

**COPING STRATEGIES AMONG WOMEN WHO
EXPERIENCED DOMESTIC VIOLENCE IN
MALAYSIA**

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2018

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by

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**Thesis submitted in fulfilment of the requirements
for the degree of
Master of Science**

August 2018

ACKNOWLEDGEMENT

First and foremost, I would like to fully express my utmost gratitude to my mentor and supervisor, Assoc.Prof. Siti Hawa Ali, for having faith in me to pursue my Master Degree program. Thank you for working with me at my pace to complete this major endeavour. Your expertise, advice, patience and support have made this thesis a reality.

I would also like to thank my co-supervisor, Dr Zaharah Sulaiman and Prof. Dr Harmy Mohd Yusoff for their valuable input and guidance throughout this study.

A note of gratitude to two women NGOs; Women's Centre for Change (WCC) and Sabah Women's Action-Resource Group (SAWO) for giving me access to their premises and helping me find the participants for this study.

Most of all I would like to express my sincere appreciation to 26 wonderful survivors who volunteered to take part and share their personal experiences and stories in this study. This work would not be possible without your willingness to share your stories.

I would like to thank the Research University Grant [1001/PPSP/812009] for funding this research especially to the data collection phase and special 'thank you' to the USM Domestic Violence Research Group.

Special thanks go to my friends and colleagues at Women's Health Development Unit, USM and ReHAK for their support and generous assistance in various ways throughout this study. To individuals who have helped me in one way or another in the realisation of this study, thank you. Finally, I am grateful to my family for their unconditional support, understanding and encouragement. Thank you.

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STRATEGI DAYA TINDAK DI KALANGAN WANITA YANG MENGALAMI KEGANASAN RUMAH TANGGA DI MALAYSIA

ABSTRAK

Keganasan pasangan intim adalah isu kesihatan awam yang penting di Malaysia dan jelas ditonjolkan sebagai pelanggaran hak asasi wanita. Ia memberi kesan kepada sebahagian besar wanita di Malaysia. Wanita yang pernah berhadapan dengan keganasan pasangan intim telah melaporkan tahap kesihatan fizikal dan mental mereka yang rendah secara konsisten. Wanita yang pernah mengalami keganasan pasangan intim menggunakan pelbagai strategi untuk menangani masalah tersebut. Kajian fenomenologi kualitatif ini bertujuan untuk meneroka pengalaman hidup wanita yang berhadapan dengan keganasan pasangan intim melalui perspektif feminis dan kerangka ekologi. Di samping itu, kajian ini juga bertujuan untuk meneliti faktor-faktor yang memberikan motivasi terhadap pilihan wanita dalam berhadapan dengan masalah termasuk persepsi mereka terhadap keberkesanan strategi daya tindak yang dilakukan. Wawancara mendalam secara semi-struktur telah dijalankan bersama 26 orang wanita yang terselamat daripada keganasan pasangan intim dan telah mendapatkan pertolongan daripada dua buah organisasi bukan kerajaan (NGO) wanita di Malaysia. Mereka telah ditanya mengenai pengalaman keganasan mereka dan strategi daya tindak yang digunakan serta keberkesanannya. Dengan menggunakan analisis tematik, lima tema utama daya tindak telah dikenal pasti; i) penolakan penghindaran, ii) pengukuhan diri, iii) ketahanan, iv) memudaratkan diri dan v) mencari bantuan. Selain itu, faktor-faktor

ketara dalam pilihan daya tindak menurut data adalah kewujudan anak-anak dan demi memelihara hubungan perkahwinan. Wanita berpendapat bahawa menjadi kewajipan mereka untuk memelihara kesucian perkahwinan demi anak-anak. Faktor tambahan lain termasuklah status sosio-ekonomi, jenis dan tahap keganasan, tempoh hubungan/kekerasan dan ketersediaan sumber. Wanita melaporkan bahawa strategi memperkuat diri dan mencari bantuan sangat berkesan dalam menangani keganasan pasangan intim. Sebaliknya, beberapa wanita melaporkan strategi penolakan penghindaran dan ketahanan terhadap pencegahan hanya berkesan dalam keadaan tertentu. Hasil kajian ini jelas menunjukkan bahawa wanita yang mengalami keganasan menangani kekerasan dalam perhubungan mereka melalui pelbagai cara berdasarkan pemerhatian mereka terhadap situasi. Usaha wanita untuk berdaya tindak dengan keganasan pasangan intim perlu dianggap sebagai satu proses. Kajian ini mencadangkan kepentingan intervensi ke atas kesediaan wanita untuk bertindak balas terhadap keganasan. Memandangkan wanita sentiasa mencari sumber-sumber tidak rasmi untuk mendapatkan bantuan, adalah disyorkan agar pemberi perkhidmatan bekerjasama dengan NGO wanita untuk memobilisasi rangkaian sosial tidak formal khusus untuk wanita dengan mewujudkan lebih banyak kempen kesedaran tentang keganasan pasangan intim. Implikasi untuk penyelidikan di masa hadapan turut dibincangkan.

COPING STRATEGIES AMONG WOMEN WHO EXPERIENCED DOMESTIC VIOLENCE IN MALAYSIA

ABSTRACT

Intimate partner violence is a significant public health issues in Malaysia and evidently highlighted as a violation of women's human rights. It affects a large proportion of women in Malaysia. Women who have experienced intimate partner violence have consistently reported poor physical and mental health consequences. Women experiencing intimate partner violence use various strategies to cope with violent relationships. This qualitative study aims to explore the lived experiences of women's coping with intimate partner violence through a feminist perspective and socio-ecological framework. Additionally, the study also wanted to examine factors motivating women's choices of coping as well as their perception on the effectiveness of their coping strategies. Semi-structured in-depth interviews were conducted with 26 women survivors of intimate partner violence who had sought help from two women NGOs in Malaysia. The women were asked about their experiences of violence as well as their use of coping strategies and the effectiveness of the strategies. Using thematic analysis, five major themes on coping were identified; i) avoidance-denial, ii) self-strengthening, iii) resistance, iv) self-harm and v) help-seeking. Furthermore, the prominent factors to choices of coping in the data were presence of children and preserving the marriage relationship. Women felt that it is their duty to preserve the sanctity of marriage for the sake of their children. Additional factors include socio-economic status, types and severity of violence,

duration of relationship/violence and availability of resources. Women reported that self-strengthening and help-seeking strategies were effectively helpful to them in addressing intimate partner violence. On the other hand, few women reported avoidance-denial and resistance strategies were only effective in certain circumstances. The findings from the study clearly show that women experiencing violence do cope with their abusive relationship in many ways according to their observation on the violent situation. Women's coping with intimate partner violence should be understood as a process. This study suggests the importance of intervention to women's readiness in response to violence. Given the fact that women always turn to informal resources for help, it is suggested that service providers work collaboratively with women NGOs to mobilize women's informal social network by creating more awareness campaign on intimate partner violence. Implications for future research are discussed.

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Violence against women (VAW) is a fundamental violation of women's human rights. It is rampant and highly prevalent in all corners of the world. VAW violates a wide range of human rights including the right to life, the right to decent work, the right to education as well as the right to be free from torture and other inhuman, cruel or degrading treatment or punishment (Universal Declaration of Human Rights). The United Nation Declaration on the Elimination of Violence Against Women defines VAW as '*...any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological 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 (UNGA), 1993). The Declaration has recognized women's fundamental human right to live free from violence.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the international women's rights treaty that addresses women's rights within political, civil, cultural, economic and social life. CEDAW provides the framework for advocating for women's human rights. It obliges governments to ensure respect for these rights. Countries that ratify the treaty are required to undertake measures to end discrimination against women in all forms and all areas, be it political, economic and social. The Malaysian government ratified CEDAW in

1995 as part of its commitment to uphold and protect gender equality. According to CEDAW's General Recommendation No.19, gender-based violence "is violence that is directed against a woman because she is a woman or that affects women disproportionately". (UN Committee on the Elimination of Discrimination Against Women (CEDAW)).

There are several forms of VAW (Krantz & Garcia-Moreno, 2005), of which one of the most common forms is perpetrated by a husband or intimate male partner (Watts & Zimmerman, 2002). Intimate partner violence (IPV) or in some context referred as domestic violence (DV) includes physical, sexual, emotional as well as economic abuse and controlling behaviours by an intimate partner, normally by men towards women and it affected millions of women around the globe. In brief, physical violence includes physically aggressive acts such as kicking; slapping, beating or strangling (Krantz & Garcia-Moreno, 2005). Sexual violence includes forced sex through the use of the physical force, threats and intimidation, forced participation in degrading sexual acts as well as acts such as refuse to contraceptives usage or to adopt measures to protect against sexually transmitted disease (Krantz & Garcia-Moreno, 2005). Emotional or psychological violence describe acts such as on-going belittlement or humiliation, intimidation, violence or threats against precious objects or pets and other forms of controlling behaviour (UNICEF, 2000). Emotional violence is one of the most under looked forms of violence yet most commonly encountered in relationships. IPV has historically been and continues to be a significant and prevalent problem that cut across all demographic and socioeconomic factors.

A growing number of population-based studies have measured the prevalence of IPV, most notably the ten countries WHO Multi-Country Study on Women's

Health and Domestic Violence against Women¹. The study indicates that 15 per cent to 71 per cent of women in most countries have experienced physical and/or sexual violence by their intimate partner in their lifetime (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005). Another population-based study was the 10-country analysis of Demographic and Health Survey (DHS)² reported that the prevalence of sexual or physical violence experienced by women ranged from 17 per cent in the Dominican Republic to 75 per cent in Bangladesh (Hindin, Kishor & Ansara, 2008). Both studies indicated that IPV is an issue that permeates every corner of society and is widespread.

The prevalence of IPV shows that IPV is common among women. Women who reported having experienced of violence from their intimate partners were also frequently reported as having suffered countless physical and psychological consequences. The devastating effects of IPV on women are well documented in the literature (Black, 2011; Ellsberg, Jansen, Heise, Watts & Garcia-Moreno, 2008; Kramer, Lorenzon, & Mueller, 2004). The impact of IPV can result in acute and chronic mental health problems such as depression, anxiety, posttraumatic disorder, low self-esteem as well as suicidal. IPV also affects women's reproductive and physical health such as physical injuries. The injuries can include bruises, abrasions, fractures and broken bones as well as permanent injuries such as sight and hearing damage. In terms of women's reproductive health, IPV can cause sexually transmitted infections (STIs) or human immunodeficiency virus (HIV), unintended pregnancy, abortion and also pelvic inflammatory disease (Black, 2011).

¹ Countries included: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand, Serbia and Montenegro and the United Republic of Tanzania.

² Countries included: Bangladesh, Bolivia, the Dominican Republic, Haiti, Kenya, Malawi, Moldova, Rwanda, Zambia and Zimbabwe

Furthermore, to some extent, IPV may also cause fatal death among the victims (Black, 2011). Thus, we can conclude that IPV is a pervasive health concern.

Due to the fact that IPV hugely impact women physically and mentally, a range of studies have included risk and protective factors (Abramsky *et al.*, 2011; Capaldi, Knoble, Shortt, & Kim, 2012; Djikanovic, Jansen, & Otasevic, 2010; Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000; Fulu, Jewkes, Roselli, & Garcia-Moreno, 2013; Hindin *et al.*, 2008; Mishra *et al.*, 2014), theory of IPV (Alaggia, Regehr, & Jenney, 2011; Antai, 2011; Heise, 1998; Sugarman & Frankel, 1996) as well as women's response to IPV (Elli Nur Hayati, Eriksson, Mohammad Hakimi, Hogberg, & Emmelin, 2013; Shannon, Logan, Cole, & Medley, 2006; Ting, 2010; Waldrop & Resick, 2004; Zakar, Zakar, Hornberg, & Kraemer, 2011; Zakar, Zakar, & Kramer, 2012) has been done. From those plethoras of research on different aspects of IPV, coping with IPV is one of the critical aspects to be reviewed because it is related to the women's well-being.

Many inquiries emerged regarding the way in which victims of IPV respond to their partners' violent behaviour. The existing literatures (Al-Modallal, 2012; Ansara & Hindin, 2010; Barrett & Pierre, 2011; Bauman, Haaga, & Dutton, 2008; Chang *et al.*, 2010; Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Ellsberg, Winkvist, Pena, & Stenlund, 2001; Goodman, Dutton, Weinfurt, & Cook, 2003; Loke, Wan, & Hayter, 2012) provides topics that range from coping strategies utilized by women to the ways in which specific coping strategies impact a woman's well-being. Coping strategies are mostly action-based, cognitive-based as well as emotion-based reactions.

A large proportion of women from the WHO multi-country study mentioned that they did not disclose to anyone about their partner's violence prior to the interview because of certain reasons such as feeling ashamed and afraid that the partners would harm them and the children (Garcia-Moreno *et al.*, 2005). As a matter of fact, the interview session was their first disclosure experience of their IPV problems. Apart from that, women in an abusive relationship mostly turned to informal sources of support particularly family and friends rather than formal support when seeking help (Garcia-Moreno *et al.*, 2005). Moreover, many women also chose to stay in the violent relationship. People always wonder why women, who were brutally abused by their husbands, remained in the relationship or if they leave, why they returned to the same relationship. In fact, women who stayed usually have their own reasons that inhibit them to leave the violent relationships. The reasons reported such as financial problems, wants to protect the children (Hadeed, 2006), lack of support and fear not being able to survive alone (Anderson *et al.*, 2003).

In Malaysia, the term 'domestic violence' is used more often than 'intimate partner violence' in accordance with its definition in the Domestic Violence Act (DVA) 1994. The DVA defines domestic violence as an act of violence by a person against his or her spouse, his or her former spouse, a child, an incapacitated adult or any other member of the family. DV is acknowledged as a significant and major public health issue by WHO during the World Health Assembly in 1996 (Krug, Mercy, Dahlberg, & Zwi, 2002). To date, a lot of DV cases have been reported in the media. It is horrifying to note that in the year 2014, a woman was beaten to death by her own husband (Indramalar, 2014). Through the enactment of the DVA (1994), cases of women who have been abused by their husbands or partners continue to increase.

According to the Kuala Lumpur Hospital's (HKL) Emergency and Trauma Department Head, a total of 4,000 cases of DV were reported nationwide from January until October 2016 with about 120 cases per month referred to HKL (Bernama, 2016). Statistics presented by Deputy Minister of Women, Family and Community Development, showed that a total of 23,212 cases DV were reported to Welfare Department from 2010 to 2016 (Bernama, 2017). Statistics from Royal Malaysian Police showed an increasing number since 2013 with 4123 cases reported and 4807 cases reported in 2014 followed by 5014 cases in 2015 (Women's Centre for Change (WCC), 2016). The increasing number of cases reported showed that the public is getting more aware about DV. However, regardless of the increasing number in reported cases, this is only the tip of the iceberg as there are still many women who choose not to disclose about their IPV experience due to feeling of shame and perceived IPV as private family matters (Ali, 2013; Shuib *et al.*, 2016). They preferred to resolve behind closed door. In addition, there could be another death because of IPV, but not reported. Otherwise, the statistics might be much higher than being reported.

With the increasing number of IPV cases, how these abused women deal with the brutally and malevolent abusive relationships remains questionable. This is because women living in a violent relationship usually struggled with feelings of isolation, powerlessness as well as helplessness (Walker, 2009). These kinds of feelings typically inhibited the women to disclose and seek help. Since coping is a prolonged process, women often act according to the situation they were involved in and also rely on the support received. As it is, the process of coping among battered women is crucial to identify as it will help the service providers to understand more about it.

Until recently in Malaysia, the movement of DV awareness has been initiated mostly by women's non-governmental organisations (NGOs) with the support from mass media and government agencies. However, only a few States in Malaysia have active women's NGO such as Women's Centre for Change (WCC) in Penang, Women's Aid Organisation (WAO) and All Women's Action Society (AWAM) in Selangor, Sabah Women's Action Resources (SAWO) in Sabah, Perak Women for Women Society (PWW) in Perak as well as Johor Women's Action League (JEWEL) in Johor. There are also shelter homes for abused women like the Shelter Home for Abused Women and Children in Seremban, run by a group of volunteers, to occupy women who needed shelter. WCC and WAO also have their own shelter home for abused women. Besides, government also provide shelter homes for victims of IPV, however, these shelter homes are not exclusively for domestic violence. Due to limited number of women's NGO who provide services to victims of IPV, there are women who may not receive needed support. Hence, effort to eradicate IPV should not be undertaken by women NGOs alone, but it should be incorporated with other agencies that deal with IPV such as police, health care providers, legal authorities, religious leaders as well as mass media to help the victims of IPV.

1.2 Problem Statement

Domestic violence remains a problem in Malaysia. Over the last three decades, DV has been recognized as a social problem in the country since the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979. Even though various strategies, campaigns and legislation have

been set up in order to tackle the problem, the wide patriarchy system practice in the society remains as a cultural barrier (Ali, 2013).

According to the latest statistics from the Royal Malaysian Police and the Ministry of Women, Family and Community Development, incidences of violence against women especially domestic violence are on the rise since 2010 until 2016 (Figure 1.1). Based on the figures, DV cases were recorded as among the highest over a seventeen period.

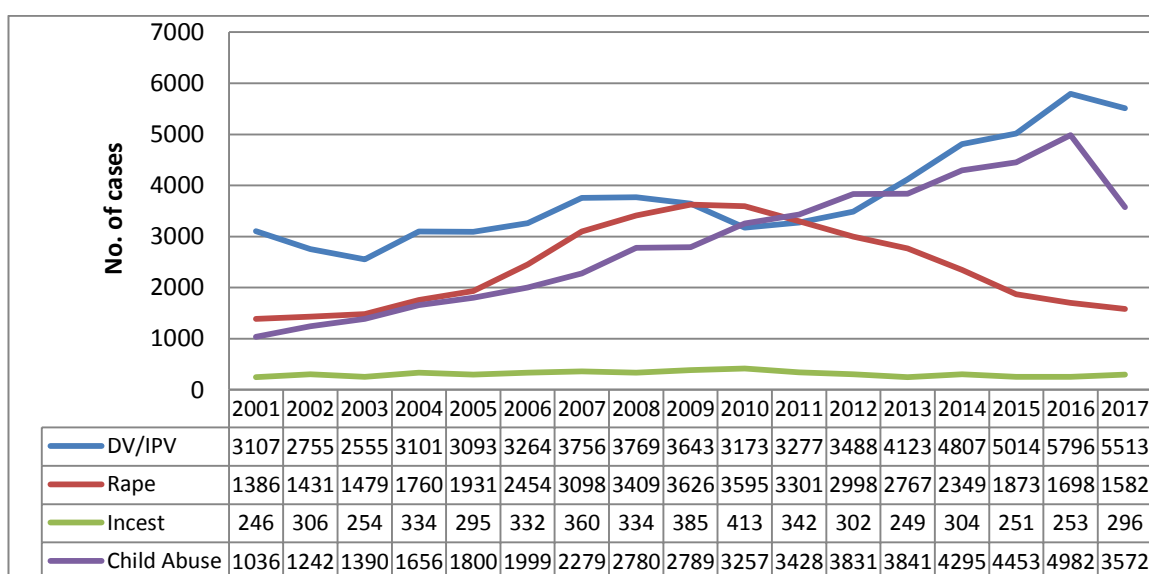


Figure 1.1: Violence against Women Cases in Malaysia, 2001-2017

Source: (WCC, 2016; Parliament Question 40, 2018; Department of Social Welfare Malaysia, 2018)

The high number of DV cases as indicated by the data shows the seriousness of the problem and it should be realized that the number recorded is only the tip of the iceberg of the overall number of women being abused in Malaysia. Furthermore, majority of the cases reported were obtained from police department and the Ministry of Women, Family and Community Development through its Social Welfare department. Data from One Stop Crisis Centre (OSCC) in government

hospitals were not reported in the statistics above. Therefore, the researcher believes that there are still many unreported cases and this would mean that many women are still suffering in silence. According to National Report on Violence and Health (Malaysia) in 2006, DV victims or survivors were usually trying to hide the problem, as they believed in the sanctity and the privacy of the family and that what happens in the home should remain the home and resolved within the family. However, from the perspective of the violence disclosure, the increase in the reported cases showed a positive improvement in which indicated more openness on Malaysian women regarding disclosing domestic violence issue and awareness of their rights to be free from violence.

Domestic violence is a complex and multi-dimensional phenomenon that is embedded in culture and interwoven with social, economic and political issues (Nagae & Dancy, 2010) and it is believed to be hugely under-reported in Malaysia due to the cultural norms and the stigma attached to the women, which could have discouraged them from speaking up (Saddki *et al.*, 2013). The reason why most victims of DV have generally been women is because the men, as the perpetrators, believe that they have the privilege to control women due to the patriarchal culture (Ali, 2013). For decades, women have been submissive to men even though they have been assaulted by their intimate partner. They are bound by the patriarchal culture that puts men at the highest level especially in a family system (Shuib *et al.*, 2016).

Women living in a violent relationship usually struggle with feelings of hopelessness and helplessness which inhibited them to disclose and seek help; therefore, they are trapped in the violent relationship (Walker, 2009). Walker's (2009) term of "learned helplessness" refers to the battered women's inability to

either end the violence or to remove themselves from the violent relationship. Nevertheless, knowing how these women respond to DV and what strategies they used in order to survive is crucial. Furthermore, there was also limited information on the effectiveness of the coping strategies.

Generally, people with violent problems will try at their very best to cope with it. Given the fact that DV in Malaysia is prevalent and concerned as major public health issues, therefore, how victims of DV cope remains questionable. Up till now, as far as the researcher is concerned, research on coping with DV in Malaysia is limited. For that reason, the current study was done to understand the coping strategies adopted by women with DV experiences in Malaysia.

1.3 Significant of the Study

There are three reasons that made the researcher interested in conducting the current research. First, the current study was instigated from previous research conducted by Ali *et al.* (2013). Results from the previous quantitative research showed that women reported certain ways of coping with DV such as fighting back, either staying or leaving the relationship as well as seeking help from informal and formal resources (Ali *et al.*, 2013). However, the researcher believed that women who are victims of DV tend to develop more coping strategies other than those mentioned in order for them to survive. People within stressful situations, often choose various coping strategies that they think will help them to improve their situation. In addition, coping strategies can also be seen as a way of empowering the women. As it is, the researcher was interested to explore how victims of DV cope as being a woman herself is tough because woman always being dominated by men and usually have limited voices in a lot of things especially in decision making. Women

experienced intimate partner violence often encounter trauma that negatively affect their quality of life. The researcher believes that there must be strategies that the women adopt to survive the violent relationship. Hence, this study was done in order to fill in the gap in the previous research by generating in-depth information about coping strategies adopted by the women victims of DV.

Second, although there are number of studies on DV have been done in Malaysia, particularly on prevalence, causes and consequences yet the research on coping is limited. The researcher found that the experiences of coping with DV are an important theme to explore further because it is very multifaceted. For that reason, this study has been conducted to further explore on women response to DV. In addition, the researcher hopes that the knowledge on coping experiences from the survivors of DV would help service providers better screen for potential abuse and help in developing programmes and interventions to meet those women's needs. Also, the current study is relevant to the studies on VAW as it will deepen the knowledge in understanding the coping strategies used by the women victims of DV.

Third, the only way for the researcher to know how women response to DV is by asking them personally. Upon acquiring an understanding of women's coping experiences, it is best to use qualitative research as it provides more opportunity for women who had experienced DV to share their stories as well as provide chances for researcher to understand better from the survivors' point of view. Hence, the researcher adopted qualitative approach as a method for the current study.

1.4 Research Questions

This study seeks to answer the following research questions:

1. What are the coping strategies used by women who experienced domestic violence in Malaysia?
2. What are the factors that influence women's decision in choosing certain types of coping strategies?
3. How do women perceive the importance and effectiveness of coping strategies in handling domestic violence?

1.5 Research Objectives

The specific research objectives of the study are:

1. To examine the coping strategies used by women who experienced domestic violence in Malaysia.
2. To explore the factors that influence women's decision in choosing certain types of coping strategies.
3. To explore the importance and effectiveness of coping strategies in handling violence in women's life

1.6 Definition of Terms

For the purpose of this study, the terms “intimate partner violence” (IPV) and “domestic violence” (DV) are used interchangeably as both terms refer to “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship” (Krug *et al.*, 2002).

1.6.1 Intimate Partner Violence

World Health Organisation (WHO) defines intimate partner violence as “any act or omission by a current or former intimate partner which negatively affects the well-being, physical or psychological integrity, freedom or rights to full development of a woman”. IPV is divided into different categories which include physical, emotional, sexual, economic abuse as well as other forms of controlling behaviour.

1.6.2 Domestic Violence

According to the Domestic Violence Act (DVA) 1994 of Malaysia (amendment 2017), domestic violence means the commission of any of the following acts:

- i) Wilfully or knowingly placing, or attempting to place the survivor in fear of physical injury;
- ii) Causing physical injury to the survivor by such act that is known, or ought to have been known would result in physical injury;
- iii) Compelling the survivor by force or threat to engage in any conduct or act, sexual or otherwise, from which the survivor has a right to abstain;
- iv) Confining or detaining the survivor against the survivor’s will;

- v) Causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to the survivor;
- vi) Dishonestly misappropriating the survivor's property which causes the survivor to suffer distress due to financial loss;
- vii) Threatening the survivor with intent to cause the survivor to fear for his safety or the safety of his property, to fear for the safety of a third person, or to suffer distress;
- viii) Communicating with the survivor, or communicating about the survivor to a third person, with intent to insult the modesty of the survivor through any means, electronic or otherwise;
- ix) Causing psychological abuse which includes emotional injury to the survivor;
- x) Causing the survivor to suffer delusions by using any intoxicating substance or any other substance without survivor's consent or if the consent is given, the consent was unlawfully obtained

by a person against:

- His or her spouse
- His or her former spouse
- A child
- An incapacitated adult; or
- Any other member of the family

Spouse refers to "...a person who has gone through a form of ceremony according to the religion or custom of the parties concerned, notwithstanding that such a ceremony is not registered" (Section 2, Law of Malaysia: Domestic Violence Act 1994). Although the DVA recognise spouses who do not share the same residence, it does not protect those who live together but are not married or survivors of dating violence (Laws of Malaysia, 2017).

1.6.2 Physical Violence

Physical violence (PV) involves any physical acts such as slapping or throwing things that could hurt, pushing or shoving, hitting with fist or something else that could hurt, kicking, dragging or beating, choking or burning on purposes as well as threatening using or actually used a knife, gun or weapon against the woman (Garcia-Moreno *et al.*, 2005).

1.6.3 Sexual Violence

Sexual violence (SV) involves acts such as physically forcing to have sexual intercourse when the woman refused, having sexual intercourse when the woman do not want to because she afraid of what the perpetrator might do to her, forcing the woman to do something sexually that she found degrading or humiliating and also using object during sexual intercourse (Garcia-Moreno *et al.*, 2005).

1.6.4 Emotional Violence

Emotional violence (EV) involves acts such as insulting or making the woman feels bad about her, belittling or humiliating (e.g destroying things or pets), threats of harm, threats to take away the children, threats to divorce as well as threats to divorce as well as threats to isolate her (Garcia-Moreno *et al.*, 2005).

1.6.5 Controlling behaviour

Controlling behaviours by an intimate partner involves restrict contacts with family and friends, insisted on knowing women's whereabouts all the time, ignoring and treating the women indifferently, getting angry if the women spoke to another man, suspicious that the women were unfaithful and expecting the women to ask for permission to seek health care and/or go to out, stop the women from getting education and trying to separate from children (Garcia-Moreno *et al.*, 2005).

1.6.6 Coping Strategies

Coping strategies refer to the specific attempts, both behavioural and emotional used to endure, decrease or minimize stressful situation (Lazarus, 1993). Coping strategies can be categorized into two types; emotion-focused coping and problem-focused coping.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter begins with the discussion on the history of IPV followed by overview of prevalence of IPV globally and in Malaysia. Then, this chapter discussed on the risk factors and impacts of IPV. Next, broader coping literatures were reviewed followed by the literature specifically on IPV and coping. Finally, a discussion on theoretical perspectives relevant to IPV is presented.

2.2 History of Intimate Partner Violence

During the 1800s, wife beating was common and has been considered as a private family affair. Therefore, the incidents were not reported by the women (McClennen, 2010). Until recently, in history, women were regarded as the property of men and the act of beating their wives was seeing as normal part of everyday life. This went well with the West Africa proverb, “beat your wife regularly, if you don’t know why, she will know why”. On top of that, the patriarchal system which has been practised by the society as well as gender inequalities affirmed the principle of ‘ownership’ of women by men.

In ancient Rome, a husband could legally divorce, physically punish or even kill his wife for behaviours that were permitted for men. Punishment of wives was called chastisement, a term that emphasized the corrective purpose of the action and diminished the violent nature of the behaviour. Under medieval British common law,

a husband could not be prosecuted for raping his wife because it was stated in the law that a wife could not refuse for sex to her husband. The definition of rape remained in effect in the US because much of US law was modelled under the British common law, until in 1970s when many states in US modified their rape statuses (Dobash & Dobash, 1979).

Although laws in the US have always prohibit wife beating, these laws often were not enforced (Dobash & Dobash, 1979). Furthermore, laws prohibiting assault and battering set different standards for guilt if the victim was the wife of the perpetrator. In other words, a husband had to assault and injures his wife more severely in order to be found guilty of a crime for wife beating. Courts treated victims of assault differently because the husband had legal rights to chastise his wife. The right to chastise wives were first overruled by courts in Alabama and Massachusetts in 1871 (Dobash & Dobash, 1979).

Since the 19th century, women have acquired greater legal and political rights. Attitudes towards IPV have sifted as the status of women has improved and laws have been changed. The National Organisation of Women (NOW) and other women's rights organisation in the US have supported campaigns to raise public awareness of IPV (McClennen, 2010). Whereas more than 30 years ago, IPV occurred behind closed doors and was largely considered as private matters, today it is widely recognized as an important, dangerous and harmful social and health problem.

In Malaysia, the issue of domestic violence has been regarded as vital and very important by the government (Jonit, 2006). Malaysia had a later start in acknowledging the issue of violence against women. Since the 1980s, the recognition

of domestic violence as a problem became evident with the establishment of Malaysia's first refuge for women victims. Thereafter, as a result of feminist pressure, the enactment of the Domestic Violence Act (1994) was then successfully implemented in 1996 (WAO, 2015).

In 1985, various women's non-governmental organizations (NGO) and individuals started campaigning to create awareness of violence against women and agreed to collaborate under the name of the Joint Action Group (JAG). After four years of speaking out on domestic violence issues at national level, a committee was finally formed by the government to revise the memorandum submitted by JAG. The members of the committee included representatives of the Association of Women Lawyers, Women's Aid Organisation (WAO), All Women's Action Society (AWAM), the Royal Malaysian Police (RMP) and other government agencies to discuss and propose new legislation on domestic violence in Malaysia (Amirthalingam, 2003).

After much debate and lobbying, the Domestic Violence Act was successfully enacted in 1994. This was seen as positive development in terms of legislation by the women's NGO because the Act provided legal protection for domestic violence victims (WAO, 2015). The Act came into force in 1996. Prior to the implementation of Domestic Violence Act (1994), victims of domestic violence had little legal protection. Although the Domestic Violence Act (1994) has been in force for almost 20 years in the nation; however, it fails to protect the victims as it should (WAO 2015). The reason is considered to be some of the legal loopholes that appear to have weakened the enforcement of the Act itself. Women's groups criticize the Act as insufficient and there is urgent need for it to be reviewed.

2.3 Prevalence of Intimate Partner Violence

IPV occurs in all countries around the globe; with the prevalence varies from country to country. Studies on prevalence of IPV have widely done by many researchers in different settings and continents. Garcia-Moreno *et al.* (2013) revealed in a report on Global and Regional Estimates of Violence against Women that globally, about one third (30%) of women have experienced physical and/or sexual violence by their intimate partner. Figure 2.1 showed the prevalence of IPV by WHO region (Garcia-Moreno *et al.*, 2013).

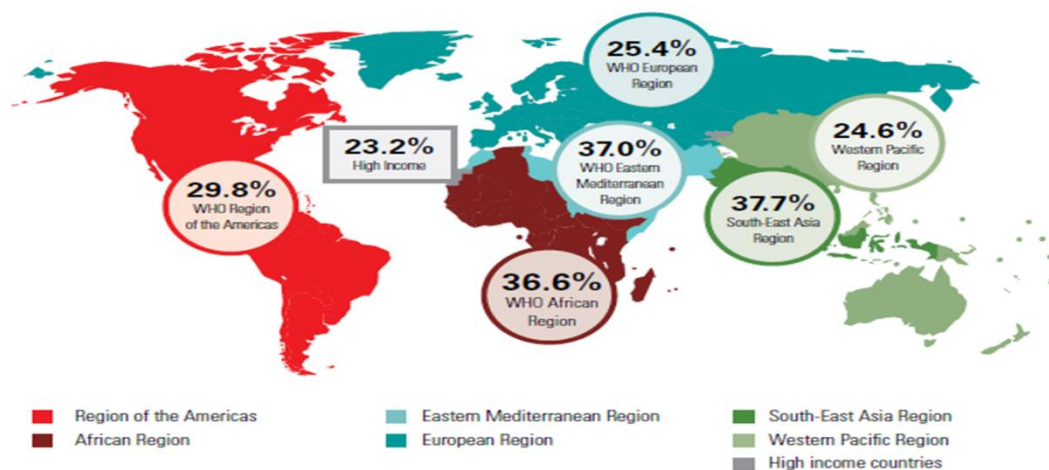


Figure 2.1: Global map showing regional prevalence rates of IPV by WHO Region (2010)

The data, extracted from 70 countries and two territories showed that the prevalence of physical and/or sexual violence among all ever-partnered women was the highest in the WHO African, Eastern Mediterranean and South-East Asia Regions with approximately 37 per cent of ever partnered women reported having experienced physical and/or sexual violence at some point in their lives. The second highest prevalence was reported in the region of the America where approximately 30 per cent of women reporting lifetime experience of violence. On the other hand,

prevalence was lower in the high-income region with 23 per cent and in the European and the Western Pacific Region where 25 per cent of ever partnered women reported lifetime IPV experiences. The data from Figure 2.1 demonstrated that IPV is common in the lives of many women, nearly in all parts of the world.

A systematic review of prevalence studies on IPV was conducted by Alhabib, Nur and Jones (2010) reported that the prevalence of lifetime IPV varies from 1.9 per cent in Washington US to 70 per cent in Hispanic Latinas in Southeast US. Another population study which is said to be an important attempt to collect internationally comparable statistics through the use of standardized survey method is the WHO Multi-country Study. The study collected a huge data set from 10 countries with over 24,000 women participants involved. The prevalence of various types of violence perpetrated by male partners ranged from 15 per cent to 71 per cent (Ellsberg *et al.*, 2008). However, prevalence studies done in clinical settings reported to be higher than in population samples (Alhabib, Nur, & Jones, 2010).

The data available from the research on IPV proved that the prevalence of intimate partner violence does include various forms of violence such as physical violence, sexual violence as well as emotional violence (Babu & Kar, 2009; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Hayati, Högberg, Hakimi, Ellsberg, & Emmelin, 2011; Jayasuria, Wijewardena, & Axemo, 2011; Krug *et al.*, 2002). Battered women suffered not only one type of violence, but multiple types of violence. Research suggests that physical violence is often accompanied by non-physical violence such as emotional and sexual violence (Outlaw, 2009; Thompson *et al.*, 2006). A study among 613 battered women in Japan reported that 57 per cent of them had suffered all three types of violence (physical, emotional and sexual violence) while less than five per cent of the women experienced physical violence

only (Yoshihama & Sorenson, 1994). Similarly in Western Ethiopia, about 57 per cent of the women also reported to have experienced all three types of violence (Abeya, Afework, & Yalew, 2011).

In many empirical research on IPV, emotional or psychological violence is the most reported type of violence followed by physical and sexual violence (Abeya *et al.*, 2011; Kramer *et al.*, 2004; Marinheiro, Vieira, & Souza, 2006; Yoshihama & Sorenson, 1994). This suggests that emotional violence is as important as physical and sexual violence although women sometimes do not acknowledge emotional violence since it does not show any visible mark compared to physical and sexual violence.

2.3.1 Prevalence of Intimate Partner Violence in Malaysia

Since IPV is a universal problem, Malaysia is no exception from confronting the problem. IPV in Malaysia is a prevalent issue as it is deeply embedded in the cultures of the community so much that it is considered as a way of life. In Malaysia, culture and traditions play a big role in the lives of its people. The beliefs that men are superior and women are subordinate still exist in the culture and traditions of the populations in Malaysia. Furthermore, the attitudes in which support that IPV is a private matter and should not be discussed outside the family corroborate the incidents of IPV.

Although nowadays women have been given opportunity in the decision-making position both in the public and private sectors, yet, when it comes to family system, women still seeing as being oppressed by men especially in the context of husband-wife relationship. This is because most of the family system in Malaysia is still based on the patriarchal concept. Men are still perceived to be the head and

breadwinners of the family whereas women are assigned to a lower position in the family such as doing the housework and being the reproducer and nurturer of children (Rohana Ariffin, 1997). Findings from a study done by Noraida and Intan Hashimah (2011) also supported the patriarchal system with the women perceived husband's position in the matrimonial relationship as powerful. Based on this principle, society acknowledged that a husband has absolute authority over his wife including the rights to use violence as a method of disciplining her.

A national survey conducted by Women's Aid Organisation (WAO) reported that approximately 39 per cent of women above 15 years of age suffered some forms of physical violence (Abdullah, Raj-Hashim, & Schmidt, 1995). The survey also revealed that 68 per cent of battered women were beaten during pregnancy. Moreover, adults from all classes and ethnic group residing both urban and rural areas personally knew women who had been beaten. A recent population study reported the prevalence of IPV in Peninsular Malaysia is about 9 per cent, which reflects there are nine from 100 women were beaten by their intimate partner in their lifetime (Shuib *et al.*, 2013). Another population study was conducted among 922 women three districts in Johor; namely Johor Bahru, Pontian and Kota Tinggi reported that the prevalence of any forms of physical and sexual violence were 5.3 per cent and 2.5 per cent, respectively (Saddki *et al.*, 2013) Although the prevalence is considered small compared to worldwide study, it was found significant to the health problems among the women in Malaysia.

One study by (Yut-Lin & Othman, 2008) in Selangor has examined the importance of early detection and prevention of domestic violence by using a screening test on 710 female respondents attending eight health centres in Primary Health Care Clinics. This cross-sectional study was carried out to determine the

relationship between social correlates of adult patients and domestic violence screening. The findings showed that through the WAST (Women Abuse Screening Tool) screening, 5.6 per cent were identified as domestic violence cases. Of those cases, about 58 per cent of 40 female patients who screened positive for domestic violence were Indian, followed by Malay (32.5%) and another 10 per cent were Chinese. The study also indicated that among those patients screened positive for domestic violence, most (92.5%) were abused emotionally, 62.5 per cent were abused physically and 32.5 per cent were abused sexually. Interestingly, the results revealed that most patients interviewed would be willing to voluntarily tell the doctor if they were to be abused by their husband/partner despite of the practice is that the doctors do not ask patients whether they are abused by their spouse/partner.

Similarly, a study focusing on the health care settings in Malaysia was carried out in order to assess the knowledge, attitudes and practices of primary health care providers in relation to the identification and management of domestic violence (Othman & Mat Adenan, 2008). The findings indicated majority of health care providers perceived that the prevalence of IPV among patients attending their clinics was low (Othman & Mat Adenan, 2008). This is contrary with a study done by Norashikin (2002) which reported one-year prevalence rate of IPV among women who sought treatment at outpatient clinic was 16.8 per cent and lifetime prevalence was 35.1 per cent.

Despite perception of low prevalence, about 65 per cent of clinicians reported asking their patients about IPV, however, the rest did not probe any questions related to violence at all (Othman & Mat Adenan, 2008). On the other hand, similar findings were found in a study conducted among women seeking help at the primary care clinic in Malaysia. The study indicated that majority of the doctors had never asked