



ONE CRISIS WITHIN ANOTHER: COPING WITH DOMESTIC VIOLENCE DURING THE COVID-19 PANDEMIC

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Abstract: *Although Covid-19 has aggravated and initiated mental health concerns to domestic violence (DV) victims, there is a worrying lack of measures meant to DV victims in the context of a pandemic. This study aims to (a) identify and understand the types of domestic violence experienced by women during the pandemic, as well as the consequences in social and work contexts, (b) assess the coping strategies of abuse victims, and (c) identify the gap in government and organizational support for DV victims. A semi-structured questionnaire was used to conduct in-depth interviews with 19 Malaysian women. NVIVO 14 was utilised for thematic analysis. The qualitative findings suggest that there was an increase in gender-based violence in Malaysia during the lockdown, with psychological abuse appearing to be the most prevalent. Despite the difficulties, many victims who were exploited during the lockdown did not report the abuse and instead employed avoidance-based coping mechanisms. Negative passive avoidance and negative active avoidance were the most prevalent coping mechanisms. The findings also indicate that eradicating domestic violence would necessitate a broader, more coordinated, and integrated system of government and organizational support. This is the first study to evaluate the serious impact of domestic violence on working Malaysian women in the wake of the Covid-19 crisis. As a result, it provides a wealth of information. It could serve as a firm basis for designing effective psychological interventions for women in countries with cultural and societal norms similar to those in Malaysia.*

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1. Introduction

Violence against women (VAW) is a violation of human rights that the United Nations General Secretary has labeled a ‘global pandemic’ [1]. Domestic abuse is one of the most underreported criminal offences in the world with many of its victims being women who are subjected to more severe forms of violence. Domestic violence takes many forms, including abuse of power in the context of one's gender through physical (i.e. assault, killing), sexual (i.e. unwelcome intercourses, harassment), economic (i.e. control over one's finances), and psychological dominance (i.e. manipulation, threats, humiliations, intimidation) [2][3]. The impact of hazards does not differ by gender [4]. In accordance with Moser's

(1993) [5] framework for gender analysis, several studies demonstrate that crises such as famine, war, natural disasters, and pandemics exacerbate existing gender disparities for women [6]. Hurricane "Katrina" in 2005 is an example of a calamity of this type [7][8]. Similarly, during the Ebola outbreak in West Africa from 2014 to 2016, an increase in sexual violence against women was observed [9]. The prevalence and severity of domestic violence against women after natural and man-made disasters are primarily attributable to (1) lower marriage satisfaction, (2) post-disaster pressures such as economic turmoil, and (3) women's limited access to social and professional supports that aid abuse victims [10][2].

During the Covid-19 pandemic, a rise in domestic violence rates is especially worrisome given this context. Following the World Health Organization's (WHO) guidelines for containing the Covid-19 pandemic [11], governments and authorities around the globe have implemented strict protocols to control the spread of the contagion (e.g., quarantine, isolation, social distancing). While these efforts were successful in slowing the spread of the Covid-19 virus, they increased the likelihood of violence against women by altering family dynamics via health, economic, and social factors [12].

Following the onset of the Covid-19 pandemic in March 2020, when the recommendation for social distancing was first implemented in many countries, an increase in reports of domestic violence against women was observed [4][13][1]. Most studies found that victims' calls on helplines for violence prevention increased by more than fivefold between April 2019 and April 2020 [14]. While gender-based domestic violence is on the rise in numerous countries, including Brazil (50%), France (30%), New Zealand (30%), the United Kingdom (25%), and Spain (20%) [15] [16], the coexistence of the two pandemics (domestic violence and Covid-19) has worsened the health and well-being of those vulnerable groups residing in areas with a higher prevalence of domestic violence. In India [17] and China [18], for instance, domestic violence increased by a factor of two and three, respectively, during the pandemic. Given Malaysia's lengthy history of violence against women [3], the sudden increase in domestic violence since the implementation of the nationwide lockdown (known locally as Movement Control Order, MCO) is expected. Specifically, within the first few weeks of the MCO, Talian Kasih (Caring Hotline) in Malaysia reported a 57 percent increase in the number of calls from women in distress [19], picking up a record 3,308 calls on just one day during the second week of April 2020, in contrast to the average for the day of 145 calls [20]. Similarly, the Women's Aid Organisation (WAO) encountered a 14% increase in calls during the first two weeks of the MCO, which increased by 112% compared to the same period in February during the first two weeks of April [21]. Even though the nature of these contacts demonstrates that Covid-19 social restriction has a greater impact on domestic abuse victims than previously believed, it is imperative that clear and defined strategies be developed to mitigate the effects of such violence.

The socioeconomic distress induced by the Covid-19 pandemic [19] highlights the need for organisational and government-level social capital protection policies. Most research on the effects of domestic violence on women's employment has focused on women receiving public assistance [22,23]. These studies do not, however, discuss the workplace support that can be provided to these women during periods of extreme personal hardship. This latter omission has become quite important as companies navigate the Covid-19 pandemic, where 'work from home' standards have merged the 'home' and 'work' spheres [24]. In order to mitigate the long-term effects of domestic violence on labor productivity, employers must be aware of the various settings in which domestic violence occurs, as the risk to those most susceptible to domestic violence is greater than ever. To this end, the purpose of this study is to fill some of the identified gaps in the literature by gathering more comprehensive data on the effects of the Covid-19 pandemic on domestic violence rates in Malaysia. This exploratory study aims to (a) identify and comprehend the type of domestic violence experienced by women during the pandemic and its consequences in social and work contexts, (b) assess the coping strategies adopted by

abuse victims, and (c) identify the gap in government and organisation support for domestic violence victims.

2. Design Methodology Research

Violence against women is a violation of human rights [3]. As a result, a variety of actions are required to counteract the various pressures they have endured because of social injustice. This exploratory qualitative study investigates and characterises women's experiences with domestic violence and identifies voids in government and organisation assistance to victims of domestic violence during the Covid-19 pandemic. The study was approved by the University of Malaya Research Ethics Committee (UM Approval Ethics No: UM.TNC2/UMREC-1250 and Date: 8.10.2021).

2.1. Participants

For this study, 19 female victims of domestic violence in Malaysia were recruited. Given the stigma associated with domestic violence against women, it was difficult to identify and gain access to participants, so convenient and snowball sampling was used [25]. The use of convenient and snowball sampling in research on domestic violence is a common practice, previous studies used these sampling found that these methods were effective in recruiting participants for family violence studies and intimate partner violence studies [26]. Likewise, studies by [27][28] have successfully used these sampling methods to identify risk factors for domestic violence, such as childhood violence, education level, and having multiple partners.

Participants were selected according to the following criteria: (1) they were Malaysian women who had experienced domestic violence, and (2) they were employed. They were first identified through their network that includes co-workers, relatives, and friends. This method not only saves time but also allows for greater communication with the samples [25]. While using a network of relatives and friends for qualitative research may seem convenient, it is critical to note that there are various flaws that could cause bias in the results. However, with appropriate management, this strategy can generate valid and valuable findings [29][30]. A number of research have demonstrated that the use of convenient sampling in domestic violence studies is not biased since victims of domestic abuse have various experiences and demographic backgrounds [31][32]. This study warrants that there is no presence of bias, as the victims of domestic abuse have varying experiences and come from diverse demographic backgrounds.

There is no minimum sample size needed for qualitative research [33]. Data saturation is the conceptual criterion used for measuring qualitative sample sizes [34]. Sampling is continued until saturation or redundancy is reached, at which time no new insights emerge and the same input is repeated [35]. This study reached saturation after gathering data from the seventieth victim. The responses showed a consistent pattern regarding the types and consequences of domestic violence, the coping strategies, and the available support services for victims. As a result, 19 victims have been considered adequate.

2.2. Data Collection

A semi-structured question was utilized to facilitate in-depth interviews with 19 women victims of domestic violence between September and December 2021. Due to the Covid-19 situation, which made in-person meetings and interactions difficult, interviews were conducted via phone and video conversation. Participants were given their preferred approach.

Personal identifiers were removed and substituted with interview codes to protect confidentiality. Before recording, an information sheet was shared to inform participants about confidentiality and anonymity policies. Participation was voluntary. In addition, the participants' verbal, and documented consent to the use of their data for research objectives was obtained at the time of participation. The

study was approved by the University of Malaya Research Ethics Committee (Universiti Malaya Approval Ethics No: UM.TNC2/UMREC-1250).

Each interview lasted between thirty (30) and sixty (60) minutes and was conducted in Malay language. The interviews were recorded using a voice recorder and transcribed verbatim. Only the quotations of the interviews cited in the findings were translated into English language. The translation of interview quotations from Malay language to English is crucial for clear communication and is essential for ensuring that the intended meaning is accurately conveyed to the readers [37]. The proficiency of the researchers in both Malay and English is instrumental in preserving the nuances and context of the original quotation. Moreover, engaging the original participants in the translation process by sharing the translated quotations for the review ensures the meaning is accurately maintained. These measures collectively ensure the translation does not alter the actual meaning of the quotations.

The questions asked during the interview were guided by the objectives of the study which are the types of domestic violence experienced by women during the pandemic, coping strategies and available supports.

2.3. Data Analysis Method

Since the primary objective of this study is to describe a novel phenomenon, Covid-19, and domestic violence against women, rather than verifying hypotheses, an exploratory investigation has been conducted. The interpretive thematic analysis is used to evaluate qualitative interview data [37]. Before being transcribed, each recorded interview was repeated multiple times to ensure that the data were accurate and consistent with the study's goals. The NVIVO 14 software was utilised with an open and axial coding approach [38] to generate essential themes. The participant responses were triangulated to identify cross-validation and discrepancy [39] to mitigate inconsistencies that may arise during thematic analysis. Four themes were identified from the findings, and they are types of domestic violence, consequences of domestic violence, coping strategies, and governmental and institutional aid. These themes are discussed accordingly in the result sections.

3. Results

3.1. Demographic profile

As shown in Table 1, the study included 19 female victims of domestic violence spanning age from 28 to 59 years old, with a mean age of 39.21 years. Malays (13 participants), Chinese (3 participants), and Indians (3 participants) are among the represented ethnic groupings. The majority (15 participants) of the victims have a bachelor's degree, 2 participants have a master's degree, and 2 participants with a diploma, and their average income is RM 5,534.11. Many of them are married (18 participants) and employed full-time (17 participants), with the majority (17 participants) belonging to the Middle 40% (M40) family income group in Malaysia.

3.2. Theme 1 - Domestic violence types

During the Covid-19 pandemic, all participants reported experiencing some form of domestic violence. Psychological abuse, such as shouting, insulting, nicknaming, and using offensive language, was the most frequently reported form of abuse where 14 participants confirmed they have suffered this type of abuse. This abuse also included judgments on appearance, comparisons to other women, and the exercise of social control. As stated by one participant,

He will also insult my job and insult my co-workers.... he would compare me to other women and belittle me in front of others (EP_19)

For almost half of these participants, physical abuse was also a concern. Physical abuses such as pushing, striking, beating, kicking, punching, and dragging were frequently reported by these participants. Some participants recalled violent incidents that resulted in facial, head, and eye injuries. A minor fraction (2 participants) had also experienced sexual assault and financial abuse. Sexual assaults refers to any non-consensual sexual act imposed by one spouse on the other whereas, financial abuse is characterized by partners refused to pay for their spouses' healthcare and minimised the necessity of treatment or care.

3.3. Theme 2 - Consequences of domestic violence

Consistent with the mainstream discourse on the effects of domestic violence on victim's health [40][41] there was a clear consensus among participants that domestic abuse had a negative effect on their health. Although it may be less visible or tangible to victims and society, many (18) participants placed greater emphasis on mental health than physical health (3 participants). During the interviews, depression, fear, tension, lack of concentration, insomnia, and low self-esteem were frequently mentioned. This may be a result of the additional burden imposed by the Covid-19 pandemic, particularly the increased exposure to the abuser during the lockdown. According to accounts from the victims,

I was so traumatised that I was afraid of loud noises; because of the mental and emotional abuse, I became a person who was quickly tired and not energetic when I was at home (EP_19).

I cannot meet my family and friends (EP_5)

In addition, the pandemic emphasises the spatial complexity of domestic violence, wherein the home has become the workplace for a significant portion of the population. The majority (16) of participants reported that the abusive behaviour of their perpetrators had a negative impact on their work performance, with 9 participants reporting feeling ill or unfocused at work and 4 participants experiencing a lack of confidence and anxiety in social interactions, especially with male colleagues. As a result, among the victims, absenteeism was prevalent (4 participants).

If the injury was severe, I had to take a few days off. This affected my performance at work (EP_16).

If we fight or get beaten up, I will typically take medical certification (MC) or emergency leaves if I feel ill (EP_17).

Table 1. Demographic profile of the participants

Attributes	Mean	Interviewee code	No
Average Age (years)	39.21		(19)
Ethnicity:			
Malay		EP_1; EP_2; EP_3; EP_4; EP_5; EP_8; EP_9; EP_10; EP_12; EP_14; EP_15; EP_17; EP_18	(13)
Chinese		EP_7; EP_11; EP_16	(3)
Indian		EP_6; EP_13; EP_19	(3)
Education:			
Diploma		EP_6; EP_13	(2)
Bachelor's degree		EP_1; EP_2; EP_3; EP_4; EP_5; EP_8; EP_10; EP_11; EP_12; EP_14; EP_15; EP_16; EP_17; EP_18; EP_19	(15)
Master's degree		EP_7; EP_9	(2)
Marital status:			
Married		EP_1; EP_2; EP_3; EP_4; EP_5; EP_6; EP_7; EP_8; EP_9; EP_10; EP_11; EP_12; EP_13; EP_14; EP_15; EP_17; EP_18; EP_19	(18)
Unmarried		EP_16	(1)
Type of employment:			
Full-time		EP_2; EP_3; EP_4; EP_5; EP_6; EP_7; EP_9; EP_10; EP_11; EP_12; EP_13; EP_14; EP_15; EP_16; EP_17; EP_18; EP_19	(17)
Contractual		EP_1; EP_8	(2)
Monthly income (RM)	5534.11		(19)
Average Monthly Household Income (RM)*:			
M40	6695.50	EP_1; EP_3; EP_4; EP_5; EP_6; EP_7; EP_8; EP_10; EP_11; EP_12; EP_13; EP_14; EP_15; EP_16; EP_17; EP_18; EP_19	(17)
T20	>10,971	EP_2; EP_9	(2)

Note: * According to the Department of Statistics Malaysia (2020), Households in Malaysia are categorized into three distinct income groups as follows: RM2,500-RM4,849=B40 (Bottom 40% of Malaysian household income); RM4,850-RM10,959=M40 (Middle 40% of Malaysian household income); Above RM10,960=T20 (Top 20% of Malaysian household income).

3.4. Theme 3 - Coping Strategies

Since women cannot effectively avoid violence in a dominant masculine culture like Malaysia where abuse against women is ingrained in the fabric of society, the participants' responses indicate that a carefully selected mix of positive (4 participants) and negative (17 participants) coping is more effective in mitigating violence. While the literature tends to divide domestic violence coping mechanisms into distinct forms such as active versus passive, problem-oriented coping, social support/approach, and avoidance [42] [39], this study depicts the coping strategies as undichotomized pairs. According to the narratives, the most prevalent coping strategy employed by domestic abuse victims was negative passive avoidance (8 participants), which involved emotional suppression, denial or rationalisation of violent behaviour, avoidance, and social isolation. According to one of the victims

I prefer to be alone and avoid large groups (EP_7)

Even though some studies advocate proactive forms of coping over passive strategies [42][43] of the participants who opted for negative active-avoidance coping reported that these coping mechanisms can be self-destructive as such.

Attempted suicide one time (EP_1)

Took sleeping medication (EP_6)

Similarly, four (4) of abuse victims reported employing negative active-problem-focused coping strategies, such as filing for divorce, filing a police report against the abuser, and engaging a lawyer to represent them in court. Positive passive problem-focused coping (2 participants) such as religious beliefs and physical fitness were also crucial factors in domestic violence victims' recovery.

3.5. Theme 4 - Governmental and institutional aid

Violence against women has increased significantly during the Covid-19 lockdown [44]. Those who experienced abuse during the lockdown felt alone due to the lack of available assistance options [49]. When asked about the organisational support they received from their employers to cope with domestic abuse, 9 participants indicated that the support primarily consisted of unpaid leave subject to management approval. Only 2 participants reported having access to domestic violence counselling and awareness programmes, and 12 participants believed that counselling services would be the most effective and advantageous support their workplace could provide to combat domestic abuse issues.

It is best if a company could have free counselling services for its employees (EP_1)

In addition, some (5) participants advocated for flexible leave benefits while other (3) participants targeted domestic violence awareness programmes.

Need counselling and leave benefits. So far, my company does not allow unpaid leave unless I have a strong medical reason (EP_3).

Being accommodating with respect to the medical certification (MC) taken by the employee (EP_6)

Create workplace awareness through domestic violence (DV) campaigns so victims know what to do (EP_5).

Intriguingly, the narratives of the victims revealed that workplace support alone is insufficient to assist them in overcoming the challenges of domestic violence. While every employer owes a duty of care to their employees under common law, common-law proceedings frequently fail to identify the broader social climate that fosters domestic violence [24]. Consequently, greater coordination and integration of government and organisation support is necessary. Fourteen (14) participants were aware of the government resources already available to victims of domestic violence, such as shelter and counselling services.

Talian Kasih (a crisis hotline service) provides free counselling services (EP_16)

Couples may find JAIS (-intensive counselling sessions more beneficial (EP_18).

Twelve (12) participants were also familiar with the Domestic Violence Act (DVA) of Malaysia, which incorporates a provision to the Emergency Protection Order and further defines the responsibilities of protection officers.

I am aware that the government has taken additional steps to manage the issues and provide more housing for victims. The DV Act and Protection Order are advantageous (EP_1)

However, few believed that these government acts and regulations were intended to compel employers to alleviate the difficulties domestic abuse victims face. According to participants, the labour law requires revision.

Law that affords protection and employment security to victims taking unpaid leave or leaves of longer duration for medical reasons (EP_9)

Paid absence options with flexibility. Modification of caretaker leave for specific concerns, such as domestic violence victim management (EP_11).

4. Discussion

Consistent with reports of domestic violence against women observed at the beginning of the Covid-19 pandemic in March 2020 [44][1], the qualitative findings of this study indicate that gender-based violence has increased in Malaysia during the lockdown. Psychological abuse is the most common form of domestic violence, followed by physical violence. The practice and rate of violence against women can manifest as immediate and/or for a long time physical and mental health problems, as has been well documented in previous studies [46][47]. However, the effects of mental maltreatment have received little attention [41]. Due to the multifaceted nature of mental health issues, victims may exhibit no symptoms and therefore go undiagnosed and untreated [47]. In addition to having negative effects on their health and social interactions, psychological abuse, according to the participants, caused them to lose confidence, concentration, and productivity at work.

This study was conducted in Malaysia during the late and early phases of the second and third waves of the Covid-19 pandemic, respectively. As the home has become the workplace for many, the increased exposure to the abuser during the Covid-19 confinement may explain why most of the victims studied experienced severe distress symptoms during this time. In addition, the victims' uncertainty about what lies ahead, and fear of the uncertainty may have exacerbated their mental health [48]. Given that 17 of these participants belonged to the M40 income group, the M40 income group's complaints have been contextualised. Neither do they have the financial means to enjoy the luxuries of the Top 20% (T20) of the Malaysian household income group, nor do they qualify for the numerous government assistance aimed at the Bottom 40% (B40) of the Malaysian household income group, such as Bantuan Sara Hidup (BSH), a cash assistance programme for households with RM4,000 income per month or less, and PeKa B40, a programme that focuses on non-communicable diseases.

Gender distinctions exist in terms of coping mechanisms for violence. Many underlying biological factors may make women more susceptible to depression and anxiety [49] and distressing events may have a greater impact on them [50]. Despite the difficulties associated with domestic violence and the pandemic, many victims who experienced abuse during the lockdown did not disclose it, according to the findings of this study. This is the case in many countries, particularly developing nations, where patriarchal and religious cultural norms frequently legitimise gender-based violence by placing the burden on women to maintain family unity [51]. Thus, women's decision to tolerate violence may be influenced by their commitment to the relationship [52]. In contrast to previous research that categorised domestic violence coping mechanisms as active versus passive, problem-focused coping, social support/approach, and avoidance [42][53][39], this study revealed that women use a combination

of coping strategies that change over time, oscillating between avoidance or social support or problem-focused to active or passive.

As highlighted by the participants, the adjustments in coping strategies to suit a particular circumstance were primarily due to a lack of available resources and government and organisational support. Negative passive-avoidance coping (suppressing emotions, avoidance, and isolation) and negative active-avoidance coping (self-destructive behaviour) were the two most common coping strategies used by domestic abuse victims. Although active coping actions (approach and engagement responses) have the potential to reduce violence in a woman's life, they may also have negative consequences, such as causing victims to struggle with genocide. This explains why most participants chose a combination of avoidance coping strategies rather than actively pursuing institutional support from law enforcement agencies or deciding to leave their marriage. Therefore, the internal conflict of a victim is a crucial factor that must be considered when designing initiatives to empower women and enhance their coping skills.

However, the most common form of support reported by participants for coping with domestic violence was unpaid leave, which is typically subject to management approval. In addition, the findings revealed that most victims support the implementation of awareness programmes and counselling services. At the micro-level, employers must analyse the coping strategies used by their employees who have experienced domestic abuse and provide therapies or counselling that focuses on helping victims understand their rights as individuals, thereby empowering them to handle their problems more effectively and enhancing their social and emotional well-being. While at the meso-level, activists and policymakers around the world have raised the alarm about the increase in violence against women during this pandemic [54], an interesting aspect that emerged from the victims' narratives is that awareness about government resources that are available to help domestic violence victims, such as shelter, free counselling services, and crisis hotline service (Talian Kasih), is insufficient to address the challenges of domestic violence. It is necessary to have a government and organisation support system that is more coordinated and integrated [24].

Domestic violence legislation as a workplace health and safety concern is especially essential now and, in the years, following the Covid-19 pandemic due to the blurring of spatial boundaries between home and work. As part of the implementation of the policy, the participants suggested that domestic violence legislation be revised to require employers to take steps to alleviate the obstacles faced by victims, such as providing protection and job security for victims taking unpaid leave or longer medical breaks.

5. Implications, Conclusions, and Limitations

Violence against women is the most egregious violation of human rights [3]. While Covid-19 both exacerbated and established mental health challenges to domestic violence victims, there is an alarming dearth of interventions tailored to domestic violence victims in the pandemic context, especially to deal with the blurred lines between "home" and "work" [24]. To the best of our understanding, this is the initial study to assess the severe impact of domestic abuse on Malaysian working women in the context of the Covid-19 pandemic. Therefore, it provides a wealth of data and could serve as a firm foundation for designing effective psychological interventions for women in countries with cultural and societal norms comparable to Malaysia. As a prerequisite to recommending policies to safeguard social capital at both the organisational and governmental levels, this study identifies the forms and consequences of domestic violence faced by women during the Covid-19 pandemic as its first contribution. Next, the report investigates the victims' preferred coping strategies, which may provide policymakers with useful information when developing initiatives to empower women. This study, unlike previous research, contextualises coping strategies as undivided pairs. This

study concludes with additional legislative reforms and actions to alleviate the burden of domestic violence victims.

This study has several limitations; consequently, it warrants further investigation. Due to the fact that the sampling method (snowball) may limit the generalizability of the results, the possibility of selection bias should be considered. Given the atypical lockdown and social distance, the snowball sampling method was the only viable option. In addition, each participant was between 28 and 59 years old, had some postsecondary education, and was employed. Therefore, it would be imprudent to generalise the results to all Malaysian women. Before comparing these results to those from other nations, adjustments must be made.

Ethical Statement:

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Conflict of interest:

There is no competing interest in this study.

Authors' Contribution:

Che-Ha, N – Conceptualization and overall methodology, Analysis, and Writing (45%)

Che Hashim, R – Conceptualization, Methodology and Fieldwork, and Writing (30%)

Karim, N – Data collection, Data Analysis and Data Interpretation (15%)

Othman, S – Field work, Analysis, and Writing (10%)

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