graff, L. E. & Cheng, P. (2017). Consequences of violence across the lifespan: Mental health and sleep quality in pregnant women. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(5), 587–595. https://doi.org/10.1037/tra0000252

Miller-Graff, L. E., Howell, K. H., Paulson, J. L., & Jamison, L. E. (2021). I'll catch you when you fall: Social safety nets and housing instability in

IPV-exposed pregnant women. *Journal of Affective Disorders, 291*(April 2020), 352–358. https://doi.org/10.1016/j.jad.2021.05.023

The Ministry of Health Malaysia. (2015). *One Stop Crisis Center: Policy and guidelines for hospitals.* https://www.moh.gov.my/moh/resources/Polisi/OSCC_policy.pdf

Muftić, L. R., Hoppe, S., & Grubb, J. A. (2019). The use of help seeking and coping strategies among Bosnian women in domestic violence shelters. *Journal of Gender-Based Violence, 3*(2), 199–214. https://doi.org/10.1332/239868019X15567219568874

Mukherjee, R., & Joshi, R. K. (2019). Controlling behavior and intimate partner violence: A cross-sectional study in an urban area of Delhi, India. *Journal of Interpersonal Violence*, *36*(19–20), 10831–10842. https://doi.org/10.1177/0886260519876720

Nabbijohn, A. N., Tomlinson, R. M., Lee, S., Morrongiello, B. A., & McMurtry, C. M. (2021). The measurement and conceptualization of coping responses in pediatric chronic pain populations: A scoping review. *Frontiers in Psychology, 12*, 1–27. https://doi.org/10.3389/fpsyg.2021.680277

Nwabunike, C., & Tenkorang, E. Y. (2017). Domestic and marital violence among three ethnic groups in Nigeria. *Journal of Interpersonal Violence, 32*(18), 2751–2776. https://doi.org/10.1177/0886260515596147

Ogbonnaya, I. N., Keeney, A. J., & Villodas, M. T. (2019). The role of co-occurring intimate partner violence, alcohol use, drug use, and depressive symptoms on disciplinary practices of mothers involved with child

welfare. *Child Abuse and Neglect, 90,* 76–87. https://doi.org/10.1016/j.chiabu.2019.02.002

Ogińska-Bulik, N., & Michalska, P. (2021). The mediating role of cognitive processing in the relationship between negative and positive effects of trauma among female victims of domestic violence. *Journal of Interpersonal Violence, 36*(23–24), NP12898–NP12921. https://doi.org/10.1177/0886260520903141

Oh, S. S., Kim, W., Jang, S. I., & Park, E. C. (2019). The association between intimate partner violence onset and gender-specific depression: A longitudinal study of a nationally representative sample. *Journal of Affective Disorders, 250,* 79–84. https://doi.org/10.1016/j.jad.2019.02.065

Oliveros, A. D., & Coleman, A. S. (2019). Does emotion regulation mediate the relation between family-of-origin violence and intimate partner violence? *Journal of Interpersonal Violence*, *36*(19–20), 9416–9435. https://doi.org/10.1177/0886260519867146

Oon, S. W., Shuib, R., Ali, S. H., Endut, N., Osman, I., Abdullah, S., & Abdul Ghani, P. (2016). Exploring the coping mechanism of women experiencing intimate partner violence in Malaysia. *IJASOS-International E-Journal of Advances in Social Sciences, 2*(5), 549. https://doi.org/10.18769/ijasos.79459

Ørke, E. C., Bjørkly, S., & Vatnar, S. K. B. (2020). IPV characteristics, childhood violence, and adversities as risk factors for being victimized in multiple IPV relationships. *Journal of Interpersonal Violence, 37*(3–4), 1988–2011. https://doi.org/10.1177/0886260520933037

Othman, S., Yuen, C. W., Mohd Zain, N., & Abdul Samad, A. (2021). Exploring intimate partner violence among women attending Malaysian primary care clinics. *Journal of Interpersonal Violence, 36*(15–16), 7920–7941. https://doi.org/10.1177/0886260519839426

Oyewuwo-Gassikia, O. B. (2019). Black Muslim women's domestic violence help-seeking strategies: types, motivations, and outcomes. *Journal of Aggression, Maltreatment and Trauma, 29*(7), 856–875. https://doi.org/10.1080/10926771.2019.1653411

Oyewuwo-Gassikia, O. B. (2020). Black Muslim women's use of spirituality and religion as domestic violence coping strategies. *Journal of Muslim Mental Health, 14*(1), 3–22. https://doi.org/10.3998/JMMH.10381607.0014.101

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press.

Puente-Martínez, A., Ubillos-Landa, S., García-Zabala, M., & Páez-Rovira, D. (2019). "Mouth wide shut": Strategies of female sex workers for coping with intimate partner violence. *Journal of Interpersonal Violence, 34*(16), 3414–3437. https://doi.org/10.1177/0886260516670180

Rahme, C., Haddad, C., Akel, M., Khoury, C., Obeid, H., Obeid, S., & Hallit, S. (2020). Does Stockholm syndrome exist in Lebanon? Results of a cross-sectional study considering the factors associated with violence against women in a Lebanese representative sample. *Journal of*

Interpersonal Violence, 36(23–24), 11509–11531. https://doi.org/10.1177/0886260519897337

Rancher, C., Jouriles, E. N., & McDonald, R. (2018). Intimate Partner Violence, Police Involvement, and Women's Trauma Symptoms. Journal of Interpersonal Violence, 36(7–8), NP3510–NP3523. https://doi.org/10.1177/0886260518780409

Reese, B. M., Chen, M. S., Nekkanti, M., & Mulawa, M. I. (2017). Prevalence and risk factors of women's past-year physical IPV perpetration and victimization in Tanzania. *Journal of Interpersonal Violence, 36*(3–4), 1141–1167. https://doi.org/10.1177/0886260517738775

Reichel, D. (2017). Determinants of intimate partner violence in Europe: The role of socioeconomic status, inequality, and partner behavior. *Journal of Interpersonal Violence, 32*(12), 1853–1873. https://doi.org/10.1177/0886260517698951

Renner, L. M., & Hartley, C. C. (2018). Psychological well-being among women who experienced intimate partner violence and received civil legal services. *Journal of Interpersonal Violence, 36*(7–8), 3688–3709. https://doi.org/10.1177/0886260518777552

Renner, L. M., Driessen, M. C., & Lewis-Dmello, A. (2022). An evaluation of a parent group for survivors of intimate partner violence. *Journal of Family Violence, 37*(2), 247–259. https://doi.org/10.1007/s10896-021-00270-9

Richardson, R., Nandi, A., Jaswal, S., & Harper, S. (2019). The effect of intimate partner violence on women's mental distress: A prospective cohort study of 3010 rural Indian women. *Social Psychiatry and*

Psychiatric Epidemiology, *55*(1), 71–79. https://doi.org/10.1007/s00127-019-01735-5

Ridings, L. E., Beasley, L. O., Bohora, S. B., Daer, J. L., Owora, A., & Silovsky, J. (2016). Longitudinal investigation of depression, intimate partner violence, and supports among vulnerable families. *Journal of Interpersonal Violence*, *33*(24), 3749–3771. https://doi.org/10.1177/0886260516639262

Riedl, D., Beck, T., Exenberger, S., Daniels, J., Dejaco, D., Unterberger, I., & Lampe, A. (2018). Violence from childhood to adulthood: The influence of child victimization and domestic violence on physical health in later life. *Journal of Psychosomatic Research*, *116*, 68–74. https://doi.org/10.1016/j.jpsychores.2018.11.019

Roberto, K. A., & McCann, B. R. (2021). Violence and abuse in rural older women's lives: A life course perspective. *Journal of Interpersonal Violence*, *36*(3–4), NP2205-2227NP. https://doi.org/10.1177/0886260518755490

Ruslin, Mashuri, S., Sarib, M., Rasak, A., & Alhabsyi, F. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME), 12*(1), 22–29. https://doi.org/10.9790/7388-1201052229

Sabri, F. A., Wahyudi, A., & Mujib, F. (2020). Resistance strategies of Madurese Moslem women against domestic violence in rural society. *Al-Ihkam: Jurnal Hukum Dan Pranata Sosial*, *15*(1), 93–116. https://doi.org/10.19105/al-lhkam.v15i1.3083

Saffari, M., Arslan, S. A., Yekaninejad, M. S., Pakpour, A. H., Zaben, F. Al, & Koenig, H. G. (2017). Factors associated with domestic violence against women in Iran: an exploratory multicenter community-based study. *Journal of Interpersonal Violence.* https://doi.org/10.1177/0886260517713224

Sahdan, Z., Pain, R., & McEwan, C. (2019). Demonic possession: Narratives of domestic abuse and trauma in Malaysia. *Transactions of the Institute of British Geographers, 47*(2), 286–301. https://doi.org/10.1111/tran.12485

Salcioglu, E., Urhan, S., Pirinccioglu, T., & Aydin, S. (2017). Anticipatory fear and helplessness predict PTSD and depression in domestic violence survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(1), 117–125. https://doi.org/10.1037/tra0000200

Sauber, E. W., & O'Brien, K. M. (2017). Multiple losses: The psychological and economic well-being of survivors of intimate partner violence. *Journal of Interpersonal Violence*, *35*(15–16), 3054–3078. https://doi.org/10.1177/0886260517706760

Schaefer, L. M., Howell, K. H., Sheddan, H. C., Napier, T. R., Shoemaker, H. L., & Miller-Graff, L. E. (2019). The road to resilience: Strength and coping among pregnant women exposed to intimate partner violence. *Journal of Interpersonal Violence, 36*(17–18), 8382–8408. https://doi.org/10.1177/0886260519850538

Schultz, K., Walls, M., & Grana, S. J. (2021). Intimate partner violence and health: The roles of social support and communal mastery in five

American Indian communities. *Journal of Interpersonal Violence*, *36*(13–14), 6725–6746. https://doi.org/10.1177/0886260518821463

Selangor records highest number of domestic violence cases. (2023, October 28). *Free Malaysia Today.* https://www.freemalaysiatoday.com/category/nation/2023/10/28/selangor-records-highest-number-of-domestic-violence-cases/

Shuib, R., Endut, N., Ali, S. H., Osman, I., Abdullah, S., Oon, S. W., Ghani, P. A., Prabakaran, G., Hussin, N. S., & Shahrudin, S. S. H. (2013). Domestic violence and women's well-being in Malaysia: Issues and challenges conducting a national study using the who multi-country questionnaire on women's health and domestic violence against women. *Procedia - Social and Behavioral Sciences*, 91, 475–488. https://doi.org/10.1016/j.sbspro.2013.08.445

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129*(2), 216–269. https://doi.org/10.1037/0033-2909.129.2.216

Soleimani, R., Ahmadi, R., & Yosefnezhad, A. (2016). Health consequences of intimate partner violence against married women: a population-based study in northern Iran. *Psychology, Health and Medicine*, *22*(7), 845–850. https://doi.org/10.1080/13548506.2016.1263755

Song, Y., Zhang, J., & Zhang, X. (2020). Cultural or institutional? Contextual effects on domestic violence against women in rural China. *Journal of Family Violence*, *36*(6), 643–655. https://doi.org/10.1007/s10896-020-00198-6

Sullivan, C. M., Goodman, L. A., Virden, T., Strom, J., & Ramirez, R. (2018). Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents. *American Journal of Orthopsychiatry*, *88*(5), 563–570. https://doi.org/10.1037/ort0000286

Sunmola, A. M., Sambo, M. N., Mayungbo, O. A., & Morakinyo, L. A. (2019). Moderating effect of husband's controlling attitudes on the relation between women's household decision-making autonomy and intimate partner violence experience in Nigeria. *Journal of Interpersonal Violence*, *36*(21–22), 12125–12154. https://doi.org/10.1177/0886260519888534

Tengku Hassan, T. N. F., Ali, S. H., & Salleh, H. (2015). Patterns of help-seeking among women experiencing intimate partner violence in Malaysia. *Asian Journal of Women's Studies*, *21*(1), 77–92. https://doi.org/10.1080/12259276.2015.1029226

Till-Tentschert, U. (2017). The relation between violence experienced in childhood and women's exposure to violence in later life: Evidence from Europe. *Journal of Interpersonal Violence*, *32*(12), 1874–1894. https://doi.org/10.1177/0886260517698952

Tonsing, K. N., Tonsing, J. C., & Orbuch, T. (2020). Domestic violence, social support, coping and depressive symptomatology among South Asian women in Hong Kong. Journal of Loss and Trauma, 26(2), 134–152. https://doi.org/10.1080/15325024.2020.1738056

Tonsing, J., & Barn, R. (2021). Help-seeking behaviors and practices among Fijian women who experience domestic violence: An exploration of the

role of religiosity as a coping strategy. *International Social Work, 64*(6), 931–942. https://doi.org/10.1177/0020872820904159

Torrance, H. (2012). Triangulation, Respondent Validation, and Democratic Participation in Mixed Methods Research. *Journal of Mixed Methods Research, 6*(2), 111–123. https://doi.org/10.1177/1558689812437185

Um, M. Y., Kim, H. J., & Palinkas, L. A. (2018). Correlates of domestic violence victimization among North Korean refugee women in South Korea. *Journal of Interpersonal Violence, 33*(13), 2037–2058. https://doi.org/10.1177/0886260515622297

United Nations General Assembly. (1993, December 20). *Declaration on the Elimination of Violence against Women* (A/RES/48/104). https://digitallibrary.un.org/record/179739

Women's Aid Organization. (2017). *A coordinated community response to a community issue. A 2017 report by Women's Aid Organisation (WAO).* https://wao.org.my/wp-content/uploads/2019/04/Annual-Report-2017.pdf

WAO brings awareness and hope through art. (2017, March). *Selangor Properties.* https://www.selangorproperties.com.my/community-news/wao-brings-awareness-and-hope-through-art/

Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence, 18*(2), 166–185. https://doi.org/10.1177/0886260502238733

World Health Organization. (2012). *Understanding and addressing violence against women: overview* (WHO/RHR/12.36). World Health Organization. https://www.who.int/publications/i/item/WHO-RHR-12.35

World Health Organization. (2021). *Violence against women prevalence estimates, 2018*. Switzerland: Author

Yuan, W., & Hesketh, T. (2019). Intimate partner violence against women and its association with depression in three regions of China: A cross-sectional study. *The Lancet*, *394*, S5. https://doi.org/10.1016/s0140-6736(19)32341-4

Yüksel-Kaptanoğlu, İ., & Adalı, T. (2019). Intimate partner violence during pregnancy in Turkey: Determinants from nationwide surveys. *Journal of Interpersonal Violence*, *36*(15–16), 7802–7831. https://doi.org/10.1177/0886260519837652

Yusof, M. M., Azman, A., Singh, P. S. J., & Yahaya, M. (2022). A qualitative analysis of the coping strategies of female victimisation after separation. *Journal of Human Rights and Social Work*, *7*(1), 84–90. https://doi.org/10.1007/s41134-021-00199-5

APPENDICES

APPENDIX A

UNIVERSITI TUNKU ABDUL RAHMAN DU012(A)
Wholly owned by UTAR Education Foundation Co. No. 578227-M

Re: U/SERC/191/2023

2 August 2023

Dr Siah Poh Chua
Department of Psychology and Counselling
Faculty of Arts and Social Science
Universiti Tunku Abdul Rahman
Jalan Universiti, Bandar Baru Barat
31900 Kampar, Perak

Dear Dr Siah,

Ethical Approval For Research Project/Protocol

We refer to your application for ethical approval for your research project (PhD student's project) and are pleased to inform you that your application has been approved under Expedited Review.

The details of your research project are as follows:

Research Title	Intimate Partner Violence (IPV) from the Views of Survivors and Social Workers: Risk Factors, Effects, and Coping Strategies
Investigator(s)	Dr Siah Poh Chua Dr Chie Qiu Ting Ong Xiu Hui (UTAR Postgraduate Student)
Research Area	Psychology
Research Location	Domestic Violence Shelters
No of Participants	30 participants (Age: 18 - 60)
Research Costs	Self-funded
Approval Validity	2 August 2023 - 1 August 2024

The conduct of this research is subject to the following:

(1) The participants' informed consent be obtained prior to the commencement of the research,

(2) Confidentiality of participants' personal data must be maintained; and

(3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.

(4) Written consent be obtained from the institution(s)/company(ies) in which the physical or/and online survey will be carried out, prior to the commencement of the research.

Kampar Campus : Jalan Universiti, Bandar Barat, 31900 Kampar, Perak Darul Ridzuan, Malaysia
Tel: (605) 468 8888 Fax: (605) 466 1313
Sungai Long Campus : Jalan Sungai Long, Bandar Sungai Long, Cheras, 43000 Kajang, Selangor Darul Ehsan, Malaysia
Tel: (603) 9086 0288 Fax: (603) 9019 8868
Website: www.utar.edu.my

Should you collect personal data of participants in your study, please have the participants sign the attached Personal Data Protection Statement for your records.

The University wishes you all the best in your research.

Thank you.

Yours sincerely,

Professor Ts Dr Faidz bin Abd Rahman
Chairman
UTAR Scientific and Ethical Review Committee

c.c Dean, Faculty of Arts and Social Science
Director, Institute of Postgraduate Studies and Research

Kampar Campus : Jalan Universiti, Bandar Barat, 31900 Kampar, Perak Darul Ridzuan, Malaysia
Tel: (605) 468 8888 Fax: (605) 466 1313
Sungai Long Campus : Jalan Sungai Long, Bandar Sungai Long, Cheras, 43000 Kajang, Selangor Darul Ehsan, Malaysia
Tel: (603) 9086 0288 Fax: (603) 9019 8868
Website: www.utar.edu.my

APPENDIX B

Universiti Tunku Abdul Rahman
CONSENT/PERMISISON TO PARTICIPATE IN A RESEARCH STUDY

"Intimate Partner Violence (IPV) from the Views of Survivors and Social Workers: Risk Factors, Effects, and Coping Strategies".

Introduction: You are invited to participate in a research study conducted by Ong Xiu Hui from Universiti Tunku Abdul Rahman (UTAR) who is currently pursuing her Doctor of Philosophy (Social Science). This study will help us to understand the coping styles used by Malaysian women who have experienced intimate partner violence (IPV), the risk factors that may lead to IPV, the mental health of women who have experienced IPV, and the coping strategies they employ to cope with the abuse.

Procedures: You will be asked to answer a series of questions in an interview. The interview will be audio recorded for transcription purposes. Should you feel uncomfortable with the interview being recorded, notes of the interview will be taken instead, or you may withdraw from the interview.

Potential Risks and Discomforts: Some discomfort, including psychological and mental, regarding subjects of previous trauma.

Withdrawal Rights: You may withdraw from the study at any point of time. There will be no negative consequences if you do not want to participate, or if you initially agree to participate and decide to withdraw later. If you feel uncomfortable at any point of the interview, you may stop the interview immediately.

Anticipated Benefits to Society: The results of this study will give a clearer picture regarding IPV in Malaysia, especially regarding the women who have experienced IPV. This study may promote greater awareness regarding IPV in Malaysia, as well aid in the development of policies to better support women who have experienced IPV. Results of this study will also be shared with domestic violence shelters, such as the WAO, and this will further benefit society, as there will be a greater understanding of the trauma survivors experienced, as well as their methods of coping.

Privacy and Confidentiality: No personal identifiable information will be disclosed.

Identification of investigators: This research is conducted by Ong Xiu Hui. If you have any queries after interview, kindly contact Ong Xiu Hui via email: ong_xh31@hotmail.com.

Acknowledgement of Informed Consent

[ ] I consent to participate in the research investigation entitled **"Risk Factors, Coping Strategies, and Effects of Intimate Partner Violence: Triangulation of Scoping Review and Interviews with Women Survivors and Social Workers".** The nature of the research including the procedures has been explained to me and is summarized on the information letter.

Name: Date:

Signature:

APPENDIX C

INTERVIEW PROTOCOL FOR IPV SURVIVORS

1. Introduction:

Purpose: A brief introduction about the researcher and affiliated institution was provided. The aim of research and interview was then briefly explained to the participant.

Confidentiality: Assurance about participants' confidentiality was given. Participants were informed that the interview would be audio recorded strictly for transcription purposes. Participants were informed of their rights to pause or end the interview whenever they felt uncomfortable

Informed Consent: While written informed consent was obtained prior to the interview, verbal consent was once again sought from participants before beginning the interview.

2. Interview Content:

Begin with Easy Questions: Begin the interview with general, non-threatening questions in order to build rapport with the participants, such as asking about their age or their children, if they have any.

Organize by Theme: The flow of questions were structured based on specific topics to ensure comprehensive coverage. While the general flow of the interview was demographic details → questions on risk factors → questions on coping strategies used → questions on effects of IPV, the actual interview flow was determined by how the participants' responded to the questions, and the sequence of questions asked were adjusted on the spot to avoid interrupting participants' flow of story-telling.

Open-Ended Questions and Probes: Questions asked to participants were framed in a manner that was easy for participants to understand, and encouraged them to freely share their detailed responses. Probes were also employed to clarify answers, or gather details when the participant did not respond to a particular question.

Guideline of Questions Asked:

Risk Factors

5. Could you please tell me a little about yourself, such as your age, religion (if any), highest education level, employment, number of children and race?
6. Can you tell me about some of the people who are close to you?
    a. Could you please describe your relationships with the people you mentioned?
7. What was your childhood like? Did you experience any distressing events, or witness any violence between your parents? (For example, shouting hurtful words, hitting)

8. How old were you when you got into a relationship with your partner (who abused you)?
9. Were you working during the abusive relationship?
    a. Eventually did you leave your employment?
    b. What made you leave your employment?
10. What did you think your partner was like before the abuse?

Questions about Abuser and Abusive Relationship:

11. Can you please describe the relationship between you and your partner in the early years of marriage?
    a. Can you tell me about the time when the abuse started?
12. Why was there such a change in your partner?
13. In your opinion, what made your partner become abusive?

Questions on Coping Strategies:

14. What did you do to deal with the abuse?
15. What do you think helped you to get through the abuse?
16. Did you think you could manage the abuse? How so?
17. Did you feel as though you could get any resources to help you cope with the abuse?
18. What sort of help did you manage to receive?
19. Did you receive any help from your family or friends?
    a. If yes, can you tell me about how they helped you?
20. Did you feel as though you had hope of getting through the abuse?
21. Did you feel as though you could go on to lead a normal, meaningful life after leaving the situation?

Questions on Effects of IPV

22. How did you feel the first time you were abused?
23. Did you have any negative feelings as a result of the abuse?
    a. Can you tell me more about these feelings?
24. Did you suffer from any serious or long lasting injuries as a result of the abuse?
25. Do the injuries affect your daily life? How do you feel about it?
26. How else do you think the abuse has affected you?

3. Conclusion:

Gratitude for the participants' time and willingness to be interviewed was expressed to the participants. A final message of hope for a better future for the participants was given before ending the interview.

The interview protocol was evaluated for effectiveness after the first participant was interviewed, and necessary adjustments were made to improve the effectiveness for future interviews.

APPENDIX D

INTERVIEW PROTOCOL FOR MALAYSIANSOCIAL WORKERS

1. Introduction:

Purpose: A brief introduction about the researcher and affiliated institution was provided. The aim of research and interview was then briefly explained to the participant.

Confidentiality: Assurance about participants' confidentiality was given. Participants were informed that the interview would be audio recorded strictly for transcription purposes. Participants were informed of their rights to pause or end the interview whenever they felt uncomfortable

Informed Consent: While written informed consent was obtained prior to the interview, verbal consent was once again sought from participants before beginning the interview.

2. Interview Content:

Begin with Easy Questions: Begin the interview with general, non-threatening questions in order to build rapport with the participants, such as asking about social workers' time spent as a social worker or their job scopes.

Organize by Theme: The flow of questions were structured based on specific

topics to ensure comprehensive coverage. While the general flow of the interview was role in NGO/shelter → questions on risk factors → questions on coping strategies used → questions on effects of IPV→ questions on memorable cases handled, the actual interview flow was determined by how the participants' responded to the questions, and the sequence of questions asked were adjusted on the spot to avoid interrupting participants' flow of story-telling.

Open-Ended Questions and Probes: Questions asked to participants were framed in a manner that was easy for participants to understand, and encouraged them to freely share their detailed responses. Probes were also employed to clarify answers, or gather details when the participant did not respond to a particular question.

Guideline of Questions Asked:

Questions on Risk Factors

1. Can you tell me about the women you have encountered? Such as common demographic characteristics.
2. Have the women ever spoke about their childhood to you?
3. In your experience, what risk factors make women more vulnerable to being in abusive relationships?
4. From your experience of working with abused women, what do you think are some of the reasons the men become abusive towards them?

Questions on Coping Strategies

5. In your experience, what coping methods do women normally use to survive the abuse? Do you think they were helpful?
6. What do women normally do to cope with the abuse after seeking help/coming to shelters?
7. Does the shelter/centre provide any forms of help to assist the women in recovering from the abuse? How does that help them?
8. Among the women you have encountered, do you think religion was of any help to them?
9. What are some of the reasons/motivations for women to finally leave the abusive relationship?
10. Do women go back to the abusers? If so, why?
11. How accessible are resources and help to women who experience abuse?

Questions on Effects of IPV

12. After escaping the abuse, how do the women feel?
13. Can you please tell me more about the effects women suffer after being abused?

Question on Memorable Cases Handled

14. Can you tell me about one case that you handled that stood out to you?

4. Conclusion:

Gratitude for the participants' time and willingness to be interviewed was expressed to the participants. Contact information was provided to the social workers in case they had further questions or clarifications before the interview ended.

The interview protocol was evaluated for effectiveness after the first participant was interviewed, and necessary adjustments were made to improve the effectiveness for future interviews.

APPENDIX E

PROCESS OF CODING